NHS Greater Glasgow and Clyde

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (08)
Minutes of a Meeting held on
Wednesday 4th November 2009 in
Blairtummock House, 20 Baldinnie Road
Glasgow G34 9EE

PRESENT:	Mr Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Alasdair Macintyre	Contractor Pharmacist Member

IN ATTENDANCE:	Dr Catherine Benton	Vice Chair
	Mrs Patricia Cawley	Community Pharmacy Development Supervisor
	Mr Richard Duke	Contracts Manager – Community Pharmacy Development
	Mr Craig Spence	Observer – PPC Chair, NHS Orkney
	Mr David Thomson	Deputy Lead - Community Pharmacy Development

Prior to the consideration of business, the Chair asked members to indicate 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**

No declarations of interest were made.

APOLOGIES

There were no apologies.

MATTERS ARISING NOT INCLUDED IN AGENDA

None.

APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

<u>Section 1 – Applications Under Regulation 5 (10)</u>

Before the hearing commenced, the Chair advised all attendees that Mr Craig Spence, PPC Chair – NHS Orkney, would be observing the proceedings.

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Case No: PPC/INCL04/2009
Lloyds Pharmacy Ltd, Unit 6b Lamlash Crescent, Cranhill, Glasgow G33 3QL

The Committee was asked to consider an application submitted by Lloyds Pharmacy Ltd to provide general pharmaceutical services from premises situated at Unit 6b Lamlash Crescent, Cranhill, Glasgow G33 3QL under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009.

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 Lloyds Pharmacy Ltd agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 ("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 Mark Malone ("the Applicant) and assisted by Ms Michelle LePrevost. The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Alasdair Shearer (Rowlands Pharmacy), Ms Lynn Duthie (Lightburn Pharmacy), assisted by Mr Douglas Miller and Mr David Robertson (David L L Robertson Chemist and Shettleston Health Centre Pharmacy) ("the Interested Parties").

The Chair asked Ms LePrevost and Mr Miller to confirm that they were not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Ms LePrevost and Mr Miller confirmed that they were not.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicants' proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and the surrounding areas of Garthamlock, Craigend, Ruchazie, Riddrie, Cranhill, Carntyne, Lightburn and Shettleston.

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. The Interested Parties would then make their submissions. There followed the opportunity for the Applicant and PPC to ask questions of the Interested Parties in turn. The Interested Parties and the Applicant were then given the opportunity to sum up.

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The Applicant's Case

The Applicant thanked the members of the Committee for the opportunity to present the case on behalf of Lloyd Pharmacy Limited.

Mr Malone said he recognised the Committee were fully aware of the legal test when considering applications for inclusion onto the Pharmaceutical List. He would therefore approach this application in a manner determined by Lord Drummond Young who set out that the Committee should firstly consider whether there was an adequate provision and then to look at whether it was necessary or desirable to secure, in the neighbourhood, the adequate provision of pharmaceutical services. He said that the PPC would also be aware that it was possible that this might lead to an overprovision of pharmaceutical services, which would not matter if it addressed and closed the gap, however small, in provision.

Mr Malone said before addressing the matter of neighbourhood, he was mindful that there had been a recent application within Cranhill, which had been refused. He said he believed that not all the evidence had been presented as part of the application. There was now much greater public and local need and support for a pharmacy. This was both in terms of:

- The awareness that the Regulations now allow for much greater public consultation. He asked the PPC if they had consulted with local groups but added that in any event he had included within the application, evidence in support of a pharmacy in Cranhill.
- He did not believe the level of deprivation in Cranhill had been fully understood and that a fully accessible pharmacy could address these health issues for the better.

The Applicant began his presentation by discussing neighbourhood. He said that Cranhill was a longstanding, separate neighbourhood in the East End of Glasgow, which was established in the 1950's. He defined the neighbourhood as:

North – M8 motorway;
South – A8 Edinburgh Road;
East – B765 Stepps Road; and
West – Ruchazie Road and Gartcraig Road where it meets the M8.

Mr Malone stated this neighbourhood was not greatly different from those proposed in previous applications neighbourhoods The M8 and A8 formed natural boundaries with the Stepps Road separating areas of commercial and residential use. The Ruchazie and Gartcraig Roads formed a natural boundary between Cranhill and High Carntyne.

The Applicant advised the proposed neighbourhood included a post office, general grocery store, Farmfoods and Costcutter supermarkets, hairdresser and various other local shops. There was also a church, two primary schools, children's play centre and community project with an aim, to build upon and enhance the community whilst seeking to educate and to promote inclusion within the area. He said there was no pharmacy within the neighbourhood or any access to healthcare provision.

The Applicant supported his argument for the A8 as the southern boundary stating the services found in Carntyne Square and in Springboig did not differ sufficiently from those previously mentioned in Cranhill.

