PPC[M]2009/04

NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)
Minutes of a Meeting held on
Wednesday 29th April 2009 in
The Swallow Hotel, 517 Paisley Road West,
Glasgow G51 1RW

PRESENT:	Mr Peter Daniels	Chair
	Mrs Maura Lynch	Lay Member
	Mrs Charlotte McDonald	Deputy Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
IN ATTENDANCE:	Dr Catherine Benton	Vice Chair
	Dale Cochran	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Elaine Ward	Community Pharmacy Development Pharmacist

Prior to the consideration of business, the Chairperson asked members if they had an interest in any of the applications to be discussed or if they were associated with a person who had a personal interest in the applications to be considered by the Committee. **ACTION**

Mr MacIntyre informed the Committee that a relative of one of the pharmacists included in the consultation exercise worked in his pharmacy. The contractor had not submitted a written representation. Mr MacIntyre did not believe he had a personal interest in the application.

1. APOLOGIES

There were no apologies.

2. MATTERS ARISING NOT INCLUDED IN AGENDA

The Committee learned that Mr Peter Daniels had been appointed Chair of the PPC by the Health Board at their meeting on 21st April 2009. Dr Catherine Benton had been ratified as Vice Chair.

The Chair welcomed Dr Benton to her first PPC meeting.

Section 1 – Applications Under Regulation 5 (10)

NHS Greater Glasgow and Clyde

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

Case No: PPC/INCL01/2009
Mr M Y Ahmad, Unit 4 Shieldhall Retail Park, Glasgow G51 4DJ

The Committee was asked to consider an application submitted by Mr M Y Ahmad to provide general pharmaceutical services from premises situated at Unit 4 Shieldhall Retail Park, Glasgow G51 4DJ under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Ahmad agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr M Y Ahmad ("the Applicant"), assisted by Ms Y Ahmad. The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Nisith Nathwani (Lloydspharmacy), assisted by Ms Michelle Le Prevost, Mr Martin Green (M&D Green Dispensing Chemists Ltd) and Ms Angela Mackie (JP Mackie Pharmacy) assisted by Mr Karin Nassar ("the Interested Parties").

The Chair asked those assisting to confirm that they were not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Ms Le Prevost and Mr Nassar confirmed they were not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of: Paisley Road West; Berryknowes Road; Hardgate Road; Govan Road; Crossloan Road; Drumoyne Road; Shieldhall Road and Edminston Drive.

The Committee noted that the premises were constructed but not fitted out as yet. The Committee had gained access to the premises and was able to view the size

and layout of the site.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and PPC to ask questions. Each of the Interested Parties would then in turn make their submission. There followed the opportunity for the Applicant and PPC to ask questions of each Interested Party. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Ahmad thanked the Committee for providing him the opportunity to attend to present his case. He advised that Community Gateway Pharmacy would help to build a stronger foundation in which the community could thrive and flourish. Before commencing his presentation, Mr Ahmad gave the Committee some background information on his previous experience. He advised that he had worked in the NHS and in community pharmacy previously so he had several perspectives. He hoped to provide a harmonious working pharmacy at Shieldhall which was aimed at improving the community's journey through the NHS.

Mr Ahmad advised that his defined neighbourhood was as follows:

North – up to Govan Road;
East – across to Helen Street;
South – past Meiklewood Road, to the railway line, including Asda Superstore; and
West – across to Hardgate Road, past the Southern General Hospital.

He advised that within a one mile radius of his proposed premises there was a population of 24,602 and within a one and a half mile radius there was a population of 58,719 (2006 General Register for Scotland, Data Zone Estimates).

Mr Ahmad pointed to the significant transient population that would be drawn from the surrounding area, including:

NHS24 – situated in Cardonald Retail Park there were approximately 700 staff based in the building. This included 256 NHS 24 employees, 205 NHSGG&C employees, 115 Out of Hours employees and 114 Scottish Ambulance Service employees.

The building served as both the national headquarters and Glasgow contact centre for NHS24. Also housed within the building was the Glasgow Integrated Finance Service, the headquarters and control centre for NHSGG&C's Out of Hours Service, and the Scottish Ambulance Service West of Scotland Emergency Medical Dispatch Centre.

