

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)

Minutes of a Meeting held on
Wednesday 31st March 2010 in
The Kelvin Suite, Hilton Glasgow Grosvenor Hotel,
1-10 Grosvenor Terrace, Great Western Road,
Glasgow G12 0TA

PRESENT:	Dr Catherine Benton	Chair
	Professor Joe McKie	Lay Member
	Mr Alan Fraser	Deputy Lay Member
	Professor Howard McNulty	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Community Pharmacy Development Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead - Community Pharmacy Development

Prior to the consideration of business, the Chairperson 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

1. APOLOGIES

There were no formal apologies.

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL07/2009

Mr Neeraj Salwan, Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF

The Committee was asked to consider an application submitted by Mr Neeraj Salwan to provide general pharmaceutical services from premises situated at Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood

in which the Applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Mr Salwan 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 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Neeraj Salwan ("the Applicant), assisted by Mr Neil Campbell. The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd), and Mr Denis Houlihan (Houlihan Pharmacy Partick) ("the Interested Parties").

The Chair asked Mr Campbell to confirm that he was not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Mr Campbell confirmed that he was not.

The Chair asked Mr Salwan to clarify who the application was made on behalf of. Mr Salwan advised that the application was submitted by himself as an individual. He advised that the references within the supporting documentation to Apple Pharmacy were made for reference purposes only.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Saltoun Lane, Observatory Road, Byres Road, University Avenue, Oakfield Street, Great George Street, South Park Avenue, Kelvin Way, Bank Street, Great Western Road, Eildon Street, Gibson Street, Hillhead Street, Kersland Street, Vinicombe Street, Cranworth Street, Cresswell Street, Great Western Road, Hyndland Road, Highburgh Road, Hyndland Street, Dumbarton Road, Gardner Street, Byres Road, Downside Road, Crown Road North, Queens Place, Victoria Circus, Horselethill Road and Huntly Road.

The Committee noted that the premises were constructed, although the pharmacy was not yet fitted out. The Committee had gained access to the premises themselves and had toured the wider facility.

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.

The Applicant's Case

Mr Salwan thanked the Committee for providing him the opportunity to put his case. He advised that in addition to 6,000 members of staff, the University of Glasgow had around 25,000 students; a large percentage of whom came from overseas and a significant percentage were registered with a disability.

Mr Salwan advised that students or young adults had special healthcare needs particular to their age and their lifestyle (both academic and social) He considered that as society's workforce of tomorrow, we all had a responsibility to support and nurture their academic potential by ensuring they enjoyed good physical and mental health and well-being and so develop a positive and responsible attitude to their future health, one developed during this impressionable and important stage in their life.

A campus pharmacy would, in the Applicant's opinion help better inform and support students on specific health issues, and would in turn help improve their health and well-being through a service that was dedicated to their particular needs. In turn Mr Salwan hoped to demonstrate a model for excellence in a responsive community pharmacy setting.

Mr Salwan advised that there was a strong evidence-base in support of a campus pharmacy, including the views of students, the Student Representative Council, the medical professionals of the Barclay Medical Centre, the University, local GPs and the area's local councillor and MSP. He advised the Committee that the original building plans for the site proposed a pharmacy as part of the medical centre, in context to the wider use of The Hub by a high concentration of students, and in a bid to provide exemplary, specialist healthcare.

Mr Salwan then went on to provide what he termed, equally strong quantitative evidence in support of his case. He advised that this was based on two waves of independent market research carried out during 2008 and 2009. The University had carried out an independent survey in 2008, after the outcome of the previous PPC meeting. The benchmark survey showed that:

83% of respondents wanted a pharmacy near the GP in the student services building;
78% would be comfortable about others seeing them collect a prescription from this facility;
The main demand was for a dedicated service which would include a travel advisory clinic, sexual health clinic, contraception advice and a smoking cessation clinic; there was also a demand for over the counter medical supplies or prescriptions.

A follow up survey was repeated over 12 months later at the end of 2009, which both reiterated the original findings and which showed the growing demand and need for a pharmacy, probably compounded by the closure of a pharmacy in the neighbourhood two years previously on Byres Road as well as the successful establishment of medical care on campus. Mr Salwan advised that this had led to a more concentrated body of students using the existing pharmacy facilities on Byres Road thus making it busier, and in turn increasing waiting times.

The 2009 survey showed that:

91% of students support and wanted a campus pharmacy;

78.5% would use a campus pharmacy on a regular basis compared to a non-campus pharmacy;
 86% students said that a campus pharmacy would better meet their specific healthcare needs;
 91% would be more likely to register with a GP if there was a campus pharmacy;
 80% felt that the University had a responsibility to provide a campus pharmacy;
 75% of students were not signed up to the Minor Ailment Service (MAS) – Mr Salwan pointed this out as being evidence that the existing pharmacies were failing in their Public Health remit, in terms of information and support to young adults and suggested it was an inadequacy of the current service;
 45% of respondents said that there were not aware that the morning after pill, nicotine replacement therapy and Chlamydia testing (and treatment) were available from local pharmacies; and
 45% of students would have more trust in a campus pharmacy than a non-campus pharmacy.

In short, Mr Salwan said this densely populated neighbourhood remained one pharmacy short than had historically been the case and this was having an increasingly negative effect on the student population; the knock on effect of closure had led to inadequacies in the existing services, and so provided evidence to support the case for the necessity and desirability for an additional pharmacy, ideally situated on the campus.

Mr Salwan then went on to show video clips providing comments of support from: **a selection of students, Laura Laws (President – Student Representative Council) and Dr Des Spence.**

Mr Salwan urged the Committee to agree that the comments made in the clips provided compelling and important points and urged that they be taken into consideration.

Mr Salwan then moved on to focus on the desirability for a campus pharmacy:

- a campus pharmacy would be in line with the ethos encouraged by the Health Board to move student GP services from Murano Street in Maryhill to the Barclay Medical Centre at the heart of the campus so there was maximum uptake of healthcare services as alluded to in an earlier clip by the students. It would also meet a growing demand by students; the site ensured full accessibility; it would deliver an integrated and specialist healthcare; it would alleviate pressure on other local pharmacies in turn, which would benefit local residents through improved service;

- it was desirable to help overcome barriers and the pharmacy would greatly benefit those with a disability; it would deliver a much improved minor ailments service, support and advice to overseas students and an enhanced public health remit compared to what was available at the moment;

- there was much unified support for a campus pharmacy;

- In terms of neighbourhood, the existing service in the area was fragmented and not adequately meeting the needs of students. It was desirable to overcome this if possible.

In terms of the application, Mr Salwan went on to define the neighbourhood:

- Gilmorehill campus was a distinct community of over 20,000 students and staff, with distinct healthcare needs, albeit within a wider community, but he equally appreciated that this could be considered to be located within a wider boundary;
- It was extremely difficult to clearly define a neighbourhood within this type of location, however as the university's student population was a highly transient one, he did not believe it to be straightforward to define clear boundaries;
- he was encouraged to note that the PPC previously tested various definitions including a narrower neighbourhood comprising only the Gilmorehill campus;
- in addition to his views, he acknowledged that the PPC previously agreed to define this area in line with the Applicant's proposition, as follows:

North: Great Western Road to Kelvin Bridge;
East: Kelvinbridge following the River Kelvin South;
South: River Kelvin travelling westwards following Dumbarton Road to Byres Road; and
West: Byres Road to its meeting with Great Western Road.

Mr Salwan then went on to describe the four main inadequacies he saw in the existing service provision:

Poor Accessibility and Floor Area:

- the closure of a previous local pharmacy, on cost grounds, included a withdrawal of the licence and this had had a negative impact on students and possibly on local residents;
- the closure led to a significant increase in waiting times and patients were regularly told to come back, sometimes on more than on occasion; there had been a reduction in staff and there was less staff on duty over lunchtimes when it was most convenient for students to visit a pharmacy;
- with the establishment of the Barclay Medical Centre on campus which carried out 500 consultations per week, this had led to even further pressure on the pharmacy network which a campus pharmacy would alleviate;
- the shop layout was inadequate and customer organisation poor, with regular queues and congestion, with inadequate seating or provision for private consultation, all hindered by pillars in between shopping bays;
- there was no toilet or baby change facilities;
- there was no disabled or dedicated parking;
- there were no dropped kerbs for those with impaired mobility or a disability, with uneven paving and road surfaces;

- the weight and positioning of the automatic doors were inadequate and there was restricted access with a large bus shelter in front of the disabled access doors and bins; and
- There was traffic congestion and traffic hazard.

Mr Salwan then went on to show a video clip featuring **Shona Robertson, Senior Disability Advisor** who provide comments in support of the application.

Mr Salwan advised that a campus pharmacy would provide a solution to these issues:

- the proposed pharmacy site was fully compliant with the regulations of the Disability Discrimination Act (DDA) and the new, purpose-built Fraser Building offered disabled access through special doors and lifts, and dedicated off-road parking spaces adjacent to the medical centre, as well as provision of toilets and baby change facilities;
- it would offer better access to patients as the building was a central hub for a range of key student services;
- the proposed pharmacy would be a part of the Barclay Medical Centre and offer integrated healthcare with adjoining GP services and private consultation rooms;
- it would offer dignified patient care and dedicated support and advice for young adults on specific health issues and physical and mental well-being; and
- It would also reduce pressure on local pharmacies, so improve service to local residents.

Lack of specialist pharmaceutical support

- The student population required specialist healthcare support and service. This group had a higher disposition to specific illnesses, both physical and mental, and they required a more tailored service, which was both educational and preventative. Effective interventions were important, as was a consistent and trusting relationship with healthcare professionals. Local pharmacies were unable to provide this level of care and support, primarily as they were not focused on the specific needs of this population group;
- The area had a high concentration of students; it was evident from the university's research that current pharmacies were struggling to provide an adequate service. This, in turn, compounded the effective management of public health, and so added pressure to the healthcare system;
- specific support and information on diet, obesity, alcohol and related services was currently lacking from existing pharmacies; the pharmacy would provide all of this support;
- there was a lack of appropriate vaccines at pharmacies and poor service; advice and guidance aimed at students, particularly international students. Through joint working with the Barclay Medical Centre the pharmacy would look to improve these services;

- students had a sense of immediacy, and could often be anxious, and so, needed to be reassured, especially if parents/family were not around; an integrated GP and pharmacy service would help meet the needs of students;

- The management of sexual health issues was often difficult for local pharmacies, especially relating to an appropriate level of confidentiality. The pharmacy would offer this and, as required, they would work in conjunction with the Sandyford Clinic, given the correlation between its work and the student population and the low uptake level of the C-Card Scheme; and

- There were pressures on use of the consultation room, due to demand by general public and its small capacity.

The campus pharmacy would provide a solution to all of this:

- The proposed campus pharmacy would overcome all of these current inadequacies and would offer a dedicated, bespoke service to students, from NRT to tailored sexual health awareness. Based on the Applicant's discussions with the GP service there would be careful consideration given to how the pharmacy could complement the service, for example offering screening tests, bacteria check for throat infections, and influenza diagnostic kits and diabetes checks, with serious cases being referred to the Barclay Medical Centre.

- the Applicant would ensure provision of dedicated support around sexual health and screening – this was a very important area of healthcare as students did not always visit a GP, as such issues could appear on their medical records. The pharmacy would offer sexual health screening, within the context of NHS health promotion, and so, provide a discrete and anonymous service to that of a GP;

- a dedicated consultation room and immediate response to acute illness i.e. provision of a room for group sessions around smoking cessation and other healthcare;

- the new pharmacy contract stipulated a consultation room must be available in each pharmacy and the pharmacy would offer two dedicated consultation rooms;

- the pharmacy would provide a private travel clinic, and others, in line with student demand;

- The pharmacy would deliver a smoking cessation programme, supported by a counselling service for up to 12 weeks. The pharmacy would host group support events; it was well documented that group support led to better results for those wishing to stop smoking.

In short, Mr Salwan advised that the pharmacy would offer a specialist service to meet the needs of students. It was anticipated that there may be an initial footprint of 7,000 students using the GP service, which was expected to double over the next three years, and so, the desirability of and the necessity for a campus based pharmacy would remain a significant factor in future due in part to the closure of a local pharmacy plus the establishment of and demand for medical healthcare on campus. The effect of these

factors being an increase in pressure on existing services in the area.

The proposed pharmacy would mirror the opening times of the GP surgery and would operate from 8.30am – 6.00pm – Monday-Friday. The pharmacy could also offer Hep B vaccinations to students as part of its travel health clinic service, which the existing GPs would prefer the pharmacy to manage. The pharmacy would work closely with the Medical School allowing potential medics an insight into modern day pharmacy, which it was hoped, would lead to a better understanding and closer working relationship.

The pharmacy would offer over the counter preparations, self management and self testing. The pharmacy would also offer services for students with mental health issues. The pharmacist could also refer patients to the University Counselling Service.

Mr Salwan advised that if required, the pharmacy would help foreign nationals and their partners on essential medical treatment and help mitigate health related emergencies. Due to its location in the Fraser Building the pharmacy would tap into the International Student Support Service, representative of 120 countries, to help students, many of whom were not registered with a GP and lacked an awareness of the NHS, patients rights, pharmacy prescriptions and practice.