Mr Malone suggested that when considering the adequacy of existing service provision, it was important to consider both the social and geographical aspects within the neighbourhood. He believed that adequacy was not just about existing pharmacies ticking all the boxes; it was about pharmacists being accessible from within the neighbourhood at times that meet the needs of the community.

The Applicant said Cranhill was one of the most deprived communities within Glasgow. It broadly covered five data zones within the Scottish Index of Multiple Deprivation (SIMD). An analysis of the 2006 data indicated that Cranhill data zones had a very poor ranking, falling into the 15% most deprived within Scotland, and marked over several indices that including: income; employment; health; education skills and training; housing; geographic access and crime. He said that he did not want to overload the Committee with facts and figures but would go on the highlight the main problems facing Cranhill:

Income – Data zone SO 1003401 is ranked as the 18th poorest in Scotland in terms of income, with an average household income of only £15k per annum, 41% less than the Scottish average, confirming the level of income deprivation in Cranhill.

Employment – Almost 54% of the Cranhill population were economically inactive or receiving out-of-work benefits. Four out of the five data zones fell into the bottom 5% of overall employment. 28.2% of unemployment was likely to be related to ill health.

Health - Four out of the five data zones fell into the bottom 5% of the health domain scores with two data zones falling in the bottom 1%, which highlight the issues for the area. Compared to the Scottish average, the Applicant said there was 94% higher prevalence of heart disease; 35% more case of diabetes; 33.8% with long term limiting illness; 115% more hospital related admissions; 56.3% more estimated smokers and 75% more smoking related deaths. In addition, there were 15% more annual births with the age of a first time mother being 18% below the Scottish average.

Education – 40% of the population had gained no recognised qualification.

Geographic access to services – 70% of Cranhill residents had no car, which compares to a Scottish average of 34%, which is over double the amount.

Housing – One data zone ranked in the most deprived housing category within Scotland and the average house price in Cranhill was just under £29,000.

Crime – The domain measures the rate of recorded SIMD crime and is based on five indicators of broad crime types: crimes of violence; drug offences; domestic house breaking; minor assault and vandalism. Two of the Cranhill data zones fell into the bottom 15% scores for crime in the domain. Mr Malone suggested that this had an impact on resident's perception of and fear of crime within the local area.

Mr Malone said that these statistics clarified the depth of deprivation within Cranhill and therefore the desirability of a pharmacy within this neighbourhood, which would seek to educate and promote healthcare to the residents. He believed that establishing a pharmacy in the area would be the first step in improving the standards of living within the

neighbourhood. He added that with 35% more cases of diabetes; 75% more smoking related deaths; birth control statistics such as 84% more teenage pregnancies than the Scottish average; 158% more drug related deaths than the Scottish average this highlighted the need to provide services. Services such as NRT and smoking cessation, EHC, improved access to methadone and substance misuse programmes, blood pressure, diabetes testing and weight management programmes would be provided by the proposed pharmacy.

The Applicant said that Lloyds Pharmacy had a record of success in delivering improved healthcare to communities which could be seen from the evidence to date that nationally the company had carried out and referred to GPs:

- Over 1.5 million free blood pressure tests with 168,000 people identified as being at risk.
- Over 1.3 million free diabetes tests conducted with 55,000 people identified as being at risk
- Over 19,000 cholesterol and heart check tests conducted with a referral rate of approximately 40%.

Mr Malone said he believed that these facilities should be provided and included within the neighbourhood the residents live, making them aware of the help that can be provided as a pharmaceutical service, without having to travel across boundaries and into neighbourhoods in which they would not usually access on a daily basis. He said that a pharmacy within Cranhill would provide a focal point within the neighbourhood where residents would feel included and would seek help to better their health.

The Applicant advised that the nearest pharmacies to Cranhill were those of Lightburn Pharmacy on Carntyne Road, Boots on Abbeyhill Street and Robertson's on Smithycroft Road, which all lie out with the defined neighbourhood. He said that accessing these services requires residents to journey a distance outside the neighbourhood, which he accepted did not necessarily create inadequacy. He said he did not question the quality of the services provided by existing contractors however, even if they were providing 'gold plated' services, these were not readily accessible to the residents of Cranhill neighbourhood.

The Applicant referred to the petition undertaken by Cranhill Community Project stating it was indicative of the lack of satisfaction by residents and the need for a local pharmacy to be provided. It was easy to say that a patient will sign any petition to have a pharmacy closer to them but this is not necessarily the case. He asked the PPC to take into account this document in conjunction with other letters and documentary evidence provided regarding Cranhill.

Mr Malone referred to the recent amendment to the Regulations, which now requires public opinion to be taken into account when considering these applications. He said therefore it must be acknowledged and should be well known from the petition gathered, that a pharmacy in Cranhill is required in view of the residents there. This was in part due to the difficulty faced in accessing the other pharmacies located in surrounding neighbourhoods as mentioned previously. He reminded the PPC that 70% of the population did not have a car, which meant that they would be taking the bus or walking to access pharmaceutical services.

