

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (01)**  
Minutes of a Meeting held on  
Tuesday 9<sup>th</sup> March 2010  
Pollokshaws Burgh Halls, 205 Pollokshaws Road  
Glasgow G43 1NE

<b>PRESENT:</b>	Dr Catherine Benton	Chair
	Professor J McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Dr James Johnson	Deputy Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
 <b>IN ATTENDANCE:</b>	 Dale Cochran	 Contracts Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Elaine Ward	Development Pharmacist – Community Pharmacy Development

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.

No declarations of interest were made.

**1. APOLOGIES**

There were no apologies.

**2. MINUTES**

The Minutes of the meeting held on Wednesday 16<sup>th</sup> December 2009 **PPC[M]2009/09** was approved as a correct record.

**3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

None.

**ACTION**

**Section 1 – Applications Under Regulation 5 (10)**

**4. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**

**Case No: PPC/INCL06/2009**

**Mr Kasim Gulzar, 1/3 Kennishead Avenue, Thornliebank, Glasgow G46 8 PR**

The Committee was asked to consider an application submitted by Mr Kasim Gulzar, to provide general pharmaceutical services from premises situated at 1/3 Kennishead Avenue, Glasgow G46 8PR 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 Mr Gulzar, 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 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 Kasim Gulzar ("the Applicant"), The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mrs Patricia McGeown (Stuart Chemists). ("the Interested Party").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's premises, pharmacies, GP surgeries taking the following route: Barrhead Road, Kennishead Road, Boydstone Road, Kennishead Avenue, Glen Morriston Road, Nitshill Road, Kyleakin Road, Carnwadric Road, Hopeman Street, Boydstone Road, Crebar Street, Kennishead Road, Main Street, Thornliebank Road, and Fieldhead Square.

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 Party and the PPC to ask questions. The Interested Party then gave her presentation, with the opportunity for the Applicant and PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

### **The Applicant's Case**

The Applicant thanked the Committee for providing him the opportunity of presenting his case.

Mr Gulzar advised that he was a pharmacist who had graduated from Strathclyde University approximately five years previous. He had worked in both community and hospital pharmacy and had managed pharmacies for Lloydspharmacy and the former Munro Pharmacy. He felt that community pharmacy had a lot to offer the local community and that there was increased demand for "face to face" timely advice and a greater need for pharmacists to be seen as the "first port of call" as there were many instances where the waiting times for a doctors appointment was high and patients sometimes had to wait as long as two weeks. There was, in Mr Gulzar's opinion, immense pressure on GPs and it was important for pharmacists to offer themselves to patients in areas such as Minor Ailment Service (MAS) , review of medicines, smoking cessation, weight management and health promotion which were invaluable additions and the focus of the pharmacy contract.

The Applicant informed the Committee that the proposed premises were situated in Kennishead Avenue. He intended to open the pharmacy: Monday – Friday: 8.00am – 6.00pm; Wednesday: 8.30am – 6.00pm; Saturday: 9.00am – 5.00pm; Sunday – Closed. He confirmed that these times were different to those appearing in his original application and advised the Committee that the change had been made to bring the hours of service in line with the hours of opening of Thornliebank Health Centre.

He advised the Committee that there was no pharmacy currently situated within his defined neighbourhood which offered patients these extended opening hours. He questioned what would happen currently to a patient who could only get an early GP appointment with a subsequent prescription which needed dispensed. He further questioned what would happen to those patients who worked and whose only option was to visit a pharmacy early in the day. He advised that there was school near the proposed premises where parents could bring their kids to the pharmacy before the start of the school day to access a MAS consultation. The proposed pharmacy would cater for such situations.

The Applicant asserted that the proposed site offered a desirable spread of pharmacies in the wider area. Boots Pharmacy was situated at the extreme south-west of the defined neighbourhood, with the proposed site situated at the other end. He advised that the neighbourhood was self contained in that it contained all the amenities expected of a neighbourhood e.g. railway station (Kennishead), newsagents, bakery, hairdresser, fast food outlets, nursery, care centre, Primary School, King George's Field (play area), banking facilities and a community hall.