The Out of Hours service was the largest n Scotland covering over 1.25 million people. The department worked closely with NHS24 and the Scottish Ambulance Service and showed that staff now better understood each other's roles. The new building had brought together some of the different factions of the NHS and this had

led to an exponential increase in patient care; an ethos which Gateway Community Pharmacy aimed to have.

Mr Ahmad pointed out that since the facility officially opened in February 2009, there had been no change in service offering to cope with demand.

Southern General Hospital – Contained approximately 2,000 staff. The hospital was one of around 900 beds, increasing to 1,100 new in-patient beds after the opening of the new hospital in 2015 with an extra 240 children's beds.

Asda Superstore – Staff population 30 managers, 300 staff. Customer/Visiting population 43,000 per week or 6,100 per day (Billy Johnson – Manager). Mr Ahmad asked the Committee to also take into consideration the small retail park with fast food outlets which was situated beside Asda, and which was regularly visited.

There was also a very large Police Station nearby which housed a large number of staff.

Mr Ahmad pointed out that all the above facilities were open 24 hours per day.

He advised that Gateway Community Pharmacy aimed to provide a more convenient and specialised pharmaceutical service. They aimed to be a permanent solution offering continuity of care and would develop a personal relationship with each member of the community. They were a family run business. He advised that the pharmacy would have longer daily opening hours, which would make them the only independent pharmacy in the area to offer a full seven day service from 9.00am – 9.00pm. They aimed to have minimal retail stock so that they could address more community specific needs and concentrate on general and public health thus cutting out the unnecessary storage of stock. The pharmacy would also be the only pharmacy to be offering all core services plus many additional services.

Mr Ahmad then went on to list some of the services Gateway Community Pharmacy would offer:

- Minor Ailment Service;
- Public Health Service including Smoking Cessation and EHC;
- Acute Medication Service;
- Chronic Medication Service;
- Heart Failure Service;
- Falls Prevention;
- My Medicines;
- Long Term Conditions;
- Diabetes;
- Oral health.

Mr Ahmad advised that the pharmacy would like to champion the cause of oral health especially in children. Gill Hannah, Oral Health Promoter had said that the

CH(C)P had one of the worst dental health records in Scotland, particularly the Govan area. Around 75% of all pre-fives in this area had a history of tooth decay and/or dental extractions by the time they started school. In Mr Ahmad's opinion, what was more shocking was that some children as young as two or three had already had all their teeth removed due to decay. This remained the single biggest reason for hospital admissions in local children in the neighbourhood.

At Gateway Community Pharmacy they believed an early intervention programme from birth was necessary and the CH(C)P shared this view.

Mr Ahmad then went on to detail some of the agreements the company had fostered with other agencies:

- The Childsmile Team – providing support for families;
- The Oral Health Action Team (OHAT) – oral health promoters and nursery nurses;
- Primary 1 and 2 Tooth Brushing – a joint care scheme with Glasgow City Council through its' Direct Care Services providing a tooth brushing programme for children.

Other focussed improvements would be around:

- the establishment of specialised well-being clinics and fora;
- agreed weekly, fortnightly, monthly and bi-monthly sessions by specialists and other healthcare professionals who would run hour long sessions in store to give an holistic approach to health;
- On-site dedicated specialist advice for local providers of health, employment and financial services.

Agencies such as Alcoholics Anonymous, Community Health Shops, Mothers Against Drugs and Strathclyde Police would come on board to provide advice in store at no cost to the pharmacy apart from the use of the premises. Gateway Community Pharmacy aimed to have one large consulting area along with one exceptionally large meeting/consulting room where these sessions would be held.

In relation to funding these highly innovative uses, the organisations in question would come on board without any cost. Helping the community was not a money making concept and many external organisations followed Mr Ahmad's belief and were willing to participate and offer their services from a central point in the community.

The reason to consider such partnerships was purely based on the fact of what the neighbourhood wanted, which wasn't fully provided by any one pharmacy at the moment. Gateway Community Pharmacy had accomplished this by engaging the community through; Public Partnership Fora, and being actively involved with Govan/Drumoyne Community Council. Mr Ahmad was surprised that the Community Council had not been engaged by any of the existing pharmacy contractors as the Council represented key members of the community and knew first hand the needs of those in the neighbourhood. Mr Ahmad felt that as

pharmacists and contractors it was their duty to engage with all community groups.