The pharmacy would foster a close working relationship with the Barclay Medical Centre which had two to three GPs, a psychologist and a nurse. It would run health promotion events, promoted through media such as the university's plasma screens sited across the campus. There was also agreement that the pharmacy, medical centre and university websites would be used consistently as vehicles to ensure such messages reached as many people as possible. This information would be provided at no charge. There were similar, successful campus models at Edinburgh and Stirling.

The pharmacy would also provide a large consultation area. It would also allow all of the elements of the pharmacy contract to be offered. The pharmacy at Stirling University had a good uptake of the minor ailment service and it was considered that the uptake would be similar at the proposed premises.

Poor co-ordination and dissemination of public health

Mr Salwan advised that there was a lack of rapid response via the main local pharmacy and there was a lack of uniform health promotion activity, in line with one of the four core elements set out as part of the new pharmacy contract.

There was a lack of bespoke health promotion initiatives aimed at health issues such as smoking cessation and sexual health. There was also a poor risk minimisation and management around major public health issues i.e. swine flu. This was particularly the case with first and second year students who may be particularly susceptible to viral illness; as such, there was poor public health management of illness such as meningococcal disease. There was also a lack of multi-cultural staff or translation support or guidance, particularly given the high percentage of international students and the pharmacy could tap into translation services within the Fraser Building.

A campus pharmacy would provide a solution to this:

- it would initiate health promotion initiatives such as smoking cessation, the Paths to Health walking initiative and Diabetes Awareness Week;
- it would establish a rapid response system i.e. email alerts to students via the Student Representative Council and information on in situ plasma monitors across campus, allowing uniform and effective health promotion activity; and
- It would manage a dedicated pharmacy website aimed at students, with specific health information and advice.

Lack of immediacy around access to pharmacy services

Mr Salwan advised that waiting times in the existing pharmacy provision were too long and unacceptable by student patients. They had a very limited amount of time when on campus to leave and when did they could not afford the time to wait in queues;

There was also a lack of tailored services and specialist knowledge relevant to the student population, particularly those from overseas and from black and minority ethnic backgrounds. There was also a lack of dedicated services such as C-Card scheme and generally a lack of integrated services with local GPs. In Mr Salwan's opinion the healthcare was fragmented and pharmacies were not engaging new pharmacy contract services with the student population such as the Minor Ailment Service and this was backed up by the survey's findings.

A campus pharmacy would provide a solution to this, by:

- seeing any student population on an immediate basis providing ease of access;
- seeing patients without appointment and being able to manage minor ailments;
- providing a highly beneficial structure around issues such as the morning after pill and offering a responsive C-Card scheme. The pharmacy would also take over much of the travel service, as agreed with the GPs;
- offering a highly tailored and dedicated service and specialist knowledge relevant to student population, particularly overseas students and others with specific needs;
- offering much shorter waiting times due to lack of pressures of the wider population; this would mean an enhanced service and convenience around prescription collection;
- offering integrated and bespoke healthcare with the Barclay Medical Centre and overcome the existing fragmented service; and
- offering better engagement of new pharmacy contract services such as emergency contraception, Minor Ailment Service and NRT.

Mr Salwan concluded his presentation by playing a video clip with comments of support from **Mr Neill Campbell, Director of Student Services**.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Tait** around the numbers of disabled students or those with a chronic illness, Mr Salwan advised that there around 2,000 students within the university who were registered as disabled. Many of these students also suffered from chronic conditions like Crohn's disease, diabetes and asthma. He confirmed that the 2,000 stated included all those with a disability and not only those with a chronic condition.

In response to further questioning from Mr Tait, Mr Salwan confirmed that in his opinion 90% of the total student population, including those with a disability, used the Gilmorehill campus.

In response to questioning from Mr Tait around the comments made by students during the video clips embedded into the Applicant's presentation, Mr Salwan accepted that many had mentioned how convenient it would be to have a pharmacy within the Fraser Building. He countered this by saying that these comments were made in the context of the lack of access to existing service with long waiting times and the inadequate services.

In response to further questioning from Mr Tait, Mr Salwan confirmed that comments had been made by many of the students around difficulty in accessing existing services within the Boots pharmacy on Byres Road. This difficulty in access was particularly relevant for those students with a disability. An increase in the number of students using the GP services within the building had increased demand for services provided by the existing network and access became more difficult.

In response to final questioning from Mr Tait, Mr Salwan confirmed that for able bodied students there was a pharmacy within a ten minute walk in any direction from the Fraser Building.

In response to questioning from **Mr Houlihan**, Mr Salwan confirmed that the pharmacy would predominately serve the student population, however access for the general public would not be restricted. He reiterated that while the pharmacy would not be specifically set-up to serve the general public it would not turn anyone away; however he accepted that the general public would probably access another pharmacy in the area.

In response to further questioning from Mr Houlihan, Mr Salwan clarified that he had not quantified his expected over the counter sales at 5%. He considered these sales would be a higher percentage than this. Mr Salwan further clarified that he was sure the pharmacy would be viable.

In response to further questioning from Mr Houlihan, Mr Salwan confirmed that he had a lease in place with the University.

In response to final questioning from Mr Houlihan, Mr Salwan confirmed that his comments around the existing pharmacies being understaffed and disorganised at lunchtimes weren't directed specifically to Mr Houlihan's pharmacy.

Mr Tait respectfully requested that he be allowed to ask a follow up question, to which the

Chair agreed.

In response to Mr Tait's question as to how this application differed from the Applicant's initial application, Mr Salwan responded that the differences lay in the raft of evidence and support from key stakeholders including the lead GP of the practice within the facility and Neil Campbell, Director of Student Services. In addition the survey conducted after the previous PPC hearing supported the views of the stakeholders. Mr Tait asked if Mr Salwan agreed that information was not the same as evidence to which Mr Salwan countered that the information gathered provided evidence of a poor uptake on new contract services.

In response to a final follow up question from Mr Tait, Mr Salwan disagreed that the needs of the students could be met by simply referring them to one of the existing pharmacies. He advised that students would be able to register for the minor ailment service at the new pharmacy which would be more beneficial for them as this would be located in an area to which they would normally be. Mr Salwan advised that the pharmacy would maximise the uptake of this service and when asked by Mr Tait if he was aware that pharmacies were not allowed to advertise the service, he clarified that he would advise students of the existence of the service.

The PPC Question the Applicant

In response to questioning from **Professor McNulty**, the Applicant clarified his hours of opening as Monday – Friday: 8.00am – 6.00pm; Saturday & Sunday: closed. He advised that the pharmacy might open at the weekend depending on demand for services.

In response to further questioning from Professor McNulty regarding differences between the initial and the most recent application, the Applicant advised the main difference was that the Centre was now open and operational. He advised that he had not asked the question whether the students felt the current services to be inadequate. He did not agree that if asked, most people would say they would like a pharmacy within easy reach and he disagreed that this was not the same as inadequacy.

In response to further questioning from Professor McNulty regarding evidence of inadequacy, the Applicant pointed to the long waiting times experienced within the nearest pharmacy to the university. He pointed further to the benchmark survey carried out after the previous PPC.

In response to further questioning from Professor McNulty, the Applicant accepted that many of the students did not live on the campus. He advised that 4,000 lived on campus and within the G12 post-code area. He further accepted that there were campus buildings adjacent to the defined neighbourhood.

In response to final questioning from Professor McNulty, the Applicant advised that the pharmacy would be unable to provide services to those students studying outwith the campus i.e. those studying at the Vet School. He was minded that these students could access the services already provided.

In response to questioning from **Professor McKie**, the Applicant advised that he had included students in his statistics who studied off the Gilmorehill Campus including those

at the Vet School. He further advised that approximately 1/3 of the total students were present on the Gilmorehill Campus. This equated to 12 – 15,000 students. He advised that he had not included the School of Education or the campus on Garscube Road as he felt these were too far away.

In response to further questioning from Professor McKie regarding his concern that some residential elements at Great Western Road had been included in his neighbourhood, the Applicant advised he was aware that the university had buildings outwith the campus. He advised that he had excluded these from his neighbourhood, but had included the residential elements on Great Western Road as many students were known to live in this area.

In response to further questioning from Professor McKie, the Applicant estimated the residential population within his defined neighbourhood to be in the region of 6,000.

In response to further questioning from Professor McKie around complaints made to the Health Board, the Applicant confirmed that it was two years since the initial application. He was not aware how many complaints had been made to the Health Board regarding the inadequacy of services in the area. He did know via the benchmark survey that patients didn't very often put complaints in writing to the Health Board.

In response to further questioning from Professor McKie, the Applicant advised that overseas students would be eligible for services, if they were registered with a GP. The pharmacy would ensure that students were aware what they were entitled to.

In response to final questioning from Professor McKie around staffing levels within the new pharmacy, the Applicant advised that he would open the pharmacy with part-time staff that would be organised with some overlap to ensure continuity of service throughout the day. Once the pharmacy became busier staffing levels would be adjusted accordingly.

In response to questioning from **Mr Fraser**, the Applicant confirmed that the main focus of the pharmacy would be on health products. He would stock over the counter medication if students requested it.

In response to further questioning from Mr Fraser regarding numbers of students going down to Byres Road at lunchtimes, the Applicant accepted that many of these students would be travelling to Byres Road for items/services other than pharmaceutical services. He did however advise that the Fraser Building had food outlets and therefore the number of students travelling to Byres Road for this purpose would reduce. More students would be staying on campus and therefore access to pharmaceutical services would be necessary for these students.

In response to questioning from **Mr MacIntyre**, the Applicant advised that in his opinion it would take around 10 minutes to walk from the Fraser Building to Byres Road.

In response to further questioning from Mr MacIntyre around the apparent inadequacy of existing services, the Applicant advised that the inadequacy lay in the new contract services i.e. MAS where there was a lack of uptake. He accepted that the service was being provided by the existing network, but that students were being put off utilising the

services on Byres Road due to the long waiting times.

In response to further questioning from Mr MacIntyre around how the existing network could better promote such services; the Applicant advised that they were unable to do this. The pharmacy within the Fraser Building would work with the GP within the building to ensure students were aware of services. He considered that this message was currently not getting through.

In response to further questioning from Mr MacIntyre, the Applicant accepted that additional services such as smoking cessation and emergency hormonal contraception, but countered that information regarding these services was not getting through to students. There was no promotion of services.

In response to further questioning from Mr MacIntyre around what other core services the pharmacy would provide, the Applicant advised that he would take part in the C-Card Scheme. Mr MacIntyre reminded the Applicant that this was not a core service. Mr Salwan accepted this but advised that it was an important service in the particular environment in which the Applicant wished to serve. He accepted that there was nothing stopping the existing network from providing this service, but countered that at present this service was not available in the area.

In response to a series of questions from Mr MacIntyre around the premises, the Applicant advised that the pharmacy would have a dropped counter which would accommodate wheelchair users. He advised that there would be two consultation rooms; one would be a room towards the rear of the pharmacy, the other would be a booth adjacent to the dispensary, both would be wheelchair accessible. He advised that there was a lack of privacy within the consultation points within Boots branch in Byres Road due to the other services being provided. At present consultations were being conducted over the counter which was not adequate. The consultation room was not easily accessible, and there was no element of discretion with conversations being overheard by other customers. Mr Salwan advised that a consultation room was required by the new pharmacy contract; a view which was disputed by Mr MacIntyre.

In response to further questioning from Mr MacIntyre, the Applicant advised that the pharmacy would provide services to students experiencing mental health issues, such as referral to counselling services within the university and signposting to other services.

In response to further questioning from Mr MacIntyre, the Applicant advised that the pharmacy would have immediate access to the translation service within the university. This would be invaluable for students whose first language wasn't English. He accepted that this service was like the translation service offered by the Health Board, but with more immediacy.

In response to further questioning from Mr MacIntyre regarding the Applicant's comments around students having an increased disposition to certain conditions, Mr Salwan clarified that he was not talking about disease, but about certain conditions which were more prevalent amongst the student population. He advised that stress and anxiety and sexual health issues were more prevalent within this population. He was not saying that students experienced more illness.

In response to final questioning from Mr MacIntyre, the Applicant confirmed his assertion that the existing service was fragmented. Students would be better served by a pharmacy on-sit within the Fraser Building.

In response to questioning from **Mr Fergusson**, the Applicant advised that approximately 70-80% of students would be eligible for the Minor Ailment Service.

In response to questioning from **the Chair**, the Applicant advised that his comments around lack of discretion within the existing network were not a general comment aimed at all existing pharmacies, but rather targeted at one pharmacy in particular.

In response to further questioning from the Chair around the Healthy Living seminar mentioned in his presentation, the Applicant advised that this was not a real event; however the pharmacy would have access to such events. He pointed to the food outlets within the Fraser Building which offered healthy options, endorsed by the Vegan Society.

In response to questioning from **Mr Gillespie**, the Applicant advised that in his opinion a reasonable distance to walk to a pharmacy would differ depending on the type of person. A reasonable distance for an elderly person would be different to that for a healthy student. He did not offer a reasonable distance for the population in general.

In response to further questioning from Mr Gillespie, the Applicant advised that he was not aware whether Shona Robinson (Senior Disability Adviser) had contacted the contractors or Glasgow City Council with her concerns over the access to the pharmacy and the adjacent area on Byres Road.