The area of the neighbourhood was in Mr Gulzar's opinion "self-serving" as it had in itself access to all amenities except a pharmacy. The population were required currently to travel outwith the area to access pharmacy services. To the elderly, disabled and those with younger children, all elements of the population generally considered high users of pharmacy services, this was a struggle.

Mr Gulzar then went on to speak about the public consultation element of the statutory consultation required by the Regulations and the comments that this had elicited. He quoted some of the comments made by members of the public and advised that many of these suggested that not everyone in the total neighbourhood had access to a car and that public transport was not always an option, which was a barrier in itself.

Mr Gulzar confirmed that it was at least a 30 minute walk to the nearest existing pharmacy, for someone who may be healthy and able. He questioned how long it would take someone who was elderly or less able. Mr Gulzar confirmed that many of the comments made by the public reiterated his point that current services were difficult to access. The comments showed that the population around the proposed premises considered themselves to be part of the Kennishead/Regents Park/Carnwadic area, which they considered was separate and distant from the Main Street area of Thornliebank. They found it a fair distance to travel to access their nearest pharmacy, which in Mr Gulzar's opinion, indicated that the current service provided by the only other pharmacy in the neighbourhood was insufficient.

The Applicant then went on to define his neighbourhood as:

North: railway line;  
East: railway line/Thornliebank Road/Main Street;  
South: Main Street/Speirs Grove and  
West: Carnwadic Road.

Within this neighbourhood there was a population of approximately 5,891. 1,183 of these were children and 844 were of pensionable age (statistics taken from [www.sns.gov.uk](http://www.sns.gov.uk)).

The Applicant informed the Committee that the number of people within the neighbourhood was above the national average population that a single pharmacy should be serving. In addition he considered these to be “natural boundaries” with the population as a whole within the neighbourhood being the proposed pharmacy’s catchment area. Within this population there were residents that were being deprived of an efficient pharmaceutical service provision. Those living near the proposed pharmacy needed to walk approximately 30 minutes to access their nearest pharmacy, while it took approximately 20 minutes to walk to Sinclair Pharmacy, for a fit and healthy person.

Mr Gulzar then went on to describe how a resident near the proposed premises would currently need to access Boots on Main Street by using public transport. Mr Gulzar described what he felt was a difficult journey with only one direct bus service. The round journey for someone accessing services in this manner could be around 2 hours.

Mr Gulzar advised the Committee that many of the residents had voiced concern over long waiting times for prescriptions and face to face advice. The lengthy waiting times had forced many to visit other pharmacies costing them both lengthy hours and having to pay to get to other pharmacies. Mr Gulzar had attended a local Council meeting where this had been highlighted. He also considered that due to a high prescription load and high volume of patients a lessened face to face pharmacy service was available with a subsequent lack of time to participate in aspects of the pharmacy contract.

He advised that as the Committee would be aware, the number of prescriptions currently dispensed by Boots Pharmacy on a monthly basis was far greater than the average number a pharmacy should be dispensing. The viability of Boots Pharmacy would not, in the Applicant’s opinion, be affected by the opening of the proposed pharmacy. The high prescription figure also highlighted the strain that Boots were facing and in turn the reason why the population had access to what was in their eyes, an inadequate service. In essence, two pharmacies dealing with the high dispensing and high workload in the area would serve the neighbourhood better.

Mr Gulzar then went on to respond to the objection made by Stuart Chemists during the consultation process. He advised that he had not in his application referred to his neighbourhood as “new”. He had simply outlined a proportion of the existing neighbourhood that was being forced to travel a fair distance to access a pharmacy. Mr Gulzar questioned where the inaccuracies described by Stuart Chemists, were? If it was the way in which he had defined his neighbourhood, he had outlined as explained the population of the neighbourhood that he felt were being deprived of an adequate pharmacy service through the difficulties associated with the distance and time taken to travel to the nearest pharmacy.