Mr Ahmad then went on to provide the Committee with anecdotal evidence gained at the Community Council meeting around the provision of services within the neighbourhood and the lack of pharmacy services after 1.00pm on a Saturday.

Mr Ahmad advised that his neighbourhood was synonymous with high levels of drug and alcohol related problems and was a hot-spot in Glasgow for these activities. Gateway Community Pharmacy was well prepared to meet any of the changes in the services and aims that current services were going through.

The neighbourhood had one of the highest percentage of population prescribed drugs for anxiety, depression or psychosis, the highest total population of income deprivation and the highest emergency hospital admissions for substance and alcohol misuse.

The neighbourhood had one of the highest levels of crime related to alcohol and drug misuse in Glasgow. Representatives from Gateway Community Pharmacy had met with Strathclyde Police who had highlighted that no one agency or community pharmacy used a holistic approach. No one pharmacy looked at what made addicts commit crimes/abuse drugs and alcohol and drilled down into the fine detail why the problems existed in this particular area. Strathclyde Police had advised that the lack of a joined up approach had a detrimental effect to this client group's recovery.

The meeting with the Police had highlighted further issues such as children loitering, mental health and addiction. Mr Ahmad advised that drug and alcohol problems were usually the end point for many people. With this in mind Gateway Community Pharmacy aimed to deal with these problems at root cause by tackling the number of social issues in a correct and concise manner.

Gateway Community Pharmacy also wanted to offer home visits and in store medication reviews around heart failure, COPD and alcohol/drug related conditions. Mr Ahmad understood that some of the funding for the medication reviews would be available through the CH(C)P. Mr Ahmad had already had a lengthy discussion with the Director of the CH(C)P. The reviews would look at full lifestyle management from diet to drugs through to education and emotion.

He advised the Committee that there was a significant amount of development taking place in the area. Planning permission and funding had been granted for mixed tenure residential developments on the following sites: Elder Street/Harhill Street (109 units), Rathlin Street/Wardrop Street (58 units), Golspie Street/Shaw Street (102 units), Broomloan Road/Govan Road (78 units) and Pearce Street (27 units). This would equate to approximately 1,400 new residents. Furthermore a planning application was currently being considered by the Council for a further 81 units at Homfauldhead Drive/Kennedar Drive. There were proposals for further mixed tenure housing developments at: Garmouth Street – 100 units and Summertown Road – 65 units.

Mr Ahmad advised that car ownership was one of the lowest within the Drumoyne and Govan area compared to Glasgow. This meant that reliance on public transport was seen as a necessity for everyday use. A healthy bus service ran through the Drumoyne and Govan areas during peak times. This was quickly depleted from early evening and weekends. As such accessing pharmaceutical advice and assistance was not easy and the only option was to use a taxi to travel to a pharmacy open after 6.00pm, which the majority of the population could not afford. Gateway Community Pharmacy offered a remedy to this situation by opening its service to the community dedicating longer opening hours, seven days per week.

Mr Ahmad advised that Gateway Community Pharmacy proposed to improve accessibility for the community by providing secure, safe, well-lit facilities over seven days. The pharmacy would include a consulting room for confidentiality. The pharmacy would provide continuity of care, by having a resident pharmacist. It would have community involvement through the in-store fora giving the company advantage in promoting key health messages through respected members of the community. It would develop partnerships with specialist organisations covering a range of issues and healthcare advice, with no additional cost to the NHS but a definite need for the community.

Mr Ahmad concluded his presentation by advising that he didn't underestimate the benefits that the other pharmacies brought to the community as a whole. However one had to look at the on-going trend analysis which clearly dictated minimal to no improvement in overall health and well being of the neighbourhood. In Mr Ahmad's opinion new innovative and forward thinking healthcare professionals who underpinned new treatments and could deliver and drive forward care of patients were needed.

The Interested Parties Question the Applicant

In response to questioning from **Mr Nathwani**, Mr Ahmad advised that the population within a one mile radius of his proposed premises was 24,602. He could not drill these figures down to estimate what percentage of this population resided within his defined neighbourhood.