Mr Malone said that patients experienced difficulties accessing pharmacies on foot on Abbeyhill Street or Carntyne Road as this involved crossing the busy A8 Edinburgh Road. In addition he said the gradient of the hill from the A8 to the North was difficult to ascend for young mothers with pushchairs or the elderly, a particular problem for those residents accessing Robertson Chemist on Smithycroft Road. Another problem with accessing pharmacies in different neighbourhoods is the territorial issues which may result in certain members of the community being reluctant to travel into surrounding neighbourhoods to access their pharmaceutical needs. A point highlighted by Jim McBride, Head of Addiction for Glasgow East CHCP.

Mr Malone said that the financial constraints faced by some residents of Cranhill was relative when considering the use of public transport to access pharmaceutical services as many did not have the financial resources even if a bus was available at the desired time. This was an on-going issue in the neighbourhood as there was a lack of an adequate bus service and had been highlighted in the 2007 Transport Links Survey Report of which nothing has changed. He said that Margaret Curran MSP, a key community stakeholder support of this application, held a special public meeting on 27 October on improving bus services in Cranhill. The public transport in this locality was clearly not adequate and the transport issues were highlighted in the Transport Survey.

Mr Malone stated that the neighbourhood's asylum seeker and refugee populations also suffered difficulties in accessing a pharmacy. He said that in 2005, there were 60 asylum seeker families living in Cranhill and he anticipated this number would have increased by the present day. These families had particular needs and therefore could not be expected to travel great distances to access a pharmacy. He said they often had no money and lived on meal tickets and required transport vouchers to access GP practices, two bus rides away. A local pharmacy would therefore be a particular benefit to these residents.

Mr Malone stated that Lloyds Pharmacy would offer the full range of contractual services. The pharmacy would have a fully private consulting room and separate methadone administration area, incorporating a needle exchange facility. He said that in addition, the pharmacy would be prepared to offer to the community all local and national health board schemes, blood pressure and diabetes testing and follow up, promoting improved healthcare and access to this community. The pharmacy would have a dedicated advice area, which would display health promotion materials and encourage patients to seek advice from pharmacy staff. Finally he said that the pharmacy would benefit from a repeat prescription collection service.

Mr Malone summarised by saying he believed he had demonstrated that Cranhill was indeed a very deprived, separate neighbourhood with distinct health needs, which included methadone provision. He referred to the CHCP Cranhill report, which clarified the inequalities that exist. He advocated that there was a gap in the provision of current pharmaceutical services to this neighbourhood and suggested that a pharmacy on the proposed site would address these inequalities and social standards faced by the residents. He reminded the PPC that public opinion was firmly behind the granting of a new pharmacy contract as access to pharmaceutical services was fragmented and difficult for many. He said that he expected the future regeneration of the area would see the population of Cranhill neighbourhood rise as more new housing was developed.

Finally the Applicant said, the Scottish Government had a clear strategy to tackle health inequalities across the country. He asked the PPC, that with Cranhill being in such a deprived position, who would deny this community the equality of health provision to which they were entitled?

The Interested Parties Question the Applicant

In response to questioning from **Ms Duthie**, Mr Malone agreed that several of the streets in Cranhill would be closer for residents to travel to the existing pharmacies, than to the proposed pharmacy.

In response to further questioning from Ms Duthie, Mr Malone said that housing in Bellrock Street was to be replaced. He said that it was not in the City Plan as it was still at the planning stage.

In response to further questioning from Ms Duthie, Mr Malone said he did not support Ms Duthie's view that the hill gradient along the west side of Cranhill would not prove a problem for residents wishing to access the proposed pharmacy. He believed that the residents were more concerned at establishing a pharmacy within the neighbourhood.

In response to further questioning from Ms Duthie, Mr Malone said he did not accept that west Cranhill was closer to the Boots and Lightburn pharmacies than the proposed pharmacy premises or that it would only service the northern Cranhill streets. He believed this pharmacy would service the whole of Cranhill.

In response to further questioning from Ms Duthie, Mr Malone said he believed that it was possible that people from out with Cranhill might use this pharmacy's services although he would expect the residents of Carntyne to probably use the Lightburn Pharmacy.

In response to further questioning from Ms Duthie, Mr Malone agreed the proposed pharmacy would not offer any additional services that were not currently available from existing pharmacies but he added that the pharmacy would complement current services.

In response to further questioning from Ms Duthie, Mr Malone said that he believed that it would be unacceptable for an able bodied person to have to walk more than 10 minutes to access pharmaceutical services.

In response to further questioning from Ms Duthie, Mr Malone accepted that people needed to access a school everyday but that was not the same for a GP or dentist. He refused to comment if a newsagent or hairdresser was more important, saying they were totally different services.