It had been stated that Boots Pharmacy adequately served the whole community. While Mr Gulzar agreed that Boots served the community, they did not do this to a high or adequate standard. The patients visiting the pharmacy, in Mr Gulzar's opinion, experienced this on a daily basis. They found themselves having to travel to other pharmacies like Stuart Chemists due to the high waiting times and lack of service provided by Boots which was due to the high workload. This was forcing patients to travel completely outwith their area, costing them time, money and confidence in the NHS. Another pharmacy would not undermine Boots at all, but was simply in reaction to public opinion that it was difficult to access Boots which had been described by many as "far", "quite a distance", a "30 minute walk" and "on top of the hill". The population that both pharmacies would serve, nearly 9,000, was double that of the national average for a single pharmacy. Both pharmacies would work together to adequately serve the neighbourhood, the viability of both being secure.

He went on to ask whether any application submitted to secure the wellbeing and health of the public could be considered a joke? The roads in the surrounding area were hazardous and there were both busy and awkward roads and pavements. These hurdles were difficult for those patient groups that could not be ignored i.e. the elderly, the disabled and those with younger children and prams.

Mr Gulzar agreed that there was a high level of multi-cultural backgrounds within the area; however he had referred to Regents Park specifically in his supporting letter, not the area of Kennishead. In Regents Park, there were a high proportion of residents speaking Punjabi/Urdu who found themselves travelling outwith the neighbourhood to access pharmacists that they could have a fluent conversation with. Mr Gulzar believed that ethnic minority groups in Scotland, while predominantly into the third and fourth generation, continued to contain a high percentage of Asians where English was not their first language. In representing the neighbourhood fully and fairly, he estimated 10% of the population may be in this category. Additionally he felt that as well as basic language understanding, this element of the population were deprived of the opportunity to have a fluent chat about a healthy lifestyle, where further questioning might identify further signs that could lead to an important intervention. As a pharmacist that could speak Punjabi/Urdu there would naturally be a better level of community. This could lead to better compliance in taking medicines, better health promotion and integration and full service provision.

Mr Gulzar then turned his attention to the current service provided by Boots Pharmacy in Main Street. He believed the neighbourhood that Boots served was in the region of 8,860. Of these 1,757 were children and 1,397 were pensioners.

He advised the Committee that the average population a pharmacy should be serving was roughly 4,500 persons. The population that Boots Pharmacy was serving was nearly 9,000 which was double the national average of a single pharmacy.

Mr Gulzar advised he had visited Boots on more than one occasion and had experienced difficulty in finding a parking space convenient to the pharmacy, the busy road was difficult to cross due to finding a space on the other side of the road, there was a pub next door that had users smoking and swearing in front of the premises, the disabled door access to the pharmacy did not work and a lady with a pram had difficulty opening the heavy door.

Mr Gulzar then went on to describe his visits in detail, paying particular attention to the difficulties faced. In summary he suggested that Boots was a busy pharmacy with long waiting times. It was a fair distance from some parts of Thornliebank and had a high volume of patients. There was no choice available to patients to speak to a pharmacist in languages other than English. The busy nature of the pharmacy meant that some items on prescriptions might not be in stock due to Boots running out. There was no other pharmacy for patients to visit through desire or necessity. They would have to travel a fair distance for choice.

The Applicant then went on to demonstrate the weaknesses of Sinclair Pharmacy. He said it was a distance from the Carnwadric, Kennishead, Regents Park area. It was situated in an area that few people in the wider area would find themselves travelling to unless totally necessary. It was closed during lunch times.

The Applicant invited the Committee to ask if the proposed pharmacy would be opening for the convenience of the public rather than through necessity. His answer to this would be "no". Public opinion was favourable to the addition of a further pharmacy in the neighbourhood. The residents within the neighbourhood were voicing their opinion that the nearest and only pharmacy was far away.

Councillor James Fletcher, Leader of the East Renfrewshire Council had represented Thornliebank since 1988 and fully supported the application. He had voiced the opinion shared by many of the residents within the neighbourhood. He, along with community elders welcomed the proposals of the addition of another pharmacy in the neighbourhood.