The Interested Party's Case – Mr Charles Tait (Boots Pharmacy)

Mr Tait advised the Committee that this was a repeat of an application heard previously. The National Appeals Panel had thereafter thrown the appeal out. He advised that there was no difference between the two applications. The Applicant had provided no new evidence. What had been provided was hearsay and support from people at the university. There was no evidence of inadequacy in the pharmaceutical services provided within the neighbourhood. The Applicant had advised that there were 4,000 students in the G12 post-code area, but Mr Tait reminded the Committee that this area extended well outwith the boundaries of the neighbourhood to Anniesland.

Mr Tait advised that all pharmaceutical services were being offered by the existing pharmaceutical network. The Boots branch on Byres Road had an automated door. The company was not in a position to influence where bus stops were situated. He confirmed that staff within the branch did not take their lunch at the normal lunch times.

Mr Tait reminded the Committee that the proposed pharmacy was situated within an affluent area. The population to be served by the pharmacy was young and relatively healthy. While communicable diseases spread relatively quickly through the student population, they were known to recover quicker than other elements of the population. There was little chronic disease.

Mr Tait advised that there was no reason for the PPC to change their previous decision. There was no inadequacy and therefore the application should fail.

The Applicant Questions Mr Tait

In response to questioning from **the Applicant**, Mr Tait confirmed that a consultation room was not a requirement under the pharmacy contract. The branch in Byres Road had a room which was suitable for one to one consultations and could hold a wheelchair.

In response to further questioning from the Applicant, Mr Tait disagreed that a campus pharmacy could better address the public health remit of pharmacy. He advised that Boots could advertise on the University's web site or plasma system, but was not given the opportunity to. When asked by the Applicant where the public health poster was situated in the Byres Road branch, Mr Tait advised that it was situated in the window, but in his opinion the poster was not a significant part of the service.

The PPC Question Mr Tait

In response to questioning from **Mr MacIntyre**, Mr Tait advised that his neighbourhood would be defined as:

North: the River Kelvin;

East: the River Kelvin, travelling south to Dumbarton Road;

South: Dumbarton Road; and

West: Byres Road.

In response to further questioning from Mr MacIntyre, Mr Tait confirmed that the Boots branch on Byres Road did not take part in the C-Card Scheme; however this service was available at the Central Station branch, where the uptake was not significant.

In response to questioning from **Mr Gillespie** regarding the closure of the Boots branch on Byres Road several years ago and whether this had caused immense pressure on the existing pharmacy network, Mr Tait advised that this was not the case. He advised that this branch had not been fully utilised. He further confirmed that the closure had not resulted in longer waiting times in the remaining Byres Road branch.

In response to questioning from **Mr Fraser**, Mr Tait accepted that on some occasions conversations may be overheard, but all staff were trained in the areas of sensitivity and discretion. The company's commitment to such values was discussed during management meetings, and via initiatives such as the secret customer.

In response to questioning from **Professor McKie**, Mr Tait advised that it was usual in city centre branches and railway station branches for staff not to take their lunch over the busy lunch time periods, or rush hour periods.

In response to questioning from **Professor McNulty**, Mr Tait accepted that students did have different health needs to the general population. He qualified this by saying that this was because students were young, healthy and due to their lifestyle they engaged in activities which required intervention. Within this population there was an increased

demand for sexual health, but less prevalence of hypertension; there was therefore a balance. In general terms students were articulate and well aware of their rights and so could access services appropriate for their condition relatively easily.

In response to further questioning from Professor McNulty, Mr Tait advised that the Boots branches in Byres Road and 693 Great Western Road did not provide specific services solely for students, however they did attract a lot of students due to their location.

In response to further questioning from Professor McNulty, Mr Tait confirmed that the branches ordered in travel vaccinations. He was not aware of any pharmacy who would keep such vaccinations in stock. Most would order and then arrange administration.

In response to final questioning from Professor McNulty, Mr Tait advised that Boots had no personal contact with the GP practice within the Fraser Building, but would contact them if required as part of patient care like any other GP practice.

In response to questioning from **the Chair**, Mr Tait confirmed that Boots were equipped to deal with students whose first language was not English. This was done via the interpretation service offered by the Health Board. In addition, because of the size of the company, Boots had access to many multilingual staff. Mr Tait advised that in his experience, even if someone was unable to speak English, they could read or write in English.

In response to further questioning from the Chair, Mr Tait confirmed that Boot had an internal complaints system and no complaints had been received regarding the branch on Byres Road.

In response to further questioning from the Chair, Mr Tait confirmed that the Boots branch at 693 Great Westerns Road was not DDA compliant. He advised that the company were looking to move from these premises. He further confirmed that the layout at Byres Road was not ideal, but wheelchairs could freely move around the branch.

In response to final questioning from the Chair, Mr Tait confirmed that Boots as a company could monitor uptake of services. This was done through the company's cash register system. The system however could not extract the figures for the student population.

There were no questions to Mr Tait from Mr Fergusson.

The Interested Parties' Case – Mr Denis Houlihan (Houlihan Pharmacy)

Mr Houlihan advised the Committee he would like to object to the application on the grounds that it was neither necessary nor desirable.

The proposed pharmacy application at 65 Hillhead Street did not sit within a distinct neighbourhood but an area or part of the West End of Glasgow. The population either resident or transient to this site would have ready and easy access to a number of pharmacies.

He advised that a large number of students and staff either studying or working at the

university would be registered at their GP near where they lived. They would not be accessing medical services at the hub complex and would most likely use pharmaceutical services near their permanent residence.

Mr Houlihan advised that figures from the Scottish Neighbourhood statistics showed the walking times to existing community pharmacies to be between 8 and 12 minutes; the average drive time to be 0.6 minutes.

He advised that the university campus was a sprawling complex of campus buildings over a widespread area which means that at any time students could actually be much closer to an existing pharmacy than the proposed site.

He advised that the existing pharmacies were able to access interpreting services if this was needed. The pharmacy provided extended opening hours. The uptake of services was good amongst the student population with many of the emergency hormonal contraception consultations being for students. The pharmacy attracted more foreign students since relocation and was now stocking Vichy products which were popular on the continent. During the summer months the pharmacy dispensed a large volume of travel vaccines and anti-malarial prescriptions. Historically the previous owner of the pharmacy had a large stock of vaccines and surgeries in the area tended to direct patients to the pharmacy.

In Mr Houlihan's opinion the application was neither necessary nor desirable.

The Applicant Questions Mr Houlihan

In response to questioning from **the Applicant**, Mr Houlihan advised that if there was a requirement for the provision of pharmaceutical services from the hub complex, this could be provided by the existing pharmaceutical network.

In response to further questioning from the Applicant, Mr Houlihan advised that in his opinion neither Boots or Lloydspharmacy had applied for a contract in the Fraser Building as they were conscious that it would be unlikely to succeed as the existing network provided adequate services to the neighbourhood.

There were no questions to Mr Houlihan from Mr Tait

The PPC Question Mr Houlihan

In response to questioning from **Professor McNulty**, Mr Houlihan defined his neighbourhood as:

**North: Great Western Road;
West: Byres Road;
South: Argyll Street; and
East: M8**

In response to further questioning from Professor McNulty, Mr Houlihan advised that his pharmacy had no personal contact with the GP practice in the Fraser Building. He was

interested to learn that students needed more information on health services and said he would be happy to work with the university to provide this. He did not agree that a pharmacy situated on site would be in a better position to serve the student population. He accepted that it would be easier and more convenient, but that it would detract from existing services in the neighbourhood and adjacent to it.

In response to further questioning from Professor McNulty, Mr Houlihan confirmed that all pharmacies were currently experiencing problems with supplies of some drugs. This could result in patients having to return to the pharmacy for the balance of a prescription. Quotas had been introduced by wholesalers and manufacturers which were having an effect on supply and this would be experienced by a new pharmacy as well.

In response to questioning from **Professor McNulty**, Mr Houlihan confirmed that the previous owner of his pharmacy had stocked large amounts of vaccines.

In response to questioning from **Mr Fraser**, Mr Houlihan confirmed that parking could be an issue along Dumbarton Road; however there was one disabled parking space in Gardner Street which could be utilised.

There were no questions to Mr Houlihan from Mr MacIntyre, Mr Gillespie, Mr Fergusson or the Chair.

Summing Up

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

Mr Tait advised that the Applicant had provided no evidence of inadequacy in the area, therefore the application should not be granted.

Mr Houlihan had nothing further to add to his presentation.

Mr Salwan suggested that Boots could specialise in sandwiches. Discretion was a problem in the Boots branch on Byres Road. The Public Health agenda was not being addressed within the student population. There were 2,000 disabled students; a percentage of whom were blind and deaf or had mobility problems. Distance was therefore an issue. Everyone was in agreement that there was a barrier to the availability of services while on campus.

He advised that within the existing pharmaceutical network there was only one disabled parking space, whereas there was more than ten within easy reach of the Fraser building.

Mr Salwan said in summary that he hoped he had shown the magnitude of support for the proposed pharmacy. It was a crucial service that would greatly benefit students. The desirability and the necessity for a campus pharmacy were clearly evident particularly in relation to the inadequacy of existing provision.

He advised there was one less pharmacy in the area than two years ago and in terms of neighbourhood boundary he would state the case that this was the core campus area, particularly as a high proportion of students were transient and were coming into university

from all sides of the city.

A campus pharmacy would overcome the issue of immediacy around access to services. There were other models of university pharmacy. Edinburgh University was situated in a city centre location. The model worked and confirmed an increase in the uptake of services. Approving the contract would give the opportunity to give the message around what pharmacy could offer.

He thanked the Committee for their attention and hoped that they would take into account the range of support and the strength of evidence when coming to their decision. He advised that students deserved a service that would improve their health and well-being during what can be a confusing, lonely and stressful stage in one's life.

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

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy – various addresses;
 - LG Pharmacy Ltd – 476 St Vincent Street, Glasgow G3;
 - Gilbride Pharmacy – 37 Hyndland Street, Glasgow G12; and
 - Houlihan Pharmacy Partick – 312 Dumbarton Road, Glasgow G12
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee);

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) The location of the nearest existing medical services;

- f) Demographic information regarding post code sectors G3.8, G4.9 and G12.8;
- g) Information from Glasgow City Council's Department of Development and Regeneration and Land & Environmental Services regarding future plans for development within the area;
- h) NHS Greater Glasgow and Clyde plans for future development of services; and
- j) A pattern 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 the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related, were located.

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

North: Great Western Road to Kelvin Bridge;

East: Kelvin Bridge following the River Kelvin south;

South: the River Kelvin travelling westwards following Dumbarton Road to Byres Road; and

West: Byres Road to its meeting with Great Western Road.

The Committee agreed that Great Western Road, was a boundary, not in terms of any difficulty in crossing the road, but because the area beyond this was of a different topography being mainly taken by the Botanic Gardens. The residential element to the north of Great Western Road was affluent flatted accommodation as opposed to student accommodation. The River Kelvin was a both a physical boundary and marked the edge of a different neighbourhood. Dumbarton Road was a major trunk road dissecting the city from the centre above the River Clyde. Byres Road was a busy shopping thorough fair. The main university buildings lay on one side of the street, with the other bounding an area of flatted accommodation, beyond which was residential accommodation at the more affluent end of the scale.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were two pharmacies. These pharmacies provided a comprehensive range of pharmaceutical

services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments regarding the requirement for students to travel to Byres Road to access services and how this was inconvenient for them. While the Committee acknowledged that such a journey may be inconvenient to those studying within the Fraser Building, or accessing the GP practice within the building, they were conscious that Byres Road was a busy shopping thoroughfare to which students would travel for many other services. The Applicant had provided no evidence to suggest that the services provided by the existing network were inadequate and had accepted that they provided all core services required by the pharmacy contract, albeit not to the extent that the Applicant felt was adequate for the element of the population that his proposed pharmacy intended to serve.

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

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson & Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

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

**Contractor
Services
Supervisor**

The Chemist Contractor Members of the Committee Colin Fergusson & Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/08 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 Sanjay Majhu – Unit F, Lomond Drive, Bishopbriggs, Glasgow G64 3BY

- Salwan Pharmacy Ltd – The Village Store, 27 Main Street, Howwood PA9 1AW

6. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/09 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:

Mr Iain Robert Mouat, 11 Kennedy Path, Townhead, Glasgow G4 0PP (INCL05/2009)

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

NOTED/-

7. CONSULTATION ON CONTROL OF ENTRY ARRANGEMENTS FOR INCLUSION ON THE PHARMACEUTICAL LIST

The Committee having previously been circulated with Paper 2010/10 noted the contents which provided discussion around the above.

The Committee agreed they would consider the submission being prepared by the Community Pharmacy Development Team on behalf of the Health Board prior to making any decision on whether a separate submission should be made on behalf of the Committee.

AGREED/-

8. ANY OTHER COMPETENT BUSINESS

None.

9. DATE OF NEXT MEETING

To be arranged.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)

Minutes of a Meeting held on
Tuesday 11th May 2010 in
The Meeting Room, LMC Offices, 40 New City Road
Glasgow G4 9JT

PRESENT:	Peter Daniels Professor Joe McKie Mr William Reid Mrs Kay Roberts Mr Kenny Irvine	Chair Lay Member Deputy Lay Member Non Contractor Pharmacist Member Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley Janine Glen Elaine Ward	Contracts Supervisor - Community Pharmacy Development Contracts Manager – Community Pharmacy Development Development Pharmacist - Community Pharmacy Development

Prior to the consideration of business, the Chairperson 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

1. APOLOGIES

There were no formal apologies.