In response to further questioning from Ms Duthie, Mr Malone advised that he had not included a GP, dentist or school in his neighbourhood because of the difficulties in crossing the Edinburgh Road.

In response to further questioning from Ms Duthie, Mr Malone said that he did not know how many school children and parents would cross the Edinburgh Road from Cranhill.

In response to further questioning from Ms Duthie, Mr Malone said that Cranhill residents had no choice but to travel to existing GP surgeries as this service was not available within the neighbourhood.

In response to further questioning from Ms Duthie, Mr Malone confirmed that the new pharmacy could not guarantee to provide a needle exchange service but he would be surprised if the Addiction service was not looking for new sites.

In response to further questioning from Ms Duthie, Mr Malone agreed the Jim McBride letter was surprising when it suggested there was a need for increased capacity for methadone supervision was there were an estimated 150 unused methadone supervision places within the area.

In response to further questioning from Ms Duthie, Mr Malone agreed that the Margaret Curran letter of support and newspaper article may not be accurate when it stated that the nearest pharmacy was about 1 mile away although he suggested that Mc Curran would know the area.

In response to further questioning from Ms Duthie, Mr Malone said he did not believe that the questions in the petition had confused those responding as he believed they all knew what they were signing and that was to gain easy access to a pharmacy in Cranhill.

In response to further questioning from Ms Duthie, Mr Malone advised that the 60 asylum seekers statistics had been extracted from the Cranhill Community Project and the male life expectancy of 65 was extracted from census data.

In response to further questioning from Ms Duthie, Mr Malone said there were two buses which frequently ran every half an hour from Bellrock Street however he was aware there was a problem with the service currently.

In response to further questioning from Ms Duthie, Mr Malone did not accept that all residents of a neighbourhood would want a pharmacy; some would not because of the perceived clientele that it might attract. He agreed that it was not feasible to have a pharmacy on every street corner as this would not be unsustainable.

In response to further questioning from Ms Duthie regarding the five data zones used in Mr Malone's presentation, he disagreed that they covered an area wider than Cranhill.

In response to further questioning from Ms Duthie about shops within the neighbourhood, Mr Malone advise that there was a Costcutter, Farmfoods, two or three takeaways, a general store, hairdresser and a post office. He therefore believed that residents could live their lives without necessarily going out of the neighbourhood however, he did accept they would need to leave the neighbourhood to access a GP and dentist.

In response to final questioning from Ms Duthie, Mr Malone advised that the proposed pharmacy would cover 900 square feet.

In response to questioning from **Mr Shearer**, Mr Malone advised that the main change since the last application was the recent change in the Regulations to incorporate public

consultation.

In response to questioning from **Mr Robertson**, Mr Malone advised that Cranhill residents were scared to go out of their territory due to gang issues, which had been highlighted by Jim McBride.

The PPC Question the Applicant

In response to questioning from **Dr Johnson**, the Applicant advised that he believed that the majority of Cranhill residents would either use the Easterhouse or Carntyne GP surgeries.

In response to questioning from **Mr Reid**, the Applicant advised that it was the information relating to deprivation that he believed had been insufficiently presented at the last hearing.

In response to further questioning from Mr Reid, the Applicant advised that the population he quoted as 3,200 reflected Cranhill residents only and he believed that this size of population would ensure the pharmacy would be viable.

In response to further questioning from Mr Reid, the Applicant said that the Cranhill Church Project had collected 500 signatures for the petition.

In response to final questioning from Mr Reid, the Applicant advised that he was unable to comment if people were afraid to travel in other areas, he could only comment on Cranhill residents.

In response to questioning from **Mr Macintyre**, the Applicant confirmed that he had changed his original neighbourhood's western boundary from Gartcraig Road to Ruchazie Road leading onto Gartcraig Road. He advised that he had chosen Ruchazie Road as he believed it was a natural boundary between different types of housing.

In response to further questioning from Mr Macintyre, the Applicant advised that the planned demolition of the high rise flats had been delayed due to the Commonwealth Games.

In response to further questioning from Mr Macintyre in respect of whether Cranhill housing was now owner occupied, the Applicant advised that he was unable to say.

In response to final questioning from Mr Macintyre, the Applicant advised that previous housing demolition had occurred in the 1990s.

In response to questioning from **Mr Thomson**, the Applicant was unsure how long it would take the pharmacy to make an impact on the health of the neighbourhood.

In response to further questioning from Mr Thomson, Applicant stated that he believed that the principal reason other pharmacies were not having the desired impact on health improvement for these residents was because their services were seen as not being easily accessible.

In response to questioning from **Dr Benton**, the Applicant advised that he did not know the numbers of houses that would be built as part of the area's regeneration.

In response to questioning from **Professor McKie**, the Applicant confirmed that the housing to the west of Bellrock Street was less deprived than the east but added that this did not necessary make the residents better off.