Mr Gulzar advised that looking briefly at statistics for the neighbourhood it could be seen that the neighbourhood was deprived and had high levels of alcohol/drug misuse and poor health. It currently sat in the lowest 5% of the most deprived data zones in Scotland. The Scottish Index of Multiple Deprivation rank of the

neighbourhood was 284/6505. The greater the deprivation, the poorer the health and the greater the need for local level intervention to improve health outcomes and promote health. He felt that Boots pharmacy was clearly not coping with this.

Another statistic from the neighbourhood looked at the number of women recorded as smoking at their antenatal booking visit. 63.3% were found to be smoking. This was almost three times the national average of 19.6%. It was said that the single greatest intervention to improve overall health outcomes was smoking cessation. Mr Gulzar questioned where this service was provided currently in the neighbourhood.

Another example of local level intervention inadequacy could be seen in the statistics that highlighted the target for breast feeding at 6-8 weeks was only 14.29% set against a national average of 36%. The target set by the Government was a minimum of 30% by 2010 as highlighted in the Scottish Government's "Better Health Better Care" strategy document.

Alcohol/drug misuse was also sitting at roughly three times the national average and this simply reinforced the point that the neighbourhood was deprived and had poor health and would benefit from the addition of another pharmacy.

In summary, through the voice of the Councillor, local council, through the statistics showing a potential inadequacy in local level interventions, the distance from the only pharmacy from areas of the neighbourhood and most importantly of all, the voice of the people living in the neighbourhood, there was a necessity and desirability for the addition of the proposed pharmacy in Kennishead.

There were no questions to the Applicant from **Mrs McGeown**.

#### **The PPC Question the Applicant**

In response to questioning from **Mr Dykes** regarding the content of his presentation being predominantly about the convenience of another pharmacy in the neighbourhood, the Applicant confirmed his assertion that a further pharmacy would attract health gains in the population. He pointed out that while Boots operated within the area; the health of the population remained poor. He was of a mind that community pharmacy could contribute to health gains within the population, but felt that Boots were unable to make the best use of these opportunities because of their commitment to dispensing volume. As a pharmacist he wanted to offer interventions to patients that would provide them with the best possible chance of health improvement.

In response to further questioning from Mr Dykes, the Applicant

conceded that you could never fully stop people from gathering outside a retail facility, but he had used the example of people standing outside the pub next to Boots Pharmacy to show that access to the pharmacy was uncomfortable.

In response to questioning from Mr Dykes, the Applicant advised that many of the roads in the area were undergoing redevelopment, but not all.

In response to final questioning from Mr Dykes, the Applicant confirmed that if he had said the current service was “bordering on inadequate”; he would wish to review this and describe the service as “inadequate”.

In response to questioning from **Dr Johnson**, the Applicant advised that he was unaware why a representative from Boots Pharmacy had not chosen to attend the oral hearing. He thought that perhaps they was aware that previous applications had been refused for premises in the same neighbourhood, and were confident the same decision would be made, or they may just be confident enough to wait until the issue came to the National Appeals Panel.

In response to further questioning from Dr Johnson regarding Boots Pharmacy, the Applicant advised that Boots were currently serving a population more than double that of the national average for a single pharmacy. He was confident that pharmacies could serve larger populations than the average, but only if the service being provided was not inadequate. In his opinion, Boots faced a strain providing services to these patients.

In response to questioning from **Professor McKie**, the Applicant advised that the 30 minute walk reference had been from a starting point of Kennishead flats to Boots Pharmacy in Main Street, travelling via Carnwadric Road.

In response to further questioning from Professor McKie, the Applicant described the bus services operating in the area. The 374 ran from Main Street back to Kennishead, with the 45 operating from Kennishead, via Hopeman Road to Carnwadric Road where it terminated. Patients would then be required to walk to Main Street to access services.

In response to further questioning from Professor McKie, the Applicant produced photographs which helped to explain the comment made by members of the public regarding an existing pharmacy “at the top of the hill”. He advised that this comment could be in reference to Sinclair Pharmacy on Kyleakin Road, which was accessible via a hill from the Kennishead area.