In response to further questioning from Mr Nathwani, the Applicant advised that he had chosen Hardgate Road as his western boundary as there were several crossings along the A739. He did not consider the A739 to be a barrier and in terms of accessibility the A739 was easy to cross.

In response to a question from Mr Nathwani around NHS24, the Applicant advised that the Headquarters building was situated in Cardonald Retail Park on Caledonian Road.

In response to further questioning from Mr Nathwani regarding the boundaries of his defined neighbourhood, the Applicant advised that his southern boundary was Meiklewood Road to the railway line.

In response to further questioning from Mr Nathwani, Mr Ahmad accepted that the majority of the services contained in his presentation were already being provided by the four existing contractors. He reiterated however that the services were not being provided by any single contractor. He confirmed that his information had been obtained from the July 2008 edition of the Board's Pharmaceutical List.

In response to final questioning from Mr Nathwani, the Applicant advised that in his opinion loitering would not be an issue around the proposed premises. The area was well policed.

In response to questioning from **Mr Green** about the definition of deprivation within his presentation, the Applicant accepted that hospital admissions and drug and alcohol rates were not necessarily a measure of deprivation; however he reiterated that income deprivation was.

Mr Green advised the Applicant that within his proposed neighbourhood there were 12 data zones, with the highest ranking a score of 472. He asked Mr Ahmad whether he felt this supported his claim that the area was one of high deprivation given the range of scores were between 23 – 1611. Mr Ahmad advised that his neighbourhood was one of the highest deprived areas when compared to other areas like Newton Mearns.

In response to questioning from Mr Green about how the Applicant would "plug the holes" left by current addiction services, Mr Ahmed advised that addiction clients had a number of health and well-being issues including housing, education and employment. Currently these issues were handled by different organisations in different locations. Mr Ahmad's aim was to bring these agencies together in a type of one-stop-shop environment so that information could be shared and a more joined up way of working established. He advised that he would work hard to encourage clients to use the facility. He had not decided whether these specialist services would be available daily within the pharmacy.

In response to questioning from Mr Green about his opening hours, the Applicant advised the Govan and Drumoyne Community Council had indicated their support for an extended opening hours pharmacy in the area. He advised that he had not given thought to the cost involved in the provision of these extended hours. He did not feel there should be a cost put on health and was of the opinion that if a company provided a good service, the income would come. He did not consider the pharmacy would make a loss as he felt the community had identified a need for such a service in the neighbourhood.

There were no questions to the Applicant from Ms Mackie.

<u>The PPC Question the Applicant</u>

In response to questioning from **Mr MacIntyre**, the Applicant confirmed that his southern boundary crossed the M8 motorway – Fifty Pitches Road to A739 and across to Meiklewood Road.

In response to further questioning from Mr MacIntyre, the Applicant advised that he had already approached the partner organisations. Most of them had agreed to come and give time in the pharmacy and leave information to pass on to patients. The pharmacy would offer these organisations space to conduct consultations and would act as an information hub. He advised that the services provided would be tailored to the needs of the community. The pharmacist would be able to provide general advice.

In response to Mr MacIntyre's query as to whether the pharmacy would provide sign-posting services to patients, the Applicant advised that this would be part of the service, however due to the size of the proposed premises, further services would be offered.

In response to final questioning from Mr MacIntyre about what difference there would be between the smoking cessation services provided by the Applicant and those provided by the existing contractors, Mr Ahmad advised that he would work with Narcotics Anonymous to facilitate group discussions within the pharmacy which would be an additional service to benefit patients.

In response to questioning from **Mr Dykes** about what gaps Mr Ahmad perceived there to be in the current service, the Applicant advised that he would provide a seven day service which was not currently provided. The service provided would have more community involvement. He would provide late opening hours, not currently provided and would establish partnerships with external organisations to provide additional services within the pharmacy at regular intervals, which was not current provided.

In response to further questioning from Mr Dykes, the Applicant advised that he had established a few written contracts with external organisations. Approximately 90% of the organisations were on board and were willing to provide services.

In response to further questioning from Mr Dykes about how he would staff the 84 hours opening times, the Applicant advised that there would be two pharmacists who would both work within the regulatory working time directive.

In response to further questioning from Mr Dykes, the Applicant confirmed that he had sought estimates for shop fitting. He had also submitted a Business Plan to his bank and his funding was in place.