In response to further questioning from Professor McKie, the Applicant advised that the bus routes went along Bellrock Street, down to Gartcraig Road and then on to Edinburgh Road. They did not go down Crowlin Crescent or north to Lamlash Crescent.

In response to questioning from **Mr Daniels**, the Applicant acknowledged there had been seven applications in this area with three going to appeal however, this time he believed the consideration of public opinion and the lack progress in tackling the level of deprivation within the area would provide this application with a better chance.

In response to further questioning from Mr Daniels about deprivation, the Applicant advised it was the statistics that he had discussed which had been omitted from the previous application and the subsequent PPC minutes.

The Interested Parties' Case – Lightburn Pharmacy (Ms Duthie)

Ms Duthie advised that she would like to draw attention to the statutory test and the requirement to consider necessity and desirability. She considered that the pharmaceutical services presently provided to the neighbourhood were adequate and invited the Committee to dismiss the application. She defined the neighbourhood as the area bound to the north by the M8, to the east by Stepps Road, across Edinburgh Road and along Springboig Road, to the south by Greenfield Avenue and Inveresk Street and the west by Ruchazie Road to the M8 motorway which was similar to both the previous two PPCs and NAP decisions. She said the Applicant's neighbourhood suggested a neighbourhood which was defined without taking into account access to GP services, dental services, hospital services (Lightburn Hospital) and local children's schooling i.e. the only secondary school, and shopping amenities.

Ms Duthie said that in her opinion the Applicants neighbourhood was flawed as the residents of Cranhill daily accessed the GP surgery opposite the Lightburn Pharmacy; the dental practice behind the pharmacy; the pharmacy itself; a very good secondary school opposite the pharmacy, which were accessed by foot by vast quantities of Cranhill children and their parents. She said these services were essential to the residents of the Cranhill area and must therefore be included within the neighbourhood. She added that the Edinburgh Road was clearly by no means a barrier to access with the many pedestrian crossings available. Furthermore, she said that in fact many Cranhill streets were closer to existing pharmacies.

She advised that in the past Cranhill consisted of high density four storey tenement flats, with the majority now being replaced. There were no further housing applications in Planning nor were there applications pending for further house building. In fact she said that if you look back over the last 15 years the population of the area had fallen. In respect

of the high rise tower blocks, she said that these had been given a short reprieve from demolition.

Ms Duthie said that the Applicant had suggested that Cranhill had a high percentage of elderly and young residents. She drew the Committee's attention to the 2004 figures, which advise that: the average elderly population in Glasgow was 18%; the elderly in Cranhill was 13%; the young population average in Glasgow was 23%, in Cranhill it was 17% adding that these Cranhill figures would now have further decreased. Indeed the largest proportion of the population was middle aged, with those of working age averaging 61%, which suggested a mobile population.

The Applicant had stated that few people in Cranhill had access to cars. Ms Duthie asserted that there were far more cars now than there ever were as reflected by most of the new housing having car driveways. The average drive time to Lightburn Pharmacy from anywhere in Cranhill was 0.8 to 2.4 minutes. For those who did not have cars and were able bodied, the pharmacies were very accessible. She asserted that the vast majority of Cranhill was closer to the existing pharmacies than they would be to the Applicant's proposed pharmacy and patients would have to journey to GPs surgeries anyway to access medical services. The west of Cranhill had open access to Edinburgh Road. There was also access through the park and four access routes to the east in the space of 200 yards, with many other short cut routes through Cranhill. There was also access down the Stepps Road and there were many pedestrian crossings across Edinburgh Road.

Ms Duthie advised that if the people of Cranhill wished to take a bus they had direct access on Bellrock Street running every hour with a pharmacy on route, either way. She said it was important to point out that the over 60s would have free bus travel and there was now an improved service with new buses. She added that for those patients who would not be able to access services themselves, the pharmacy had a delivery driver who worked every day providing a collection and deliver service. Also a pharmacist was available to visit patients where it was needed.

For disabled persons, she said that they may have access to a disability car which either they or a relative might drive but if this not the case there was always the collection and delivery service adding that this was a services provided by all pharmacies within the area. Ms Duthie said that the Transport Report did highlight one important fact and that was worth drawing to the PPC's attention Cranhill people do not consider themselves a separate neighbourhood but instead one which is wider in order to access essential services. These people have to move out of Cranhill to get their daily groceries, GP services, dental services etc therefore she said how can this be argued a separate neighbourhood?

Ms Duthie advised that it was important to note that the people of Cranhill accessed services from surrounding areas e.g. Carntyne Square. She referred to her earlier questions to the Applicant and his admission that the people to the south and west of Cranhill were more likely to use the existing pharmacy closest to them rather than travel back to the proposed pharmacy.