In response to further questioning from Professor McKie, the Applicant accepted that there may be contractors in the area providing a collection and delivery service, however this did not, in the Applicant's opinion, compare with the face to face service provided by a pharmacist. He further confirmed that if successful, he intended to provide a delivery service to his patients, using the responsible pharmacist regulations to allow him to be away from the pharmacy.

In response to final questioning from Professor McKie, the Applicant confirmed that he would employ a second pharmacist when and if demand warranted this. There would be only pharmacist on duty at the beginning.

In response to questioning from **Mr Reid**, the Applicant explained why he had changed the boundaries to his neighbourhood from those provided in his original application. He advised that initially his boundaries had been drawn against the area where the Applicant felt the population had inadequate access to pharmacy services. Once he had learned a bit more about the application process, he reviewed this and made the changes to reflect natural boundaries within the area.

In response to further questioning from Mr Reid, the Applicant confirmed the population of his new pharmacy to be in the region of 5,800.

In response to further questioning from Mr Reid, the Applicant confirmed that he had changed his proposed opening hours as well to bring these in line with the opening of Thornliebank Health Centre.

In response to further questioning from Mr Reid about the letters of support received by the Board from members of the public, the Applicant confirmed that he had not been involved in the gathering of these comments.

In response to final questioning from Mr Reid, the Applicant accepted that there were another two pharmacies quite close to the neighbourhood. He felt however that both these pharmacies served their own population and that this population did not tend to travel outwith the area.

In response to questioning from **the Chair**, the Applicant advised that he did not have statistics around the populations or dispensing activity for these two pharmacies.

In response to further questioning from the Chair, the Applicant confirmed that Regent's Park was within his defined neighbourhood.

In response to final questioning from the Chair, the Applicant confirmed that he had come to his statistic for those not speaking English as a

first language, by visiting the area and counting the number of ethnic minority residents in the Regent's Park flats. From this he was able to calculate that 90% of them spoke Urdu/Punjabi, but this was not to say that they did not speak English.

**There were no questions to the Applicant from Miss Ward.**

**The Interested Party's Case – Mrs Patricia McGeown (Stuart Chemists)**

**Mrs McGeown** advised the Committee that she felt that an area had been forgotten; that of Eastwood and Darnley. She advised that Stuart Chemists would not be directly affected if the application were granted but that many residents within the neighbourhood received delivery services from the pharmacy. She felt the length of time needed to walk from Kennishead to Main Street had been exaggerated and reminded the Committee that patients still required to travel to their GP surgery to obtain their prescription before going to the pharmacy. Adequate services were already provided in the neighbourhood and surrounding areas by five community pharmacies. The application was not necessary or desirable.

Most elderly patients relied on telephone advice from community pharmacies and were used to providing symptoms etc over the phone which enabled Stuart chemists to respond and advise patients accordingly. Stuart Chemists could also respond to a prescription with a delivery within ten minutes.

She questioned the Applicant's point regarding people congregating round the pub in Main Street. She suggested that this situation could very well happen at the Applicant's proposed premises.

She advised that nothing had changed since previous applications were considered. There had been no change in population and she disagreed with the waiting time for prescriptions. No patient should need to travel to Stuart Chemists for a prescription as the pharmacy ran a very efficient delivery service. In her opinion the application was not necessary or desirable.

**There were no questions to Mrs McGeown from the Applicant.**

**The PPC Question Mrs McGeown**

In response to questioning from **Dr Johnson**, Mrs McGeown advised that she did not agree with the Applicant's proposed neighbourhood. She advised that Mr Gulzar had changed it during the consultation process and questioned why this would be the case. She reiterated that previous applications had been considered for premises in this area and all had been rejected.

In response to further questioning from Dr Johnson, Mrs McGeown confirmed that Stuart Chemists did not take part in the supervised methadone service.

In response to questioning from **Mr Dykes** as to why she had attended the oral hearing given Stuart Chemists was outwith the consultation zone, Mrs McGeown advised that Stuart Chemists would not be directly affected if the application were granted. She considered, however, that the current services were more than sufficient and therefore a new pharmacy was not needed. She further confirmed that she was not aware of why other Interested Parties had not turned up to the hearing.