2. MINUTES

The Minutes of the meetings held on Tuesday 9th March 2010 PPC[M]2010/01 and Wednesday 31st March 2010 PPC[M]2010/02 were approved as a correct record, with the following amendments:

**PPC[M]2010/01 – designation of Dr James Johnson should read Non Contractor Pharmacist Member; and
PPC[M]2010/02 – designation of Professor H McNulty should read Deputy Non Contractor Pharmacist Member.**

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None arising

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL01/2010

Lloydspharmacy Ltd – Unit 3a, 6 Hopehill Road, Glasgow G20 7JN

The Committee was asked to consider an application submitted by Lloydspharmacy Ltd to provide pharmaceutical services from premises situated at Unit 3a, 6 Hopehill Road, Glasgow G20 7JN under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Lloydspharmacy 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 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Matthew Cox ("the Applicant"), assisted by Ms Elizabeth McLaughlin. None of the interested parties who had submitted written representations during the consultation period had chosen to attend the oral hearing.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Friarton Place, Phoenix Lane, Maryhill Road (at St George's Cross), Hopehill Road, Grovepark Street, Avenuepark Street, Barr Street, Garscube Road, Maryhill Road, Queen Margaret Drive, Great Western Road, Napierhall Street, and North Woodside Road.

The Committee noted that the premises were constructed, although the pharmacy was not yet fitted out. The Committee had gained access to the premises themselves and had toured the wider facility.

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 PPC to ask questions. The Applicant was then given the opportunity to sum up.

The Applicant's Case

Mr Cox advised the Committee that this was an application for the change of premises of Lloydspharmacy from 549 Maryhill Road to Unit 3a, 6 Hopehill Road, Glasgow. He was aware the Committee had visited the proposed unit earlier in the day and were aware of its location and position to other local services.

Mr Cox stressed that the application was relocation, although he was aware that the regulations required the Committee to apply the legal test as whether the application was necessary or desirable. He asserted that should the application be granted the Lloydspharmacy at 549 Maryhill Road would close as part of the application. There would therefore not be any increase in the number of pharmacies in the neighbourhood or surrounding area.

He advised that he would start by defining the neighbourhood. He reminded the Committee that as part of the application, a map had been provided with the neighbourhood delineated on it (**Page 53 of papers**). He advised that the north boundary should be the Forth and Clyde canal. This was a realistic boundary, given its limited crossing points and the fact that it was a clear divide between the University of Glasgow Student Village, lying in an elevated position to the north side of the canal. This area to the north of the canal had a very different feel, and could be accessed near the fire station off Maryhill but involved crossing a narrow bridge over the canal. The remaining boundaries were relatively significant geographical boundaries including main roads which provided logical boundaries to the area.

Mr Cox suggested the neighbourhood was a densely populated, multi-cultural and diverse part of Glasgow. This was clearly visible with the large number of maisonettes and flats in the neighbourhood. He advised that he struggled to obtain an exact neighbourhood population. However, he had identified the population of Maryhill to be around 52,000, though accepted that the population of the defined neighbourhood was less than this figure. The area clearly extended beyond the boundaries of the defined neighbourhood and the figure served to illustrate the density of the population within the area. Much of housing within the neighbourhood was housing association run estates. For example, Queens Cross Housing Association had a clear presence on Garscube Road. There were also several new developments along this stretch of road. There was also a significant presence of asylum seekers in the area. There were elements of growth and a degree of renewal. The area also had a high incidence of methadone users.

He advised that the PPC would have observed the shops and services around the proposed site such as Lidl, Iceland and Tesco Express. On Maryhill Road there were newsagents, hairdressers and cafes. There was also the Community Central Hall where services such as podiatry were provided to the community within the hub of the neighbourhood. There was excellent car parking available at the proposed site with off street parking of around 152 spaces directly outside the unit for up to 1.5 hours.

Mr Cox then went on to demonstrate why Lloydspharmacy believed there to be an inadequate provision of pharmaceutical services in the neighbourhood. He advised that the PPC would have seen the current premises (549 Maryhill Road). They were extremely

small and cramped and had very few facilities for customers and staff. Parking for cars was restricted. Parking was only available after 09:30 and before 16:30 and when a parking space was available the time was restricted to ten minutes at a time. This was not ideal for patients wishing to access services. The area was frequently patrolled by traffic wardens, which was not ideal for customers. Parking on side streets was also difficult as many of the spaces were taken up by Dunard Primary and Nursery school users and staff. Mr Cox advised that in his own experience parking throughout the entire area was very difficult. He suggested that many people left their cars in the area and travelled by other means into Glasgow city centre. When he had last visited 549 Maryhill Road, he had had such difficulty in parking that he had left his car outside the proposed premises and finished his journey to the Maryhill Road branch on foot as there were no spaces closer to the pharmacy.

Mr Cox stated that he had previously provided the Committee with a copy of the existing pharmacy's internal layout. He advised that the plan might in fact portray the pharmacy in a better light but as the PPC had previously visited the branch they would have seen that the pharmacy was small and not very accessible. The dispensary was only about 10 square metres; there was no dedicated stock room space, no consultation area and no specific staff area. The back shop area was only three square metres. There was also no back door into the unit partly due to the position of the toilet and lack of rear access. This creates difficulty for staff and necessitates them virtually sitting in the dispensary area when having lunch. Problems also occur when the pharmacy takes daily deliveries of boxes which have to sit in the dispensary area which could possibly pose a hazard to staff.

Mr Cox advised that he had mentioned in the initial application that the pharmacy also had DDA issues. He had in his possession a copy of an independent building surveyor's report, which while it did not provide any new evidence, confirmed the problems already mentioned and the difficulty in making the pharmacy DDA compliant in terms of external access. There was an external step into the pharmacy but it would not be possible to convert this to a ramped entrance as this would extend too far out onto the pavement area. The Applicant was unlikely to obtain planning permission for such an adaptation as it would be hazardous to other pedestrians. The entrance to the pharmacy was also narrow and the width of the door currently could not facilitate a wheelchair. Mr Cox advised that the Maryhill Road branch had a regular customer who was wheelchair bound, but relied on the company's delivery service as she was unable to access the pharmacy as she could not get inside.

The Committee noted that the Applicant had previously provided the report from the Chartered Surveyor regarding the constraints experienced in 549 Maryhill Road. Board Officers had not made this available to the Committee or Interested Parties prior to the hearing as the report had included a clause inserted by the authors that the report could not be shared with any third party without the express written consent of the company. Lloydspharmacy had provided this consent on 10th May 2010, one day before the hearing. The report was not included in the Committee's papers.

He asserted that the pharmacy did not have space for a private consultation area. To attempt to establish such an area within the current premises would block out most of the light and mean there would be even less space in the pharmacy compounding the problems for wheelchair and pushchair users. The impact of the lack of consultation room meant it limited the pharmacy from providing a full range of services. For example, the

pharmacy could not provide BP, diabetes or screening services which many other Lloyds pharmacy branches provided and which brought benefit to the community. For patients who wanted Emergency Hormonal Contraception (EHC), there was no private space for a consultation. This was similar for the supervision of methadone. For example, a patient had come into the pharmacy for a consultation because they had developed a rash. The patient proceeded to show the rash to the pharmacist for advice. The situation made the patient uncomfortable as there were other customers in close proximity who could overhear the conversation. Such circumstances could lead to an inadequate service.

There had also been security incidents. For example, the pharmacy had two methadone patients who clashed and the police had to be called. While Mr Cox accepted this situation could arise in any pharmacy, he felt the issue was compounded by the restricted space and lack of privacy which could lead other customers not to use the pharmacy. There was also very little space to hold pharmaceutical waste bins. In the case of the needle exchange service, the bins would only be collected when four had been filled. The branch had no space to hold four bins and problems arose as a result.

He advised that the dispensary only had space for one work bench. This could be difficult particularly when having to deal with dosette boxes. The processing of these could take up most of the space and staff did their best in the space available. However, there were concerns over health and safety issues and the incidence of errors due to the space constraints.

The lack of a private consultation room meant it would be very difficult to provide the Chronic Medication Service (CMS) when it was implemented and it also currently restricted the delivery of the Keep Well Project within the pharmacy which ideally required a private space. Mr Cox asserted that the staff did an excellent job with the limited space but the premises did not facilitate an adequate service to patients.

He was aware that questions had been asked as to why the pharmacy did not expand into the unit next door to the current premises or any of the available units within close proximity. He advised that Lloyds had looked at this; however they were unable to secure an agreement on the unit next door. He also advised the Committee that some of the shuttered units weren't available for Let as they were currently being used as storage facilities. In addition, many of the units in the vicinity posed the same issues faced in the current premises in terms of space, DDA issues and parking constraints. Mr Cox advised that it was not always possible to expand into the unit next door to a pharmacy especially where there were different landlords.

He advised that the proposed site had a proposed dispensary area of 44 square metres and a retail area of 83 square metres. There was space for a private care room, disabled access, including a disabled toilet and separate stock and staff areas. The premises would allow the company to deliver a comprehensive and adequate range of pharmaceutical services. The proposed location would not impact on any other contractor and indeed Bannerman's Pharmacy supported the move to better premises. Apple Pharmacy accepted that they would not be affected by the application as they were ostensibly outside the neighbourhood. The pharmacy was not moving significantly closer to a health centre or taking prescriptions from another contractor apart from their own company.

In conclusion, Mr Cox submitted that currently there was a gap in service provision. This could be met via a relocation of the current pharmacy contract on Maryhill Road. The existing pharmacies were all pretty much working at capacity and had little room to expand. This application would help to future proof the neighbourhood and secure the adequate provision and would allow Lloydspharmacy to deliver new services as part of the pharmacy contract. He asked the Committee to look favourable on the application for these reasons.

The PPC Question the Applicant

In response to questioning from **Mr Irvine** regarding the source of the population statistic used within his presentation, Mr Cox confirmed that this had been found on a website and was based on census data for the Maryhill area as a whole. He had struggled to find a population figure for the neighbourhood as defined, but felt that the Maryhill statistic illustrated the density of population throughout the entire area.

In response to further questioning from Mr Irvine regarding inadequacy of services throughout the neighbourhood, Mr Cox advised that he felt the services in the south-east of the neighbourhood to be inadequate. Your Local Boots Pharmacy on Queen Margaret Drive lay on the far western boundary of the neighbourhood and served a different population to Maryhill Road. In Mr Cox's opinion, patients would struggle to fit pushchairs and wheelchairs through the entrance to the Queen Margaret Drive pharmacy. In Napiershall Street, the parking outside the Lloydspharmacy branch was not good. The pharmacy was also currently working at capacity and there was no room for them to absorb any additional work. He advised that the level of inadequacy was more around the provision and accessibility of services as a whole.

In response to further questioning from Mr Irvine regarding the size of other units within the vicinity of the branch at 549 Maryhill Road, Mr Cox advised that he did not know the specific sizes of the premises. He reiterated that the company had been unable to secure the lease on the large unit next to the existing premises and that the large unit to the left was being used for storage and therefore not available. There was also no significant advantage to be gained with other available units.

In response to questioning from **Mr Reid** around the population of post-code area G20.7 (in which the proposed premises were situated), Mr Cox confirmed that he would not be surprised to learn that the population was around 6,000.

In response to further questioning from Mr Reid around the proposed premises and where its patients would come from, Mr Cox advised that he didn't think the pharmacy would serve a different clientele to that served from the current premises. He advised that a number of methadone clients already travelled from the area to the south of the existing premises at 549 Maryhill Road. In addition, residents from around the current premises travelled down to the south-east of the Maryhill area already. He advised that the proposed premises would be well placed to pick up patients who would come from the housing growth along Garscube Road, but apart from that he did not anticipate a significant difference in the population served.

In response to further questioning from Mr Reid, Mr Cox confirmed his belief that the

proposed premises lay in the same neighbourhood as the current premises.

In response to final questioning from Mr Reid regarding units adjacent to the current premises being used for storage purposes, Mr Cox confirmed that attempts to secure alternative premises adjacent to the current premises had been unsuccessful. Mr Cox could only repeat the reasons provided to Lloydspharmacy from the landlords of the units; that they were not available to let as they were being used for storage purposes.

In response to questioning from **Professor McKie** regarding the ease of parking in the area, Mr Cox confirmed that in his opinion, parking was an issue throughout the entire neighbourhood which was a relatively congested area. He advised that on visiting Woodside Health Centre he had been unable to park at the Health Centre. In Napiershall Street parking was difficult. There was inadequate parking at three of the pharmacies nearest to the proposed premises. Every available parking space was utilised and parking was therefore difficult.

In response to further questioning from Professor McKie regarding why Lloydspharmacy didn't just close the pharmacy at 549 Maryhill Road and concentrate on developing their other pharmacies in the vicinity, Mr Cox advised that there was little capacity in the other pharmacies to take on additional business. He advised that the pharmacy in Woodside Health Centre was used by most patients purely for dispensing purposes. Most would travel to other pharmacies for pharmaceutical advice and if 549 Maryhill Road was closed this would widen the gap that existed at the moment.