Ms Duthie advised that Lightburn Pharmacy had been established for 42 years and there

had been no complaints about the service in that time. In early 2007 the pharmacy was expanded by moving premises and converting two derelict shop units into one pharmacy. This refit did not benefit from any Health Board funding. The pharmacy now covers 1800 square feet. The premises were DDA compliant, had a methadone supervision area, consultation room and treatment room. It had incorporated facilities for needle exchange but these were not in use at present as there is no funding available, and not likely to be forthcoming in the near future. The pharmacy had provided methadone supervision for many years however they were not at full capacity. The pharmacy provided all the services the Applicant was hoping to provide, and more. The pharmacy had applied to offer palliative care services but understood that funding, as yet, was not available however, enrolment training for this service had been arranged. Similarly, the pharmacy had requested to provide the C-card initiative but pharmacies had been allocated and again there was no additional funding. Lightburn Pharmacy operated with two pharmacists and so could offer a wide range of services. This came at a substantial financial cost especially in the financial climate at the moment. Therefore, if another pharmacy was to open it would put pressure on existing services and staffing levels which would reduce the number of services that Lightburn Pharmacy could provide and therefore the services they gave to their patients.

Ms Duthie turned to the Applicant's supporting documents:

- She said that in the petition there were two choices to be agreed within a long statement, which she believed to be deliberately misleading. She added that if you asked any member of the public if they would like a pharmacy at their front door they would say yes.
- Referring to Margaret Curran support, Ms Duthie said she believed that she had shown that Mrs Curran may not have a full picture and understanding of the area.
- In respect of the Addiction Services support, she said that found it surprising as her pharmacy still was able to accept new patients and that the Service were not looking for new pharmacies with regard to needle exchange provision.
- Ms Duthie quoted from the CHCP report which highlighted, "wide range of service provision already in place within Cranhill". In response to the report in respect of progress and priorities of services, she said that: Smoking cessation services were already provided within a number of locations within Cranhill and by the 11 pharmacies surrounding the area; Adult services - her pharmacy was involved in the Keep Well Project along with 8 other pharmacies within the surrounding areas; her pharmacy had access to and was able to signpost patients to financial services, employability support, smoking cessation onsite, alcohol support, stress referrals and therapies, weight management, exercise programs and eat well. Pharmacies had been appointed by the Board to offer the C-Card initiative for free contraceptives and there was no funding for any additional pharmacies.

  Finally, Ms Duthie made a quote from the Report's conclusion that "there are already a number to existing services based within or provided to the residents of Cranhill".

Ms Duthie advised that she had made substantial investment in the new premises and she feared that by granting another application this would mean Lightburn Pharmacy would not be able to provide services they wanted to provide and thus fragment the services already provided to patients.

Ms Duthie recognised there was a lot of pressure on the Committee to grant this application but asked the members if they looked at the facts, nothing had changed since the last hearing.

Ms Duthie believed the neighbourhood the Applicant defined did not have the infrastructure or the population to be classed as such and its future population and development was uncertain. Patients living within the Applicant's neighbourhood could not live their daily lives without accessing services out with the area. Ms Duthie concluded that the application was neither necessary nor desirable.

The Applicant Questions Ms Duthie

In response to questioning from the **Applicant**, Ms Duthie confirmed that the areas; west of Ruchazie Road and south of Edinburgh Road were known as Carntyne, which were areas where people live their lives. They were not a neighbourhood.

In response to further questioning from Applicant, Ms Duthie advised that she did not know how many Cranhill pupils attended the secondary school.

In response to further questioning from Applicant, Ms Duthie refrained to comment as to whether the bus service was a problem because she had not attended the recent public meeting. She did indicate she was aware of eight bus services going through Cranhill and she confirmed that she had used the services herself.

In response to further questioning from Applicant, Ms Duthie did not accept that there was land specifically designated for housing in Cranhill. She said this land might be used for anything. Although areas might be classified as housing land zoned, she said without planning permission, it could be used for anything.

In response to final questioning from Applicant, Ms Duthie accepted that just because a house had a drive way it did not mean that the occupants had a car.

There were no questions to Ms Duthie from the other interested parties.

At this point of the hearing (3:40pm) the Chair suggested all attendees take a comfort break.

The PPC Question Ms Duthie

In response to questioning from **Dr Benton**, Ms Duthie advised that residents of upper Cranhill could get a bus to the Lightburn Pharmacy via Upper Carntyne to the Edinburgh Road after that it was a short walk to the pharmacy.

In response to further questioning from Dr Benton in respect of the acceptability of walking 10 minutes to a pharmacy, Ms Duthie advised that in her presentation she had specifically referred to the walk by an able bodied person. For people with walking difficulties there was always the collection and delivery service, which was available to all on request.

In response to further questioning from Dr Benton, Ms Duthie was unable to advise the

number of Cranhill patients the pharmacy provided smoking related services too.

In response to final questioning from Dr Benton, Ms Duthie said that she was unable to comment as to whether residents of northern Cranhill were more likely to access services from a local pharmacy.