In response to questioning from **the Chair**, Mrs McGeown advised that if patients were really keen in accessing services such as smoking cessation or breast feeding advice, then they would travel outwith their own local area to access this.

**There were no questions to Mrs McGeown from Mr Reid, Professor McKie or Miss Ward.**

#### **The Interested Party Sums Up**

**Mrs McGeown** advised the Committee that she had nothing further to add to her initial comments.

#### **The Applicant Sums Up**

**Mr Gulzar** advised that the Interested Party had focussed on the patient's need to visit a GP surgery to obtain a prescription and he reiterated that this situation was changing with the advent of Chronic Medication Service (CMS) where community pharmacists would undertake management for patients with specific conditions. Community pharmacy focus was shifting from dispensing to a more service based approach e.g. MAS, cholesterol contract etc where there was no need for the patient to visit the GP surgery.

He advised that there was every reason to approve a pharmacy in Kennishead. The neighbourhood was closed off, with the population preferring to remain within the area. The nearest existing pharmacy was a 30 minute walk away. The population were requesting a pharmacy and the Committee should grant the application.

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.

The PPC took into all 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;
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Subcommittee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding the G43.1, G46.7 and G46.8 post-code areas;
- f) NHS Greater Glasgow and Clyde plans for future development of services; and
- g) Comments from members of the public.

### **DECISION**

Having considered the evidence presented to it, and the PPC's observation from the site visits, the PPC had to decide first 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. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway line;

East: by the railway line travelling south to Thornliebank Road and

Main Street.

South: by Main Street, running west to Speirs Grove; and  
West: Carnwadric Road.

The Committee felt that this was distinct neighbourhood. On the north the railway line was a considerable physical boundary beyond which lay areas of open ground. On the east the railway line was a physical boundary, with Thornliebank Road and Main Street marking the edge of the area commonly known as Thornliebank. On the south, Speirs Grove marked a change between residential housing to industrial facilities. The boundary to the west was marked by the end of one type of residential social housing and the commencement of private housing areas.

### **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 in 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.

Within the neighbourhood as defined by the PPC there was one pharmacy which was situated to the extreme south-west of the defined neighbourhood. The Committee agreed that this pharmacy could only reasonably be accessed using public or private transport. The distance to the pharmacy was not suitable for walking by the elderly or mothers with young children. The Committee considered that the area was relatively deprived with significant elements of social housing. The elements of the pharmacy contract were only available to the neighbourhood population via the sole existing pharmacy to which the public had to travel, (as it was in the vicinity of the local Health Centre) to obtain pharmaceutical services. The Committee considered that the existing pharmaceutical service provision to the population of Kennishead was not adequate.

The Committee had to consider either the application did no more than make up the shortfall in the pharmaceutical provision which had been identified or whether it might go further and result in a degree of over provision. The Committee accepted that pharmaceutical services were available to those currently resident in the Kennishead area but the level of services provided, were inadequate. Granting of the contract would not, in the Committee's opinion, result in an over-provision of pharmaceutical services given the location of the nearest existing pharmacy. The Committee considered it necessary to grant the application in order to secure adequacy.

Having regard to the overall services provided by the existing

contractors within the vicinity of the proposed pharmacy, and the number of prescriptions dispensed by those contractors in the preceding 12 months, the Committee agreed that the neighbourhood was not currently adequately served.

**In accordance with the statutory procedure the Chemist Contractor Member of the Committee Gordon Dykes 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 necessary and 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 granted.

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

**5. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2010/02 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:

**Lloyds Pharmacy Ltd – Unit 3a, 6 Hopehill Road, Glasgow G20 7JN**

**Mr Ahmad Karim Nassar – 3 Budhill Avenue, Springboig, Glasgow G32 0PW**

**JMC Healthcare Ltd – Unit 7 Crosslee Crescent, Houston PA6 7DT**

**Boots UK Ltd – Unit 1B, Strahkelvin Retail Park, Bishopbriggs G64 2TS**

**AGREED/-**

**That the above applications be considered by means of oral hearing.**

**6. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING**

The Committee having previously been circulated with Paper 2010/03 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Contracts  
Supervisor  
Community  
Pharmacy  
Development**