In response to questioning from **Mrs Lynch**, the Applicant advised that in his opinion those working and travelling to the Southern General would use the proposed premises if they were travelling through the neighbourhood. He advised that there was access to the Southern General from Govan Road.

In response to final questioning from Mrs Lynch, the Applicant advised that of the 1,400 new developments contained in his presentation all of them were absolutely guaranteed. He had not listed any developments which were tentative. He was unsure what proportion of these was social housing.

In response to questioning from **Mrs McDonald** as to how patients would access the proposed premises at extended hours if the bus service ceased at 6.00pm, the Applicant advised that the premises were central to the neighbourhood and enjoyed ease of access by foot. Access to the premises was safe. Currently patients had to travel to Paisley Road West or into the City Centre to access extended hours.

In response to further questioning from Mrs McDonald about patients who were ill and how they would access the extended hours, the Applicant advised that for very ill patients, travel to the pharmacy would not be appropriate, however for those who could travel the premises could be accessed by taxi or an hourly bus. He confirmed that the pharmacy would offer a collection and delivery service and pharmaceutical advice would be available via telephone.

In response to further questioning from Mrs McDonald about oral health, the Applicant advised that the pharmacist would be able to make a judgement by examining the patient both by looking at their mouth and by asking questions so that they could refer to the best course of action.

In response to final questioning from Mrs McDonald, the Applicant advised that the ethnic community had a higher than average instance of diabetes.

In response to questioning from **Mrs Roberts**, the Applicant confirmed that he had not included the housing to the north of Govan Road in his neighbourhood. He accepted that by doing so he had omitted two existing pharmacies; Gilbride's in Harmony Row and Langlands Road. Mr Ahmad advised that he had not wanted to define a large area as he felt this would lack focus.

In response to further questioning from Mrs Roberts, the Applicant advised that the list of redevelopments in his presentation constituted new development and not redevelopment.

In response to final questioning from Mrs Roberts, the Applicant advised that the current services in the area were inadequate in terms of access to extended hours and the need to ensure NHS services were used adequately. He intended to avoid the revolving door syndrome by providing services linked to external organisations.

In response to questioning from the **Chair**, about the Committee's requirement to define whether the current service in the area was adequate, the Applicant referred to the partnerships he would establish, which would be offered alongside NHS services. This was not offered by any other pharmacy in the area. He would also offer extended hours. In the neighbourhood there was no access to pharmaceutical services after 6.00pm during the week or 1.00pm on a Saturday.

In response to further questioning from the Chair about what services were not provided by the existing network during core hours, the Applicant advised that the current contractors offered one or two services, but not all. He particularly pointed to the work around diabetes in ethnic communities.

There were no questions to the Applicant from Dr Benton or Ms Ward.

The Interested Parties' Case – Lloydspharmacy (Mr Nisith Nathwani)

Mr Nathwani thanked the Committee for allowing Lloydspharmacy to be represented at the hearing. He advised that it was Lloydspharmacy's opinion that the application submitted by Mr Ahmad should fail as it was neither necessary nor desirable.

He commenced his presentation by defining the neighbourhood:

East: Helen Street;
North: River Clyde;
West: A739; and
South: M8.

The neighbourhood's boundaries were defined by major roads and prominent features.

Within the neighbourhood there were four pharmacies, Lloydspharmacy at Drumoyne Road, the two Gilbride's and Craigton Pharmacy. Between them all pharmaceutical services were provided, including oxygen provision, methadone supervision, needle exchange, Keep Well and Palliative Dispensing. Three out of the four pharmacies had private consultation areas, and two had separate methadone handover areas.

The Lloydspharmacy branch at Drumoyne Road, which was the nearest to the proposed pharmacy currently provided less than 30 supervised methadone patients with capacity for more; one patient on supervised Subutex and the pharmacy was prepared to offer a supervised Disulfiram service but had no request from patients for this so far. Mr Nathwani advised that this might surprise the Committee as much of the Applicant's submission was based on the supposed inadequacy of existing provision of such services in the area. Lloydspharmacy also had excellent relations with Carole Hunter and the drug and alcohol misuse team at Kinning Park, and had not received any complaints about inadequate service provision about the pharmacy at Drumoyne.