In response to questioning from **Professor McKie**, Ms Duthie said she was unable to explain why the deprivation status of Cranhill looked high compared to East Glasgow as there were no up-to-date figures but one health assessment has suggested that the healthy people had moved out, therefore statistically, this might explain the situation.

In response to further questioning from Professor McKie, Ms Duthie said she did not know how the services to this area could be improved with collection and delivery already available. The problem of perceived access problems was a matter of mind set rather than access itself.

In response to final questioning from Professor McKie, Ms Duthie confirmed that the Cranhill Post Office was still open and it was located next door to the applicants proposed premises.

In response to questioning from **Mr Thomson**, Ms Duthie advised that if the pharmacy was to open it would affect the amount of clinics that Lightburn Pharmacy offers and the time that a pharmacist spends with a patient.

In response to further questioning from Mr Thomson in respect of the proportion of Cranhill patients who use her pharmacy, Ms Duthie advised that where she had identified the southern neighbourhood, people would use the Shettleston services rather than Lightburn.

In response to questioning from **Mr Macintyre**, Ms Duthie advised that the secondary school was opposite the Lightburn Pharmacy.

In response to questioning from **Mr Reid,** Ms Duthie was unable to confirm the percentage of Cranhill patients that used her pharmacy but she said it was high.

In response to further questioning from Mr Reid**,** Ms Duthie advised that Lightburn Pharmacy was on Carntyne Road and the Edinburgh Road was behind the pharmacy, which had pedestrian crossing from Cranhill close to the pharmacy.

In response to questioning from **Dr Johnson,** Ms Duthie advised that her pharmacy advertised its services in a general leaflet distribution five times a year to all areas that services were provided too.

In response to further questioning from Dr Johnson, Ms Duthie expressed concern that her pharmacy had never been contacted by the CHCP in respect of the initial health needs assessment.

In response to final questioning from Dr Johnson, Ms Duthie advised that the objections she had raised on this application were because she believed that she was fighting for her pharmacy's future.

NHS Greater Glasgow and Clyde

The Interested Parties' Case – Rowlands Pharmacy (Mr Alasdair Shearer)

Mr Shearer thanked the Committee for the opportunity to present his case on behalf of Rowlands Pharmacy.

He said that he did not agree with the Applicant's neighbourhood but did agree with the PPC definition that was decided in their oral hearing in August 2008:

North – the M8 motorway
East – B765 Stepps Road, travelling south through Springboig Road to where it meets Inveresk Street.
West – Gartcraig Road and Ruchazie Road
South – Inveresk Street travelling along to Greenfield Avenue

Mr Shearer said that the Applicants main argument was the issue of patient access to pharmaceutical services, which he would therefore address firstly. There was no pharmacy within the Applicants proposed neighbourhood which would therefore require residents of the area, to travel to gain access to pharmacy services. The question he suggested that needed to be considered was, do Cranhill residents have difficulty in doing this?

Mr Shearer said that Ms Duthie had referred to the 'Cranhill Community Transport Links Survey Report' and although he did not intend discussing the statistical findings as he believed that the Committee would had read through the document, he felt it worth noting one key point from one of the surveys. In response to the question -"Where do you normally shop", 90% of the respondents stated they shopped out with the neighbourhood for groceries. The top three answers, which made up 73% of responses, were: Tesco at Shettleston; Morrisons at the Fort and Asda at the Forge. He said that all these outlets were a considerable distance from Cranhill and therefore it was obvious that this population was travelling some distance to access superstores and retails outlet as these did not exist locally. Therefore, why would a pharmacy in Cranhill suddenly mean that people will stay in the Applicants neighbourhood? He answered saying, of course not, people will still have to travel out with the area for all their basic requirements, which they were already doing on a day to day basis. He therefore proposed a further question; why not visit one of the 10 pharmacies within a 1.1.mile radius? This was the position of this application.

Mr Shearer said nothing had changed since the last application was refused in August 2008 and as such this application should also be refused.

There were no questions to Mr Shearer from the Applicant.

The interested parties Questions Mr Shearer

In response to questioning from Ms Duthie he advised that the post code of the Rowlands pharmacy in Gilbertfield street was G33.3.

There were no questions to Mr Shearer from Mr Robertson.

There were no questions to Mr Shearer from the PPC.

The Interested Parties' Case – Shettleston Health Centre Pharmacy & David L L Robertson Chemist (Mr David Robertson)

Mr Robertson stated that he believed the residents of Cranhill did move around Glasgow.

Referring to the PPC meeting, Mr Robertson said that three objectors in attendance today were not particularly high. Adding he had been at some PPC hearing where there were many more.

Mr Robinson said he believed that the approving of this application would affect some pharmacies in the area and therefore this application was neither necessary nor desirable and he would also question its viability.

There were no questions to Mr Roberson from the Applicant, the interested parties or the PPC.