In response to further questioning from Professor McKie around the proposed premises, Mr Cox confirmed that relocating to this facility would meet all of the company's needs. It would allow Lloydspharmacy to deal with their care home business and also methadone clients. It would prove better for walk-in customers as parking would be easier. He advised that at present the number of pharmacies in the neighbourhood was adequate. What wasn't adequate, he felt was what services could be provided and how.

In response to final questioning from Professor McKie, Mr Cox confirmed that Lloydspharmacy would continue to provide a collection and delivery service from the proposed premises.

In response to questioning from **Mrs Roberts**, Mr Cox confirmed that the pharmacy at 549 Maryhill Road was at the lower end of the range of anonymous dispensing figures provided to the Committee with the application papers.

In response to further questioning from Mrs Roberts regarding the possibility of the existing area at 549 Maryhill Road being left inadequately served as a result of a successful application, Mr Cox advised that most of the clients served by the current premises resided to the south of the neighbourhood. The area to the north beyond the canal around the area of student residences was a different area with a different population. Mr Cox did not believe the relocation would leave a gap as most of the patients using 549 Maryhill Road came from the streets between the current premises and the proposed premises. He advised that the majority of methadone clients to 549 Maryhill Road came from the area south of the existing premises and that students residing to the north of the existing premises were in a different neighbourhood and probably did not

access pharmaceutical services from that side of the canal.

He also advised that he did not believe that adequacy could be measured purely on the volume of prescriptions dispensed, but rather around how the service was delivered. There was inadequacy in parking and he believes adequacy encompassed a range of tests including the quality and access to services in the neighbourhood. In his opinion, there were gaps in the quality and delivery of services which couldn't be delivered properly.

In response to questioning from **the Chair**, around the number of pharmacies in the consultation zone and also the wider area, Mr Cox advised that they didn't feel that patients using the current premises would travel to the extremes of the neighbourhood for services. In smaller neighbourhoods, people tended to travel shorter distances for services.

Summing Up

The Applicant was then given the opportunity to sum up.

Mr Cox advised that the Committee should look at the adequacy of services within the neighbourhood. In his opinion there was currently a gap in adequacy; parking was an issue. It was limited in the neighbourhood. The pharmacies in Woodside Health Centre and Napiershall Road had little capacity to take on additional services. The pharmacy at Woodside Health Centre was relatively well hidden, with no retail facility and no private consultation area. There was pressure on the limited number of pharmacies. The pharmacy at 549 Maryhill Road was not adequate. There were restrictions on premises. It was a small pharmacy with no private space and no means to develop such a facility. As such the provision of EHC, methadone and screening services was problematic as there was little opportunity for patients to have private conversations with the pharmacist. There were health and safety issues along with DDA issues which would not be easily resolved. Boots the Chemist at Queen Margaret Drive also experienced the same DDA issues.

Mr Cox maintained the provision of services was not adequate. There was a gap. He reminded the Committee that adequacy was not just the volume of prescriptions dispensed but related to a wide range of issues including; access, quality and ability to provide the service. The needs of the population should be paramount and for these reasons he asked the Committee to look favourably and grant the application which would secure adequate pharmacy services within the neighbourhood.

Before the Applicant left the hearing, the Chair asked Mr Cox to confirm that he had had a full and fair hearing. Mr Cox confirmed he 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 Party and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Bannerman's Pharmacy – various addresses;
 - Boots UK Ltd – various addresses; and
 - Apple Pharmacy – 1094 Argyle Street, Glasgow G3.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:

- d) - The Glaswegian Newspaper (advert run on Wednesday 17th February 2010) – No responses received;
- e) - West Glasgow CH(C)P – no response received;
- f) The following community councils:
 - Woodside – no response received;
 - Kelvin North – no response received;
 - Woodlands & Park – no response received;
 - Garnethill – no response received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors G3.8, G4.9 and G12.8;
- j) Information from Glasgow City Council's Department of Land & Environmental Services regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) A pattern 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 the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related, were located.

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

North: starting at Bilsland Drive, following the Forth and Clyde canal west;
East: the Forth and Clyde canal travelling south to its meeting with the A81;
South: the A81, crossing onto Great Western Road, travelling west to Kelvin Way and it's meeting with the River Kelvin;
West: the River Kelvin to Queen Margaret Drive, following Queen Margaret Drive north crossing Maryhill Road, to join with canal at Bilsland Drive.

The Committee agreed that Forth and Clyde Canal to the north was a boundary, both in terms of crossing and also because it marked the difference in housing types. The area to the north mainly comprised of student accommodation. The boundary of the canal continued to the east of the neighbourhood. Great Western Road was a main trunk road, which separated the area from the main shopping area of the city centre. The River Kelvin was a physical barrier in that only two crossing points existed at Kelvinbridge and at Queen Margaret Drive.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

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

The Committee noted the Applicant's comments around how a relocation of premises would not increase the number of contracts in the neighbourhood. They were, however, mindful that their first consideration was the application of the legal test. In so doing, they noted that the existing pharmaceutical network (even excluding 549 Maryhill Road) provided adequate services.

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

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Mr Kenny Irvine 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.

**Contracts
Supervisor**

The Chemist Contractor Members of the Committee Mr Kenny Irvine and Board Officers rejoined the meeting at this stage.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/12 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:

- Carol Ann Burns – 1399 London Road, Glasgow G31 4PF

- Mohammed Ameen & Mohammed Rashid – 460 Ballater Street, Glasgow G5 0QW

MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2010/13 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

6. Change of Ownership

Case No: PPC/CO02/2010 – M&D Green Dispensing Chemist Ltd – 167 Auchinairn Road, Bishopbriggs, Glasgow G64 1NG

The Board had received an application from M&D Green Dispensing Chemist Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Auchinairn Pharmacy at the address given above. The change of ownership was effective from 31st March 2010.

The Committee was advised that the level of service was not reduced by the new contractor

and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

Case No: PPC/CO03/2010 – CMAM Ltd – 8 High Street, Dumbarton G82 1LL

The Board had received an application from CMAM Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Kemp Pharmacy at the address given above. The change of ownership was effective from 4th May 2010.

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

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

7. Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC01/2010 – Lloydspharmacy ltd – 776 Dumbarton Road, Dalmuir G81 4BY

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lloydspharmacy Ltd, at the above address.

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

8. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/15 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:

Mr Denis Houlihan, Unit 2 Greenlaw Village, Glasgow G77 6NP (PPC/INCL03/2009)

The Committee noted that the National Appeals Panel had upheld the Appeals submitted against the PPC's decision to grant Mr Houlihan's application to establish a pharmacy at

the above address. As such Mr Houlihan's name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

NOTED/-

9. ANY OTHER COMPETENT BUSINESS

The Chair advised that he wished a special meeting of the PPC arranged to allow the Committee to discuss the draft response to the Consultation on Control of Entry Arrangements relating to NHS Pharmaceutical Services.

The Contracts Manager undertook to arrange this prior to the closing date for the consultation exercise.

**Contracts
Manager**

AGREED/-

10. DATE OF NEXT MEETING

Thursday 27th May 2010.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)

Minutes of a Meeting held on
Thursday 27th May 2010 in
The Glynhill Hotel, Paisley Road, Renfrew PA4 8XB

PRESENT:	Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
	Mr Kenneth Irvine	Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contracts Supervisor - Community Pharmacy Development
	Robert Gillespie	Lead – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Richard Duke	Contracts Manager – Community Pharmacy Development

Prior to the consideration of business, the Chairperson 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

1. APOLOGIES

Apologies were submitted on behalf of David Thomson

Section 1 – Applications Under Regulation 5 (10)

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

Case No:PPC/INCL02/2010

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

The Committee was asked to consider an application submitted by JMC Healthcare Ltd to provide pharmaceutical services from premises situated at Unit 7, Crosslee Crescent, Houston PA6 7DT under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood

in which the Applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from JMC Healthcare 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 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Jim Campbell ("the Applicant). The Interested Parties who had submitted written representations during the consultation period and had chosen to attend the oral hearing were: Mr Andrew Mooney (Boots UK Ltd), assisted by Ms Emer O'Sullivan and Mr Nisith Nathwani (Lloydspharmacy Ltd), assisted by Mr Niral Nathwani. Ms Joan Penman (Boots UK Ltd) joined the hearing as an observer.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Linwood, Craighends, Crosslee, Houston & Bridge of Weir.

The Committee noted that the proposed premises were not yet constructed, although the Committee could identify the location and position of the proposed building.

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 the PPC to ask questions. Thereafter each of the Individual Parties made their submission, with a following opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Campbell thanked the Committee for allowing JMC Healthcare Ltd to present their case. He commenced his presentation by briefly introducing the company and explaining that JMC Healthcare Ltd was a company jointly owned by himself and James McKeever; both of whom were pharmacists previously employed by Lloydspharmacy Ltd within their business development team.

The company currently operated two pharmacies. One in Prestonpans, East Lothian; a town of 7,000 people where they were one of three pharmacies and Muirend Pharmacy on Glasgow's Clarkston Road. The company provided all aspects of the community pharmacy contract and in addition provided drug addiction services including supervised methadone and needle exchange. The company were currently in negotiations with Lothian Health Board to provide additional services from their premises in Prestonpans.

He advised the Committee that they were there to determine JMC Healthcare Ltd's application to provide pharmaceutical services at Unit 7 Crosslee Crescent, Houston, but before he started putting forward the company's case he thought it might be useful to provide some history of this site.

He advised that there had been at least three previous applications at the site; one by Lloydspharmacy and two by a local independent pharmacist. He advised that furthermore the Alliance/Boots group had expressed an interest in the site going as far as agreeing heads of terms with the developer. It was his view that that Alliance/Boots see this as a viable site for a community pharmacy and believed that there was a need for a pharmacy on this site.

Mr Campbell reminded the Committee that it was their role to determine the merits of JMC Healthcare Ltd's application and therefore he sought to move to put their case for inclusion onto the pharmaceutical list for the proposed premises. He intended to do this in four sections; firstly, he would briefly discuss the legal test; secondly, he would define the neighbourhood, he would then move on to discuss the adequacy of the existing provision within the neighbourhood and finally he would present how the application would resolve the current inadequate provision of services within that neighbourhood.

He advised that as the Chair had indicated in his preamble the legislation under which the Committee determined such applications was Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations. He paraphrased the regulation stating that the application should only be granted if the board (Committee) was satisfied that 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.

He advised that some interesting legal opinions had been formed around this regulation and Lord Drummond Young, in one of these opinions had set out a simple two stage process in his opinion on the motion by Lloydspharmacy versus the National Appeals Panel.

Mr Campbell averred that the Committee must consider whether the existing provision of pharmaceutical services in the relevant neighbourhood was adequate. If it decided that such provision was adequate then that was the end of the matter. If it decided that the provision was not adequate then it must consider a second question; whether the provision of pharmaceutical services at the named premises was necessary or desirable in order to secure adequate provision.

Lord Drummond Young had also given useful direction on the question of adequacy. He stated that it was proper to consider probable future developments for two reasons. Firstly because the standard of adequacy in a particular neighbourhood may change with time. The relevant neighbourhood may change, for example through the construction of new housing developments or such like. Likewise changes may also occur in pharmaceutical practice and the standards of "adequate" pharmaceutical care must accordingly develop over time. Secondly, Lord Drummond Young gave direction on the word "secure" which was contained in Regulation 5(10).

Lord Drummond Young had stated that the Committee should look at more than achieving

bare adequacy of the existing pharmaceutical service. “Secure” suggested that it should be possible to maintain a state of adequacy into the future even though this may result in some form of over provision.

Mr Campbell suggested that in his submission he would discuss how the changes taking place within the neighbourhood and in pharmaceutical practice had rendered the current pharmaceutical services inadequate now and also how this would deteriorate over the very near future.

Mr Campbell then went on to say that the neighbourhood had been tested on two occasions by the National Appeals Panel and had been determined on both occasions to be populated areas of Houston, Crosslee and Craigends. The boundaries were considered to be the open farmland adjacent to the residential settlement and were marked in red on the map Mr Campbell had distributed to the Committee and the Interested Parties at the beginning of the meeting. Mr Campbell advised that JMC Healthcare Ltd respectively concurred with the National Appeals Panel with respect to the neighbourhood definition and felt there was no merit in continuing the argument of two separate neighbourhoods.

The Applicant did wish however to examine the make up of the neighbourhood which would highlight that the current pharmaceutical service was inadequate.

The neighbourhood had two distinct areas with Houston being an old conservation village with very little amenities. Craigends and Crosslee were fairly new developments of housing. The main retail parade serving the area was located in this part of the neighbourhood and the main primary school for the area was also located at Crosslee. The population of the area in 2008 was 6,450, which was in Mr Campbell’s opinion a considerable number of residents to be serviced by only one pharmacy.

At this point Mr Campbell produced a document which had not previously been distributed to the Committee or the Interested Parties. The document included information on demographics of the neighbourhood and population statistics. Copies of the document were given to each member of the Committee and each Interested Party. The Chair asked those present if they required an adjournment to allow them to familiarise themselves with the document’s content. All agreed that an adjournment was not necessary.