Lloydspharmacy offered dosette boxes for patients with capacity for more. They offered free diabetes and blood pressure testing and had no complaints against them that they were aware of. They also offered a prescription collection service.

In terms of the Applicant's submission, the population statistics given were for a one mile radius of the proposed premises which was estimated to be 24,602. There were nine existing pharmacies in this area, which gave an average of 2,733 patients per pharmacy which was well below the national average of around 4,000 per pharmacy. This pointed to an overprovision of existing services in the area rather than an inadequacy. This also contradicted the Applicant's claim of there being "limited access to specialist services" as Mr Nathwani regarded all pharmacies as being a specialised service. The Applicant claimed that current

available services were stretched and saturated, but had not provided any evidence in support of these claims.

Mr Ahmad stated that he would offer a 9.00am – 9.00pm service seven days per week. Lloydspharmacy currently offered similar services from their pharmacy on Paisley Road West which was one mile away from the proposed site, with the Boots the Chemist branch at Braehead Shopping Centre offering an extended hours service less than three miles away.

The crux of Mr Ahmad's application seemed to be based around the social deprivation of the Drumoyne/Govan area, and in his eyes it should be treated differently to the rest of Glasgow due to this. Mr Nathwani questioned whether the area was any more deprived than Easterhouse, Drumchapel or Sighthill and whether the existing services provided by pharmacies in those areas, which were the same as those offered by the pharmacies in the neighbourhood previously described, not adequate to serve those populations?

In Mr Ahmad's later submission he provided a list of services that he would offer if the contract were granted. Most of these were contractual obligations under the new contract and he didn't list one service that he would offer that wasn't currently being offered within one mile of his proposed premises, including extended hours.

Mr Ahmad had stated his willingness to provide a needle exchange service. Harmony Row pharmacy within the Applicant's defined neighbourhood already provided this service and as such the Health Board were highly unlikely to award another so soon. If there was demand for a second contract the Health Board would have approached other pharmacies when they were looking to expand the service last year.

Mr Ahmad had also stated that he would offer a supervised methadone service. As mentioned before Lloydspharmacy were actually struggling to grow their numbers for this service and were in regular contact with the Addictions Team to take on new patients, but there was little demand.

Oxygen provision was the same as needle exchange as there was already a contractor nearby supplying the service. The Health Board were unlikely to grant an oxygen contract to the new pharmacy if the contract was granted. Basically all the services mentioned were either a contractual obligation or were already offered nearby.

Mr Ahmad had mentioned a local organisational partnership in his submission, and a list of organisations allegedly signed up to support his proposed pharmacy. He had not submitted any evidence to support this claim.

In terms of local housing developments, Mr Ahmad had not provided any confirmed dates of completion on any of the developments, and in the current economic climate Mr Nathwani questioned whether there was any guarantee that the developments would be completed at all.

On the last page of his latter submission, Mr Ahmad had compiled a table of local pharmacies and the services they offered, however this was inaccurate for the Lloydspharmacy at Drumoyne Road and as Mr Guidi's submission had shown was inaccurate for other pharmacies as well.

Mr Nathwani advised that the Applicant had hinted at inadequacy of existing services in his submission but had not provided any evidence to substantiate these claims. The Applicant was offering nothing new in his proposed premises that were not already being offered in the neighbourhood or the immediate vicinity. He claimed under provision of addiction services, when the reality was that there was an over provision and the granting of a further contract in the area might actually place the viability of existing pharmacies at risk.

It was the Applicant's duty to prove inadequacy of existing services and this had not happened. The application should therefore fail.

The Applicant Questions Mr Nathwani

In response to questioning from **the Applicant**, Mr Nathwani confirmed his belief that the current pharmaceutical network provided continuity of care to the patient. He advised that the Lloydspharmacy branch in Drumoyne Road employed a named pharmacist manager.

There were no questions to Mr Nathwani from Mr Green or Ms Mackie.

The PPC Question Mr Nathwani

In response to questioning from **Mrs Roberts**, Mr Nathwani advised that the pharmacies in the area had received a letter from the Glasgow Addiction Services advising of the intention to extend the needle exchange network.

In response to questioning from **Mr MacIntyre**, Mr Nathwani explained the concept behind the Keep Well programme for the benefit of the panel. He stated that the service was aimed at "hard to reach" patients and included a sign-posting element to other services and agencies.