### **Change of Ownership**

**Case No: PPC/CO08/2009 – Charles S Bullen (Stomacare) Ltd,  
Trading as Charles S Bullen (Stomacare) Ltd – 603 Helen Street,  
Glasgow G51 3AR**

The Board had received an application from Charles S Bullen (Stomacare) Ltd for inclusion in the Board's Pharmaceutical List at an appliance supplier previously listed as Buchanan Orthotics Ltd at the address given above. The change of ownership was effective from 1<sup>st</sup> January 2010.

The Committee was advised that the level of service was not reduced by the change of ownership.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

**Case No: PPC/CO01/2010 – Houlihan Pharmacy Ltd – 312  
Dumbarton Road, Glasgow G11 6TF**

The Board had received an application from Houlihan Pharmacy Ltd for inclusion in the Board's Pharmaceutical List at a community pharmacy previously listed as Lewis (Glasgow) Ltd at the address given above. The change of ownership was effective from 10<sup>th</sup> February 2010.

The Committee was advised that the level of service was not reduced by the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

### **Minor Relocation of Existing Pharmaceutical Services**

**Case No: PPC/MRELOC10/2009 – Lloyds Pharmacy Ltd – 549  
Maryhill Road, Glasgow G20 7UJ**

The Board had received an application from Lloyds Pharmacy Ltd to relocate pharmaceutical services currently provided from 549 Maryhill Road, Glasgow G20 7UJ. Lloyds wished to move to alternative premises situated at Unit 3a, 6 Hopehill Road, Glasgow G20 6NN.

The Lead – Community Pharmacy Development had recommended that the application did not fulfil the criteria for minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy

Subcommittee recommended that the application did not fulfil the criteria for minor relocation.

Given the above, the Chair agreed that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. The application was refused.

**Case No: PPC/MRELOC11/2009 – M& D Dispensing Chemist, 139 Scaraway Street, Glasgow G22 7EU**

The Board had received an application from M&D Green Dispensing Chemist to relocate pharmaceutical services currently provided from 139 Scaraway Street, Glasgow G22 7EU. M&D Green wished to move to alternative premises situated at 137 Scaraway Street, Glasgow G22 7EU.

The Lead – Community Pharmacy Development had recommended that the application fulfilled the criteria for minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee recommended that the application fulfilled the criteria for minor relocation.

Given the above, the Chair agreed that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. The application was approved.

**Case No: PPC/MRELOC12/2009 – Boots UK Ltd – 25 Main Street, Cambuslang, Glasgow G72 7EX**

The Board had received an application from Boots UK Ltd to relocate pharmaceutical services currently provided from 25 Main Street, Cambuslang, Glasgow G72 7EX. Boots UK Ltd wished to move to alternative premises situated at Unit 7, Cambuslang Gate, Main Street, Cambuslang, Glasgow G72 7HQ.

The Lead – Community Pharmacy Development had recommended that the application fulfilled the criteria for minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee recommended that the application fulfilled the criteria for minor relocation.

Given the above, the Chair agreed that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009. The application was approved.

***HOMOLOGATED/-***

7. **NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2010/05 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

**Lloyds Pharmacy Ltd – 6b Lamlash Crescent, Glasgow G33 3QL  
(Case No: PPC/INCL04/2009)**

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to refuse Lloyds Pharmacy Ltd's application to establish a pharmacy at the above address. As such Lloyds' name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

***NOTED/-***

8. **MODEL HOURS OF SERVICE SCHEME**

The Committee having previously been circulated with Paper 2010/06 noted the contents which gave details of an application to operate outwith the current Model Hours of Service Scheme.

***AGREED/-***

**That A A Hagan Ltd be allowed to operate outwith the current Model Hours of Service Scheme, with this arrangement being reviewed annually.**

**Contracts  
Manager**

9. **ANY OTHER COMPETENT BUSINESS**

None.

10. **DATE OF NEXT MEETING**

To Be Confirmed.

The Meeting ended at 3.15p.m.