Mr Campbell advised that he had read in previous appeal hearings where the neighbourhood had been classed as “rural”. He pointed to the Scottish Government’s official definition of rural which was “*settlements with a population of less than 3,000*”. This neighbourhood was not a rural location – it was in official terms an accessible small town. A small town where people had the right to access adequate pharmaceutical care as any other small town with a population of around 6,450.

Mr Campbell advised that the bulk of the population lived south of the B790 in Crosslee and Craigends. He estimated that this split would be in the region of 75% to 25% looking at the population maps included in the Committee’s packs. This would give approximately a population of 4,000 people living in the Craigends/Crosslee area, which by any standards was a considerable amount. In 2008 20% of the total population were children

under the age of 16. This equated to just fewer than 1,300 children. Compared to a Scottish average of 17%. Those of working age accounted for 64% of the population. This compared with the Scottish national average of 62% and was therefore not significantly different from other areas of Scotland. Those of pensionable age accounted for 15.2% of the population or 982 people. This compared with a 19% for Scotland as a whole. Despite the elderly demographic being less than the Scottish average in 2008, Mr Campbell advised that logically as the area matured so would its residents. There was documented evidence that this was the case. The Scottish Neighbourhood Statistics website showed that the percentage of the population of pensionable age was only 10.7% in 2001 and had grown steadily over the past eight years to 15.2%. Analysis of the current growth rate predicted that by 2015 the population of pensionable age would be 20% of the total, bringing the demographic in terms of age range into line with the rest of Scotland.

This was one of the changes in the make up of the neighbourhood as alluded to by Lord Drummond Young that may determine the future adequacy of existing provision. It was clear that the population of the neighbourhood was aging and this would put additional demands onto the existing pharmaceutical service. There was more than a probable change in the neighbourhood as we would all age.

Mr Campbell then went on to look at the adequacy of the existing provision of pharmaceutical services within the neighbourhood.

He believed that the existing pharmaceutical service was inadequate now and this would deteriorate. There was currently one pharmacy within the neighbourhood located at the far north east of the area on the edge of the village of Houston adjacent to the local medical centre.

The pharmacy was open Monday – Friday – 8.30am – 5.30pm and on Saturday from 9.00am – 12.30pm. On a site visit by Mr Campbell on Monday 25th May it was also noted that there was be no pharmacist available between 1.30pm and 2.00pm.

Mr Campbell believed that the pharmacy's opening hours were inadequate as the 5.30pm closure time did not allow for those who worked outwith the area sufficient time to access their local pharmacy after work. Nor did it allow parents who may be picking up children in day care facilities to access the Minor Ailment Service (MAS) if they found that their child had taken ill during the day. The early closure on a Saturday meant that a population of 6,450 had no pharmacy on a Saturday afternoon – one of the busiest periods for patients realising they have run out of medication or that they needed MAS.

The pharmacy did not have disabled access and on the same site visit the entrance to the consultation room was not accessible to wheel chairs or buggies due to stock boxes being piled beside the entrance. The consultation room also appeared on the site visit to be doubling up as a stock check off point meaning that any patient wishing to use the room would have to wait until the area was cleared.

The Applicant believed that the existing premises were inadequate as they were not easily accessible to patients with a disability or patients with push chairs and buggies. They also believed that the premises were inadequate as clearly the staff had to use their consultation room as a multi-purpose facility.

In addition to the physical premises being inadequate they also believed that the location of the pharmacy created a situation of inadequacy. The pharmacy was poorly located in relation to the bulk of the population, particularly those living in the settlements of Crosslee and Craighends where 75% of the population lived. For patients living outside of Houston it was difficult to access the pharmacy by foot or by public transport. For the bulk of residents who lived south of the B790 the most direct route was to cross the B790 and walk up the Quarrie Brae Pathway. He advised that the Quarrie Brae pathway was a semi paved pathway which was unsuitable for the less mobile and for mothers with young children with poor lighting and steep inclines. It was also possible to walk to the site by walking up Kirk Road which had only a narrow pavement with no street lighting.

There was a longer route which involved from the shopping centre going through the underpass at the B789, along a further pathway, up a flight of stairs onto another pathway with uneven paving and intermittent lighting until you reached another underpass which went under the B790 to the start of Houston Main street. From here there was still a half mile walk to the far end of the town to reach the pharmacy

There were no public transport links servicing the health centre site. The closest bus stop was located on Main Street Houston, next to the Primary School and Church, which left over half a mile to walk to the health centre and another half mile back to catch another bus. There were two regular bus routes which linked the two areas of the neighbourhood. The No. 7 ran at half hourly intervals with the No 8 running as an hourly service. There were three buses in total per hour, with 10 minutes between both at some points in the timetable.

Realistically the pharmacy was only easily accessible by those who had access to a car. To understand how this might affect the local population we needed to understand the levels of car ownership in the area. From the census data 8% of households had no access to a car with 40% of households having only one car. While Mr Campbell did not seek to deny that there were some within the area who had more than one car, he did not wish the Committee to ignore those without any car. As there was a high level of employment in the area it could be assumed that at some point during the working day, there were few cars in the area. This could be evidenced by visiting the site when school was starting or finishing and many parents would be seen walking to pick their children up.

The Applicant believed that there was a high percentage of patients who had no access to a motor vehicle during the day and would have to rely on foot or the inadequate public transport to access a pharmacy. This was clearly inadequate.

Mr Campbell advised that some would question whether this was a matter of convenience rather than inadequacy and he would argue that if someone has no access to a car in Craighends or Crosslee then the journey to the pharmacy was extremely difficult especially so if they were ill or with small children. At this stage inconvenience became inadequacy.

Mr Campbell noted that Mr Tait of Boots concurred with this view on the distinction between convenience and inadequacy. Mr Campbell quoted from the NAP hearing from 5th December 2006 for Boots application at Unit 1, Palace Towers Retail Park, Hamilton – a town centre location. *“Asked whether Mr Tait was basing his argument on convenience,*

he argued that at some point a degree of convenience leads to desirability and equally something may be so inconvenient as to be inadequate.” Mr Campbell advised that he would argue strongly that the location of the current premises was inconvenient to the point that it was inadequate.

In Mr Campbell’s opinion, it was clear that the current pharmacy’s location was not easily accessible to the bulk of the population unless they used cars to access the pharmacy. This he believed created a state of inadequacy.

The Applicant noted that there were also other pharmacies outwith the neighbourhood which again were all accessible only by those using a car. The two next nearest pharmacies were both Boots Pharmacies located in Linwood and Bridge of Weir. There was therefore little choice in the way of pharmacy operator for patients living within the neighbourhood. This lack of choice impacted on patient care in two important areas which affected the adequacy of the existing service.

Mr Campbell advised that on his site visit he overheard a member of staff discussing an out of stock medication. It was the Applicant’s understanding that Local Boots Pharmacies had only Alliance as their single wholesaler with no back up 2nd line supplier. Given that stock shortages were a current issue the Applicant felt that this was an inadequate situation such that if Alliance were out of stock then the pharmacy had no mechanism to order this stock from other wholesalers. Mr Campbell illustrated this issue by pointing to the situation that had arisen over the Christmas period when Alliance Healthcare failed to deliver on a number of occasions due to the weather. He reported that AAH Pharmaceuticals did not miss any deliveries during that period. If Alliance Healthcare were out of stock of a medication this would result in a delay to the patient receiving their medication or having to travel outside the area to find a pharmacy with adequate supply arrangements. The fact that all the nearest pharmacies also use the same single supplier exacerbated this situation such that they did not create a safety net for supply issues.

The ability to supply medication in a timely manner was a prerequisite for an adequate pharmaceutical service. In this neighbourhood there was a pharmacy which had not availed itself to the safety net of a second line wholesaler for commercial reasons leaving the population without a safety net. This was clearly an inadequate situation which impacted adversely on pharmaceutical service.

JMC Healthcare Ltd had full line wholesale accounts with both Alliance Healthcare and AAH Pharmaceuticals. Furthermore they had accounts with three short line wholesalers which gave more cover should one wholesaler run out of medication.

Mr Campbell provided a further example of how this lack of choice impacted on patient care in the form of access to competitively priced medication. He advised that JMC Healthcare had looked at a sample of commonly purchased medication and compared Boots pricing with another local independent pharmacy in Johnstone. They chose ten common lines which were available as own brand lines and purchased them in Boots Pharmacies in Houston, Linwood and Bridge of Weir. They then purchased equivalent products in independent pharmacies in Johnstone. They expected there to be a difference but were surprised to discover that the basket of ten lines in Boots cost £32.64 whilst the total cost from the independent pharmacies was only £19.99. A difference of 63%.

Furthermore on all occasions in all three Boots stores they were offered more expensive branded products and had to request own brand alternatives, which gave the impression that Boots staff had been trained in these three pharmacies to offer the more expensive product which would have made the price comparison even more evident.

Mr Campbell then went on to look at the current pharmaceutical provision in more detail.

The Acute Medication Service (AMS) was the dispensing service for both acute and repeat prescriptions. There had been considerable growth in dispensing figures over the last few years with no reason to suggest that prescription numbers would fall with an aging population, additional drug regimes and more preventative medicine such as the growth in statin prescribing. The question the Committee must ask was whether a single pharmacy which had space constraints, serving a population of 6,400 could continue to safely provide such a service into the future as the demands on it continue to grow.

The Minor Ailment Service (MAS) gave access to free advice and treatment for minor ailments to those in the population that were exempt from prescription charges. These included children under 16, those over 60, pregnant mothers, those with a medical exemption and various other categories. To put some number to this there were 1,300 children who were eligible for this service and over 900 people of pensionable age. These two groups alone accounted for almost 35% of the population or 2,200 which was a conservative estimate.

Patients wishing to access this important service had to do so by making the long journey to the Boots pharmacy located on the edge of the town making access to this service more difficult for this patient group who were less likely to have access to multiple cars to allow access during the pharmacy's opening times.

On the site visit when he purchased children's medicines, the Applicant said he was never signposted to the Minor Ailment Service. The Applicant believed that the location of the pharmacy inhibited eligible patients from accessing this valuable free service.

The Public Health Service (PHS) aspect of the pharmacy contract was set up to provide easy access to preventative health advice and care to the public in easily accessible locations.

There were a number of strands to the service, including:

- the prominent display of targeted healthcare messages from the Scottish Government and the availability of health care literature. Recent campaigns had included flu advice and bowel cancer screening.

One of the reasons for choosing pharmacy to promote these messages was that hard to reach groups were more likely to see these messages in conveniently located pharmacies than in Doctors surgeries where only the currently ill accessed services. In the neighbourhood in question the only pharmacy was located in an area which was only accessed by patients using the GP surgery and pharmacy. It was not located in a place where people passed the site in the normal course of their day. Health Care promotional material was therefore not being seen by those hard to reach groups such as men and

teenagers.

- stop smoking service

Scottish pharmacies were able to provide a non-smoking service which provided a supported programme for those who wished to stop smoking. The pharmacist was able to prescribe NRT to patients and provide them with support to stop smoking. This service could be accessed by patient request, referral by other healthcare professionals or by pharmacist intervention. From his experience, Mr Campbell averred, a number of patients requested this service from seeing it advertised on the service offering POS, a large number of these were not regular patients but people who had considered quitting but had not been aware of this service. The Applicant again questioned whether or not the current pharmacy was located in the correct location to maximise the effect of this important service.

- sexual health services

Scottish pharmacies currently provided easy access to emergency hormonal contraception free of charge in easily accessible and discrete locations. Whilst the service was open to all women of child bearing age it was predominantly targeted at younger women over 13 years of age. The current location of the pharmacy within the health centre did not provide easy access for those most likely not to have access to a motor car and who were unlikely to wish for parental support to access this site for emergency contraception.

A pharmacy located within the neighbourhood centre would be easily accessible. There would be no stigma attached to attending the GP surgery site with any potential awkward questions of why she was on that site. It would also be much easier to promote this service to those girls who required it as they would pass this site much more frequently than they did the current pharmacy site.

In Mr Campbell's opinion further sexual health services were planned including Chlamydia screening and treatment.

Mr Campbell referred the Committee back to the judgement of Lord Drummond Young and asked that they considered his thoughts on how standards of adequacy could develop over time. He had shown how the recent changes in pharmaceutical practice had changed in Scotland over the past few years with his outline of the new services. What he suggested was that these changes could turn a service that was once thought of as adequate into one that was no longer so.

Much of the recent changes were made so that patients could access pharmaceutical services in their community without the need to visit GPs or clinics. Mr Campbell had cited reasons why he felt that the location of the existing pharmacy in the neighbourhood failed to maximise these opportunities that the new contract brought especially in relation to MAS and PHS which had a detrimental effect on the overall adequacy of the neighbourhood and ultimately to patient care.

The current pharmacy services available through the Scottish Pharmacy Contract were considerable and placed a heavy workload on pharmacies. The Applicant believed that

the current provision of service within the neighbourhood was inadequate because the current pharmacy was poorly located for access. It was already tasked with providing a large number of services for a large population and its location was completely inappropriate and inadequate to provide a good quality PHS provision.

Mr Campbell then went on to look at the introduction of the Chronic Medication Service (CMS) which was currently being implemented and the effect that this would have on the pharmaceutical provision within the neighbourhood.

CMS would be targeted to those patients who were on medication to control long term conditions such as asthma, diabetes, high blood pressure and thyroid problems. These conditions were present in all demographic groups and affected the affluent as well as those from lower income backgrounds.