There were no questions to Mr Nathwani from Mr Dykes, Mrs Lynch, Mrs McDonald, Dr Benton, Ms Ward or the Chair.

The Interested Parties' Case – J P Mackie Pharmacy (Ms Angela Mackie)

Ms Mackie declined to make any presentation.

The Interested Parties' Case – M&D Green Dispensing Chemist Ltd (Mr Martin Green)

Mr Green thanked the Committee for allowing him to make representation regarding the application by Mr Ahmad.

He commenced his presentation by defining his neighbourhood:

South: M8 Motorway;
West: A739;
North: River Clyde; and
East: Helen Street.

The boundaries on the south, west and north were significant physical barriers which barely permitted passage almost along their entire length and the boundary of Helen Street, to a lesser extent, in the east was a major thoroughfare separating Govan from Ibrox.

Mr Green advised that it was confusing that after defining a neighbourhood fairly well the Applicant had gone on to present statistical information from his surrounding area which was defined as a one and a half mile radius from the proposed premises. This took in most of the South East of Glasgow and even areas north of the river, stretching into Partick and Whiteinch. Mr Green had calculated the population within the neighbourhood using the Scottish Neighbourhood Statistics web-site and the datazones which gave the best fit. Within Mr Green's defined neighbourhood there were 12 datazones available, using the population statistics for the 2007 mid year estimate, a population figure of 10,700 could be calculated. Within this neighbourhood there were four existing pharmacies, which gave one pharmacy for every 2,675 heads of population.

The developments that the Applicant had identified had been a very welcome boost to an area which had been in serious decline and, as opposed to producing a burden on existing services, they had been necessary to sustain services.

In the Applicant's submission he detailed the services he proposed to provide, which to Mr Green's knowledge were already provided.

The Applicant proposed to open his pharmacy from 9.00am – 9.00pm, seven days per week, which Mr Green accepted was not available within the immediate neighbourhood; however Mr Green suggested that if any of the existing contractors had thought for one minute that it was commercially sound to provide extended opening, they would have already done so. There was extended opening available within the consultation area, provided by Lloydspharmacy on Paisley Road West who were open 9.00am – 9.00pm seven days per week and also at Boots Pharmacy in Braehead which was open until 9.15pm Monday to Friday, 6.30pm on Saturday and 6.00pm on Sunday. Both of these pharmacies were readily accessible by public transport.

The No 34 bus from Govan Cross travelled along Langlands Road onto Berryknowes Road, which ran to the front door of Lloydspharmacy and ran every 15 minutes from 5.30pm to 7.00pm and then every 30 minutes from 7.00pm until after 10.00pm. The No 23 provided ran to Braehead at 15 minute intervals from 5.30pm up to 8.00pm and then every 30 minutes until 11.30pm, despite the Applicant's claims. Between these two services there were regular and request services to either of the two late opening pharmacies in the area in a journey time

of approximately 10 minutes.

The Applicant had suggested there was an unmet need for an extended hours pharmacy service in the area, however in recent years one late opening pharmacy, J P Mackie Pharmacy on Paisley Road West had reduced their hours from 9.00am – 9.00pm, seven days per week to 9.00am – 6.00pm, Monday – Saturday and closed on Sunday, Mr Green suggested this was due to commercial viability.

Mr Green ended his presentation stating there were four existing contractors within the defined neighbourhood, with a further nine within the consultation area. There were no gaps in current services; therefore the application should be rejected.

The Applicant Questions Mr Green

In response to questioning from **the Applicant,** Mr Green confirmed that he had not engaged with the local councillors to determine if the community required an out of hours pharmacy.

There were no questions to Mr Green from Mr Nathwani or Ms Mackie

The PPC Question Mr Green

In response to questioning from **Mr Dykes**, Mr Green advised that the Minority Ethnic Long Term Condition Service (MELTS) was not a core service.

In response to questioning from **Dr Benton**, Mr Green advised that the success of the Addiction Services depended on how "success" was interpreted. If "success" was clients being maintained and stabilised in the community then the services were relatively successful. Mr Green advised that his pharmacy supervised 29 methadone patients on a daily basis, and 11 over two/three times per week. This was not a large volume by any means.