Summing Up

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

Mr Robertson advised that there was an adequate provision of pharmaceutical services to the people of Cranhill by the existing pharmacies along with collection and delivery services.

Mr Shearer advised that nothing had changed since the previous application, which had been refused. Residents in the Applicant's defined neighbourhood needed to travel out with this neighbourhood for groceries and other amenities. Access to existing pharmacy services was not a problem for these residents and a contract in this location was not required.

Ms Duthie advised that Lightburn Pharmacy supported the decision of the previous two PPCs and NAP hearings to refuse the application. She agreed with the definition of the neighbourhood set out previously by the PPC and NAP. Nothing had changed within the area to alter this decision. There was no evidence of any inadequacy in existing pharmaceutical services within the neighbourhood. She concluded that according to the judgement of Lord Drummond Young if the service as it stands was adequate then that is the end of the matter and the application must fail.

Mr Malone advised that he had established that Cranhill was recognised as a complete and separate neighbourhood without a pharmacy. He asked the PPC to bear in mind the public opinion and consultation which has taken place and added weight to this application.

He asked the Committee to note that the neighbourhood had previously had a pharmacy, which had not been replaced during redevelopment.

He reiterated that access to existing pharmacies necessitates the residents of Cranhill on taking a journey out with the neighbourhood, which was believed difficult for some residents geographically and socially through territorial and transport/income issues. The neighbourhood was not adequately served with pharmacy provision.

He advised that the deprivation statistics coupled with a visit to the neighbourhood clarifies the very unfortunate state that Cranhill currently finds itself in and he suggested that a pharmacy within the regeneration of the neighbourhood, would be going a long way to improving the health needs of the population.

Mr Malone stated that the application was both necessary and desirable to secure adequate provision of pharmaceutical services in the neighbourhood and asked that the application be awarded accordingly.

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

- Your Local Boots Pharmacy– Abbeyhill Street, Glasgow G32 6LJ;
- Lightburn Pharmacy – Carntyne Road, Glasgow G32 7JZ;
- Shettleston Pharmacy Ltd – Old Shettleston Road, Glasgow G32 7JZ
- Your Local Boots Pharmacy– Shettleston Road, Glasgow G32 7PB;
- David L L Robertson Chemist – Shettleston Road, Glasgow G32 7PH;
- National Co-operative Chemists – Shettleston Road, Glasgow G32 7PQ;
- Rowlands Pharmacy – Shettleston Road, Glasgow G32 7YS;
- Robertsons Chemist – Smithycroft Road, Glasgow G33 2QZ;
- Rowlands Pharmacy – Gilbertfield Street, Glasgow G33 3TT;
- Apple Pharmacy – Mossvale Crescent, Craigend G33 5NZ;

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

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

d) Public Consultation – response received from:

- Glasgow East CHCP, Patient Partnership Forum

The Committee also considered;-

e) The location of the nearest existing pharmaceutical services;

f) The location of the nearest existing medical services;

g) Demographic information regarding the area of G32.6, G33.3 and G33.5;

h) Information from Glasgow City Council's Department of Land and Environmental Services regarding future plans for development within the area; and;

j) 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;

DECISION

Having considered the evidence presented to it, and the PPC's observation from the site visit prior to the hearing, 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 and taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the M8 motorway;
East: the Stepps Road;
South: the Edinburgh Road;
West: the Ruchazie Road and Gartcraig Road.

The Committee felt that this was a distinct neighbourhood. The M8 motorway formed a physical boundary. Stepps Road marked a natural boundary between a residential area and a commercial area. Ruchazie Road and Gartcraig Road formed a natural neighbourhood boundary between Cranhill and Carntyne. The Edinburgh Road formed a natural neighbourhood boundary between the different residential areas of Cranhill and Lightburn/Carntyne. The Committee however agreed that the residents of Cranhill would be required to travel out with the area to access services. Most services would be accessed in Carntyne Square but residents would also go further afield to The Fort, Shettleston Road and Parkhead.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached this decision, the PPC was then required to consider the adequacy of

pharmaceutical services in the defined 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 no pharmacies however, there were ten pharmacies within the extended area that provided services. These pharmacies provided the full range of pharmaceutical services including supervised methadone. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee agreed that the residents in Cranhill's southern and western areas would be closer to existing pharmacies than the proposed new premises. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

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 could be considered 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 Mr Alasdair Macintyre left the room 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..

Supervisor, Community Pharmacy Development

The Chemist Contractor Member of the Committee Mr Alasdair Macintyre and Board Officers rejoined the meeting at this stage.

APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2009/36 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- Mr Kasim Gulzar, 1 Kennishead Ave, Thornliebank G46.8

ANY OTHER COMPETENT BUSINESS

None.

DATE OF NEXT MEETING

10 November 2009 @11:30am

The Meeting ended at 4:45pm