It was estimated that 2/3 of prescribed medication was prescribed to patients with Long Term Conditions. This information was taken from The Right Medicine 2002 A Strategy for Pharmaceutical Care in Scotland.

CMS was being introduced to improve care for those patients living with long term conditions by creating a shared care model between the patient, pharmacist and the GP. CMS involved the registration of a patient with long term conditions with the pharmacy. Each of these patients would need to be assessed by their pharmacist using a pharmaceutical assessment tool to determine if they were using their medication and to highlight any issues with their care. If there were any unmet pharmaceutical care needs the pharmacist and patient would agree a pharmaceutical care plan which would identify those issues and what actions were then required. This care plan would be regularly monitored and reviewed.

A copy of the plan would then be sent to the GP who would decide if the patient was suitable for a serial prescription which would allow the pharmacist to dispense their medication on a regular basis for either 24 or 48 weeks. At the end of this period the pharmacist had to complete an end of care summary and send this to the GP who might issue another prescription.

Mr Campbell advised that even this brief outline highlighted the incredible increase in workload involved to successfully implement this service. It would, in his opinion, take up a great deal of the pharmacist's time and use the consultation room for long periods. Not only would this put pressure on the AMS but would also take up much of the time already used for providing public health services.

Pharmacies were expected to sign up 50 patients before the end of the year; however after Christmas the number of patients would not be limited and would be expected to increase as the Scottish Government publicised the service. Putting the service into perspective, Mr Campbell advised that the incidence of the main disease areas across Scotland were: high blood pressure – 12.5% (630 patients), asthma – 5.5% (280 patients) and diabetes – 3.9% (200 patients).

Mr Campbell advised that CMS was not only about numbers – it was about Quality of Care and Quality of Outcomes. It wasn't about signing up as many patients as you could or

filling in as many care summaries as you could. It was about working in partnership with patients and GPs to ensure that the healthcare of the patient improved through proper interaction between healthcare provider and patient. It was a step change in how patients were looked after and it couldn't be done without proper facilities and the time to spend with patients.

There was a clear change in pharmaceutical practice that affected how the standards of adequate pharmaceutical service would develop. The Applicant believed that the current pharmaceutical service was inadequate at present however it must now be clear that the introduction of CMS would put an intolerable strain on the current service rendering it even more unable to provide a full pharmaceutical service to the population of the neighbourhood.

Mr Campbell then went on to describe how the proposed pharmacy would solve the existing inadequacy within the neighbourhood.

Firstly it would be located in the heart of the community in an area that was easily accessible and was already accessed on a daily basis by large amounts of the local population.

The pharmacy was 133 m² and would have room for a large dispensary, two consultation rooms and a large selection of P and GSL medicines.

The pharmacy would be able to promote healthcare messages in a high footfall area, would be easily accessible for patients without access to a car including those too young to drive or have access to their own motor vehicle.

The presence of two pharmacies in the area would reduce the pressure to provide CMS from one site.

The Applicant would have adequate cover in terms of supply chain to minimise any supply issues unlike Boots.

They would have a delivery service to ensure that patients with mobility problems could have medication delivered to their homes.

In summary, Mr Campbell contended there was a large neighbourhood with a population of around 6,400 which was continuing to mature in terms of age.

The current pharmaceutical service was inadequate for the following reasons:

- the pharmacy was poorly located on the edge of town, was only easily accessible by car rendering it inaccessible for some patients during the day when they had no access to a car.
- the current pharmacy was small, cramped and had no disabled access.
- the consultation room was used as an office and a stock drop off point.
- the reliance on one single wholesale supply exacerbated any supply issues.
- the Boots monopoly in the area exacerbated this supply issue even further.
- due to its location the pharmacy was not maximising the opportunities to improve

healthcare through the PHS.

- prescription numbers were growing and would continue to grow as the documented growth in elderly patients resulted in higher prescribing rendering the existing service more inadequate.
- there were a large number of patients eligible to use MAS – these patients were those more likely to have difficulties accessing the current site.
- lack of choice was putting a premium on the cost of self medication.
- the introduction of CMS would further render the existing service inadequate.

Mr Campbell believed that the proposed pharmacy resolved all of the above issues and therefore contended that it was both necessary and desirable to secure an adequate pharmaceutical service to the neighbourhood.

The Interested Parties Question the Applicant

In response to questioning from **Mr Mooney**, around the differences between this application and the applications previously considered for premises in this area, the Applicant contended that the last application had been heard in 2007. Since that time changes had occurred in the age demographics of the neighbourhood. Developments had taken place in the pharmacy contract with the introduction of CMS. Lord Drummond Young had suggested that such changes could be taken into consideration when determining applications and that consideration should be given to future changes that might render the current provision of services inadequate.

In response to further questioning from Mr Mooney regarding the Public Health Service, the Applicant advised that the proposed pharmacy's approach would be one where the services of the pharmacist would be combined with the more traditional approach of poster message. He advised that many patients were not aware of PHS unless it was provided from a place convenient to them.

In response to further questioning from Mr Mooney regarding what the proposed pharmacy would offer that would be different to that offered by the existing network, the Applicant advised that services would be offered from a pharmacy which could be easily accessed within the neighbourhood. The location would be convenient to the bulk of the population; it was not on the outskirts of the neighbourhood and it would offer the population choice.

In response to further questioning from Mr Mooney regarding the demographic information presented by the Applicant, Mr Campbell advised that by 2015 the number of elderly patients in the neighbourhood would be in line with the Scottish average. He accepted that currently the proportion of elderly patients was less than the Scottish average; however felt that this was increasing at a faster rate compared to Scotland.

In response to further questioning from Mr Mooney, the Applicant advised that he had not conducted any surveys to gauge public opinion regarding service provision in the area, nor had he engaged with the community council. He was aware that previous applicants had provided evidence which would suggest dissatisfaction with the current service. He further stated that location should be a factor in consideration of adequacy and that this was not just his own interpretation.

In response to further questioning from Mr Mooney, the Applicant confirmed that he was not aware if any formal approaches had been made to the Health Board regarding the inadequacy of service provision within the neighbourhood. He further advised that he was unable to comment on why the GP surgery and the Community Council had lodged objections to the development of a further pharmacy.

In response to further questioning from Mr Mooney regarding viability, the Applicant confirmed that he felt the proposed pharmacy would be viable.

In response to further questioning from Mr Mooney, the Applicant advised that he had no information which would allow him to agree or disagree that the area of Houston was a dormitory settlement. He further confirmed that the residents within the neighbourhood would have a choice of places from which to do their weekly shop.

In response to further questioning from Mr Mooney regarding public transport, the Applicant advised that any patient travelling to Bridge of Weir on a Saturday afternoon for a MAS consultation and using public transport would be doing so because currently they had no other option. There was no choice for them at the moment.

In response to final questioning from Mr Mooney, the Applicant agreed that the population statistics provided for 2008 had declined slightly from the 2001 Census statistics. He contended that the population was however getting older and as such more in need of pharmaceutical services.

In response to questioning from **Mr Nisith Nathwani**, the Applicant advised that the residents of the neighbourhood would currently access other amenities such as shops and banking in a number of areas such as Johnstone, Paisley, Glasgow and Linwood.

In response to further questioning from Mr Nathwani, the Applicant confirmed the proposed location as being the heart of Houston and Crosslee. He advised that not many towns contained all of the amenities of a large town.

In response to further questioning from Mr Nathwani around the price comparison exercise, the Applicant contended that this was not the sole reason for granting a further contract in the neighbourhood, but that adequacy was made of many aspects. The issue of price may be a significant issue for some residents within the neighbourhood.

In response to further questioning from Mr Nathwani regarding the Minor Ailment Service, the Applicant confirmed that he did not have an eligible patient with him when he was undertaking the price comparison exercise.

In response to final questioning from Mr Nathwani, the Applicant advised that he did have evidence on how CMS could impact the workload for pharmacies. He had been a senior manager with Lloyds and that this was only an opinion of the likely impact of the service

The PPC Question the Applicant

In response to questioning from **Dr Johnson**, the Applicant confirmed that he did not go in

to the Co-operative store within the parade of shops at Crosslee to compare the price of paracetamol with Boots. He had concentrated on P only medicines.

In response to further questioning from Dr Johnson, the Applicant confirmed that he was aware that the Board had received a letter from the Community Council objecting to the opening of a further pharmacy. He further advised that this may have been to do with issues around methadone supervision and services to drug misusers, which he knew were issues that were raised in objection to new pharmacies. He did not feel there would be a significant demand for such services at the proposed location.

Professor McKie asked the Applicant whether his contention that the practice of Boots not having a second back-up wholesaler being detrimental to patient care, meant that all Boots pharmacies were providing an inadequate service. The Applicant advised that adequacy comprised more than one element. The restrictions imposed by having only one wholesaler was only one element, but a significant one nevertheless and one which could lead to patients being let down due to the lack of availability of some medicines.

In response to a follow up question from Professor McKie around whether the proposed pharmacy might find themselves in a similar situation, the Applicant advised that the availability of medicines was an issue for every pharmacy at the moment. Wholesalers did run out of stock, however the existence of a second full line wholesaler and three other shop wholesalers greatly reduced the chance of this happening. He further contended that this was one factor that didn't in itself prove inadequacy, but added another reason to why the service was inadequate.

In response to further questioning from Professor McKie, the Applicant advised that they would be looking to employ one full time pharmacist in the proposed pharmacy. The company might take on another part time pharmacist to work between two of their pharmacies.

In response to questioning from **Mr Dykes**, the Applicant advised that he would not expect a pharmacist to sign away their rights under the European Working Times Directive to a break. He had found it strange that the pharmacist was not available at a time the neighbouring GP surgery was open; however he would leave the arrangement of breaks to the pharmacist.

In response to further questioning from Mr Dykes regarding parents taking their children to school on foot, the Applicant advised that residents living in the neighbourhood benefitted from the pleasant surroundings however this did not change their fundamental right to access to services.

In response to further questioning from Mr Dykes regarding the price comparison exercise, the Applicant advised that medication might not be of better quality if it was more expensive and that aciclovir cream was certainly not £2.40 better than that bought from an independent pharmacy. He accepted that the residents of the neighbourhood might not be unhappy paying a premium.

In response to questioning from **Mr Irvine**, the Application confirmed that the proposed premises were not yet constructed. He confirmed that the building warrant was in place

and the developer had estimated a 12 week build period. The pharmacy would be up and running within six months.

In response to further questioning from Mr Irvine, the Applicant confirmed that he did not have any health statistics for the neighbourhood.

In relation to questioning from **Mr Reid**, the Applicant confirmed that if the current Boots Pharmacy had been situated in a different location, he might view the service provision more positively. He again reiterated that adequacy comprised several different elements; the current premises were inadequate over several of these. The premises themselves were not adequate in terms of the consultation room which was used for other things. There were valid issues around lack of access to PHS and MAS.

In response to final questioning from Mr Reid, the Applicant confirmed his view that the lack of signage for the Stop Smoking campaign would have a detrimental effect on access to the service.

In response to questioning from **the Chair** regarding the Community Council's assertions that the current pharmacy's location was convenient for immediate access from the GP surgery, the Applicant suggested that this represented an outmoded view of pharmacy. He would like to speak to the Community Council to help them understand how the work of community pharmacy was moving away from the supply of medication and to explain the benefits these changes would have for patients.

There were no questions to the Applicant from Mr Gillespie.

The Interested Parties' Case – Mr Andrew Mooney (Boots UK Ltd)

Mr Mooney thanked the Committee for giving him the opportunity to respond to the arguments raised.

He advised that Boots UK Ltd's definition of neighbourhood was that previously defined by the NAP as part of their decision on the previous Lloyds application in September 2002 in respect of the same site at 55a Crosslee Shopping Centre. They concurred the neighbourhood should be defined by the postcode area PA6 7 and that Houston, Crosslee and Craighends constituted one neighbourhood with the neighbourhood centred in Houston with shared facilities. He referred to the General Register Office for Scotland statistics, which showed the population of the neighbourhood of PA6 7 (classified as the settlement of Houston), on the census day (29th April 2001) as being 6,610. The area was affluent and mobile. The Glasgow Centre for Population Health provided indicators covering a range of health issues. In nearly every indicator the post-code showed below the Scottish average.

The most recent population updated were estimates for settlements mid-2008. There were available on the General Register Office website and detailed Houston's population as 6,510 which represented a slight reduction in the 2001 census level, with an increased proportion of young people within this figure. Mr Mooney therefore suggested that the population had stabilised at around the 6,600 level, especially given that the current local development plan deemed there would be no requirement for additional housing. In

addition, there was strong local opposition to no more housing and this showed that the probability of future growth was not there.

Mr Mooney advised that the critical test for determining the application should be granted was that set out in Regulation 5 (10) of the current Pharmaceutical Regulations. He wished however to draw the Committee's attention to the construction of this regulation which was interpreted in June 2004 by Judicial Review in the Second Division, Inner House, Court of Session by Lord Justice Clerk, Lord MacFadyen and Lord Drummond Young in the *Lloyds Pharmacy Limited v NAP + E A Baird*.