In response to questioning from **the Chair**, Mr Green advised that the new developments if and when completed would not create a burden for the existing contractors in the area and suggested that the expected additional population could be well served if there had only been two or three existing contractors in the area.

There were no questions to Mr Green from Mr MacIntyre, Mrs Lynch, Mrs McDonald, Mrs Roberts or Ms Ward.

Summing Up

The Applicant and Interested Parties were then given the opportunity to sum up.

Mr Nathwani advised that the Applicant had poorly defined the neighbourhood. He had made claims of inadequacy which had no support. His supporting information was inaccurate. There was already extended hours offered within the area at Paisley Road West approximately one mile away. There was no evidence of inadequacy. The application should fail.

Mr Green advised that the applicant proposed to open a new pharmacy in a neighbourhood of just under 11,000 populations which was already serviced by four existing pharmacies and a consultation area of at least nine where no gaps in service provision had been identified. Mr Green asked the Committee to acknowledge that there was no inadequacy in the existing services and find this application neither necessary nor desirable.

Ms Mackie declined to comment.

Mr Ahmad thanked the Committee for listening to his presentation. He advised that Gateway Community Pharmacy differed from other contractors. The facility would provide privacy via the use of consultation rooms, which would allow continuity of care. The pharmacy would have a resident pharmacist and would have community involvement through partnership working. He advised that his aim was not to upset other community pharmacies, however the on-going trend showed minimum to no improvement in services provided to the neighbourhood and there was a need to engage the public. The application should be granted.

Before the Applicant and Interested Parties left the hearing, the Chair asked each to confirm that he had had a full and fair hearing. All parties confirmed they had.

The PPC was required and did take into account all relevant factors concerning the issue of:-

a) Neighbourhood;

b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Chemist contractors within the vicinity of the Applicant's premises, namely:

- Craigton Pharmacy (M&D Dispensing Chemists Ltd) – 4 Craigton Road, Glasgow G51 3TB
- Gilbride Chemists – Harmony Row Pharmacy, 21 Harmony Row, Glasgow G51 3BA
- 92 Langlands Road, Glasgow G51 3BQ
- 182 Copland Road, Glasgow G51
- Lloydspharmacy – 60 Drumoyne Road, Glasgow G52 2AZ
- Unit 9, 1604 Paisley Road West, Glasgow G52 3QN
- 1851/1855 Paisley Road West, Glasgow G52 3SX

- J P Mackie Pharmacy, 1795 Paisley Road West, Glasgow G52 3SS

b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;

c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee);

The Committee also considered;-

d) The location of the nearest existing pharmaceutical services;

e) The location of the nearest existing medical services;

f) Demographic information regarding post code sectors G51.3, G51.4 (the part that falls within NHS GG&C) and G52.3;

g) Information from Glasgow City Council's Department of Development and Regeneration regarding future plans for development within the area;

h) NHS Greater Glasgow and Clyde plans for future development of services;

j) Patterns of public transport in the area surrounding the Applicant's proposed premises; and

k) A letter tabled by Mr D Guidi pointing out inaccuracies in the Applicant's statistical information.

DECISION

Having considered the evidence presented to it, and the PPC's observation from the site visit the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related, were located.

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, and the Community Pharmacy Subcommittee in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

North: River Clyde;
West: A739 trunk road;
East: Helen Street;
South: M8 motorway.

The Committee agreed that the river Clyde was a significant physical boundary. The A739 was a significant trunk road acting as a main arterial road which dissected the neighbourhood and led to the Clyde tunnel. The eastern boundary marked the separation of the Govan area from Ibrox and the south boundary was a significant physical boundary which was difficult to cross.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined by the PPC there were four pharmacies. These pharmacies provided the full range of pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments around the provision of sign-posting services and the establishment of partnership agreements with other organisations and recognised that the Keep Well programme running within the CH(C)P with community pharmacy involvement already provided such a service to a targeted population. The Committee also noted that the MELTS was an additional service operating predominantly in one area of the city, and provided by a Board employed pharmacist.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were inadequate.

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

Contractor Services Supervisor

The Chemist Contractor Member of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

4. ANY OTHER COMPETENT BUSINESS

None.

5. DATE OF NEXT MEETING

To be arranged.