In the opinion of the Judges, the decision maker, having identified the neighbourhood, must approach the decision in two stages. First it must consider whether the existing provision of services in the relevant neighbourhood was adequate. If it decided that such provision was adequate that was the end of the matter and the application must fail. Mr Mooney didn't think that the Applicant had given evidence of inadequacy. The examples he had highlighted were based on personal opinion and anecdotes. Mr Mooney suggested that if services were as bad as the Applicant had made out, the Health Board and/or Boots would have received complaints.

The fundament criterion against which the application was to be judged was the adequacy of pharmaceutical services in the relevant neighbourhood. The test of adequacy was a simple one, in that there was no room for a spectrum of adequacy – the existing services were either adequate or not.

Mr Mooney advised that there was good interaction between the pharmacist in the current pharmacy and the GP practice. The building blocks of CMS had already been put in place and an agreement had been reached that would see Pharmaceutical Care Plans undertaken in partnership between the two. The pharmacy already provided a full and comprehensive range of pharmaceutical services for the residents of the village. This included a free collection and delivery service, domiciliary oxygen provision and CDS dispensing in addition to the core services of the new contract. Furthermore, when the need had arisen historically the pharmacy had provided supervised methadone administration, although there wasn't a high demand for this service in the area.

The pharmacist and her team had historically participated in all local initiatives. Therefore pharmaceutical care services which involved clinical audit, compliance aid assessment and holistic medication reviews were already being delivered in Houston. The major benefit at present was that the pharmacist delivered these services with the help and support of the local general practice, both from within the pharmacy in Kirk Road and during domiciliary visits; if these were required. The current model of provision was facilitating the integration of pharmacy into the primary care team and making better use of the pharmacist's clinical skills and knowledge to improve patient care. This was "The Right Medicine" and the Scottish Government's modernisation agenda in action.

Mr Mooney contended that in the past Boots UK Ltd had provided letters of support from the GP practice and local community groups to support their position and this would be on record within the NAP hearing files. These issues were all clearly discussed in previous hearing and nothing the Committee were hearing today was new, including the issues around suppliers. Boots UK Ltd had access to a delivery service network that would allow

the pharmacy to obtain medication from another store in the event of a shortage.

In terms of dispensing activity the pharmacy dispensed around the average number of items per year based on ISD information for GG&C's 311 pharmacies in 2009. Given this business profile and the high percentage of PCS the pharmacy had the capacity and capability to meet the challenges of the new contract.

Mr Mooney pointed to the community health and well-being profile for Houston, produced by the Glasgow Centre for Population Health supported their proposition that the population was healthy, affluent, mobile and had lower health needs.

This evidence supported the Boots view that the current pharmaceutical service provision was adequate and the new contract was neither necessary nor desirable in order to secure adequate provision of services in the defined neighbourhood.

Mr Mooney advised that with regard to future adequacy of pharmaceutical services, Boots UK Ltd was committed to continually reviewing and developing their service and infrastructure to meet the challenges of the new contract and improve care for patients. The company had made significant investment in the pharmacy and in their staff who would be key in providing services to ensure that they could meet patient need and expectation. They relied on communication and feedback from both customers and the Health Board on their requirements. To this end if the current opening hours were not deemed long enough the company could review to ensure that any need was catered for. There had been no demand for services on a Saturday afternoon and the public transport service to Bridge of Weir ensured access was maintained during this time.

The Applicant Questions Mr Mooney

In response to questioning from **Mr Campbell** around disabled access to the current pharmacy, Mr Mooney advised that access for those with a disability was achieved via a push button on the outside of the door. This would alert staff to bring a portable ramp out for assistance. He further advised that the company's Property Team had deemed this the most effective solution for this issue.

In response to further questioning from Mr Campbell, Mr Mooney advised that while Boots UK Ltd might wish to relocate their current pharmacy to a more centralised position, this was not currently an option as moving away from the current location would leave it open to others to make applications for inclusion in the Health Board's List at the vacated premises. It was Mr Mooney's contention that the neighbourhood would be unable to sustain two pharmacies.

In response to questioning from Mr Campbell regarding stock issues, Mr Mooney advised that all contractors could at any time experience difficulties in obtaining stock. It was up to them to arrange pragmatic solutions to such issues and as such he felt it entirely reasonable for Boots to obtain any medication in short supply from their other branches or independent pharmacies nearby. He contended that Boots monitored the availability of medication robustly and did everything they could to ensure continuity of supply.

There were no questions to Mr Mooney from Mr Nathwani.

The PPC Question Mr Mooney

In response to questioning from **Mr Reid**, Mr Mooney advised that Boots UK Ltd as a company were required as part of their NHS contract to keep records of any complaints or representations made regarding their services. In addition, the company encouraged the submission of feedback from customers via customer telephone lines. He was not aware of any service issues being raised in this neighbourhood.

In response to further questioning from Mr Reid, Mr Mooney advised that if granted, the application would not cause the Local Boots Pharmacy in the neighbourhood to close, but would affect the prescription volume and dilute service provision, which would lead to an inadequate provision.

In response to questioning from **Mr Dykes**, Mr Mooney advised that the current opening hours allowed those residents who commuted outwith the neighbourhood for work to access the pharmacy in the morning. The opening hours of the pharmacy mirrored the hours of the medical practice. He was not aware of why the pharmacist would be unavailable during a time when the medical practice was open. He anticipated that this might have been an isolated incident.

In response to further questioning from Mr Dykes, Mr Mooney advised that Boots operated a standard pricing policy across all its stores.

In response to questioning from **Professor McKie**, Mr Mooney advised that Boots had considered applying both for a relocation of the current premises and for an additional contract within the neighbourhood. They were mindful that in moving away from the surgery they could be left open to defending applications from others to open a pharmacy at the current premises. The current regulations did not allow the relocation of a community pharmacy for the sole reason of moving to a more adequate unit.

In response to further questioning from Professor McKie around proposed staffing for the new services coming on board, Mr Mooney advised that the operating model would evolve through time. Boots UK Ltd's on-going policy was to upskill their dispensing team to free up the pharmacist to provide the additional services. This having been said, the company had access to a network of pharmacists and could tap into a second one to allow flexibility. At this point it was difficult to say as the final operating model was not known.

In response to questioning from **Dr Johnson**, Mr Mooney advised that he disagreed with the Applicant's assertion that the introduction of CMS would place an intolerable strain on the current pharmacy so as to render its services inadequate. He advised that the pharmacist was already undertaking local services. The introduction of CMS would be a step change. The current pharmacy dispensed a moderate prescription volume and could easily accommodate new services.

In response to further questioning from Dr Johnson, Mr Mooney agree that moving the current pharmacy away from the GP practice would have a detrimental effect on the professional relationship that had been developed with the GPs in the practice. The company had taken all issues into consideration and considered the current situation to be

ideal scenario. While the premises might not be perfect, they were nevertheless adequate.

There were no questions to Mr Mooney from Mr Irvine, Mr Gillespie or the Chair.

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

Mr Nathwani commenced his submission by addressing the issue of neighbourhood. The neighbourhood had previously been defined at the last NAP hearing for Crosslee against Mr Jim Rae as the two council wards of Bridge of Weir North and Craigends and Houston and Langbank, less the Langbank area. The neighbourhood was situated in a rural area and the boundaries were natural adjacent to open farmland.

It seemed logical to uphold the previous definition of neighbourhood as since 2007 there had not been any substantive changes in the neighbourhood in terms of population, housing or demographics.

He advised that JMC Healthcare referred to a population in their application of 6,600 and this was the same population as considered by the NAP in 2007, although it had since decreased slightly. Mr Nathwani felt this supported the fact that there had not been much in the way of change. The Applicant had not provided any evidence that anything had changed substantially to justify an additional NHS contract. This was a particularly affluent neighbourhood with high multiple car ownership and a mobile young healthy population.

The Applicant stated in their supporting letter that the population could support an additional pharmacy and that the retail parade had a large footfall. They also stated that patient choice and desirability was also of importance. These factors were only really of any consideration if the existing provision of pharmaceutical services were considered to be inadequate and as the PPC was aware choice of service provider was not a matter for consideration under the regulations.

The defined neighbourhood had two existing pharmacies, and there were a number of pharmacies nearby in Linwood and Clippens all providing an adequate service.

The Lloydspharmacy in Linwood complied with all aspects of the new Scottish contract and offered a delivery service to Crosslee, Craigends and Houston.

Mr Nathwani asked the PPC to take these comments into consideration and in the absence of any substantive evidence the same decision as previous should be upheld and to refuse the application.

The Applicant Questions Mr Nathwani

In response to questioning from **Mr Campbell**, Mr Nathwani advised that many of the residents in the neighbourhood accessed Lloydspharmacy as they were registered with the GP practice in Linwood.

There were no questions to Mr Nathwani from Mr Mooney.

The PPC Questions Mr Nathwani

In response to questioning from **Dr Johnson**, Mr Nathwani confirmed that Lloydspharmacy had access to two wholesalers. AAH was their primary supplier with Unichem being a back-up. He further confirmed that the company had been let down on occasion when the wholesaler had run out of stock, however they had good relations with their neighbouring independent pharmacies and they had not experienced a significant delay.

In response to questioning from **Mr Dykes** regarding the Lloydspharmacy premises in Linwood and what plans were in place for the demolition of the shopping centre, Mr Nathwani advised that the pharmacy would relocate to portacabin premises adjacent to the medical practice when the centre was demolished. Subsequent to the general practice relocating to new premises in the redeveloped area, the pharmacy would co-locate with them.

In response to questioning from **Mr Irvine**, Mr Nathwani confirmed that the Lloydspharmacy branch in Linwood delivered to patients in the Houston area. The numbers were however, not substantial.

There were no questions to Mr Nathwani from Professor McKie, Mr Reid, Mr Gillespie or the Chair.

Summing Up

The Interested Parties were then given the opportunity of summing up.

Mr Nathwani advised that the Applicant had provided no evidence of inadequacy. The uptake of PHS and MAS were below average. The area was affluent and mobile. The impact of CMS was at the moment, conjecture and there was no evidence of public dissatisfaction. The Committee should reject the application.

Mr Mooney advised that the Committee had heard no evidence to suggest the current services were not adequate. Expert panels had looked at this issue on a number of occasions. The application was not necessary or desirable to secure adequate provision of services. He further considered that any new pharmacy might be detrimental to the development of services in the area.

The Applicant advised that there had been changes in the neighbourhood in terms of demographics. There were more elderly patients which in turn equated to more need for services. There had been significant changes in pharmaceutical practice which had rendered the current provision of services inadequate. The application should be granted.

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

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy – 18/20 Burnbrae Avenue, Linwood;
 - Penman's Pharmacy – various addresses; and
 - The Co-operative Pharmacy – 18 Quarry Street, Johnstone
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:

- d) - The Paisley Express (advert run on Friday 26th February 2010) – one response was received;
- e) - Renfrewshire CH(C)P Public Focus/Patient Involvement Group – response received;
- f) The following community councils:
 - Houston – no response received;

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors PA5.8, PA6.7 and PA11.3.;
- j) Information from Renfrewshire Council's Planning & Transport Department regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) A pattern of public transport in the area surrounding the Applicant's proposed premises; and

- j) A document tabled by the Applicant containing information relating to demographic information and commercial information.

DECISION

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

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, the Community Pharmacy Subcommittee and previous NAPs in relation to the application. The Committee considered that the neighbourhood should be defined as the populated areas of Houston, Crosslee and Craigends. The neighbourhood was situated in a rural area and as such the minor road (B790) was not considered to be a natural boundary. The boundaries defined by the Committee were natural, being adjacent to open farmland.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there was one pharmacy. The pharmacy provided pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments around the changing face of pharmaceutical service provision and how the implementation of CMS might have such a significant effect on the established community pharmacy to render the services provided by it to become inadequate. The Committee was mindful that CMS had only been introduced from 11th May. At this stage it was too early to quantify what effect this would have on community pharmacy as a whole. It was known that the implementation of the other elements of the pharmacy contract i.e. MAS did not result in a "big bang" effect and uptake of these services had developed at a pace that allowed pharmacies to develop their work practices to comfortably accommodate any additional workload. There was no evidence at the moment to suggest that pharmacies would not be able to incorporate the workload generated by CMS into their current practices.

The Committee were further aware that the population of the neighbourhood had declined since the last census in 2001. While the number of people of pensionable age had increased slightly, it was still less than the Scottish average. As there was unlikely to be any further housing developments within the area, the Committee felt certain that the

population had stabilised at this level. The existing pharmacy provided adequate services to meet the needs of the population.

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

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Mr Kenneth Irvine & Mr 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 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.

**Contracts
Supervisor**

The Chemist Contractor Members of the Committee Mr Kenneth Irvine & Mr 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 2010/17 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:

- Farhat and Ramzan Ali – 1371 Barrhead Road, Crookston, Glasgow G53 7DA

6. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/18 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:

Mr Kasim Gulzar Ltd – 1/3 Kennishead Avenue, Thornliebank, Glasgow G46 8PR (PPC/INCL06/2009)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to grant Mr Gulzar's application to establish a pharmacy at the above address. As such Mr Gulzar's name was included in the Board's

Provisional Pharmaceutical List. The new pharmacy was due to open later in the year.

NOTED/-

7. ANY OTHER COMPETENT BUSINESS

None.

8. DATE OF NEXT MEETING

To Be Arranged.