

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (07)

Minutes of a Meeting held on
Wednesday 27th October 2010 in
The Eagle Lodge, 2 Hilton Road, Bishopbriggs
Glasgow G64 2PN

PRESENT:	Mr Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mr William Reid	Deputy Lay Member
	Professor Howard McNulty	Deputy Non Contractor Pharmacist Member
	Mr Kenny Irvine	Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	Mrs Catherine Anderton	Deputy Lay Member - observing
	Trish Cawley	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Michelle Dunlop	Community Pharmacy Development Officer
	Mr Alex Imrie	Deputy Lay Member - observing
	Councillor Luciano Rebecchi	Deputy Lay Member - observing
	David Thomson	Deputy Lead - Community Pharmacy Development

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

ACTION

The Chair firstly welcomed the new Deputy Lay Members to their first Pharmacy Practices Committee, who were attending as observers only.

1. APOLOGIES

There were no apologies

2. MINUTES

The Minutes of the meeting held on Monday 23rd August 2010 PPC[M]2010/06 were noted as a correct record subject to the following amendment:

Item 10, second paragraph, third line ...allow PowerPoint presentations – to add after PowerPoint ‘, or similar programmes,’

3. MATTERS ARISING NOT INCLUDED IN AGENDA

There were no matters raised.

4. Section 1 – Applications Under Regulation 5 (10)

Case No: PPC/INCL04/2010

Boots UK Ltd – Unit 1B, Strathkelvin Retail Park, Bishopbriggs, Glasgow G64 2TS

The Committee was asked to consider an application submitted by Boots UK Ltd to provide pharmaceutical services from premises situated at Unit 1B, Strathkelvin Retail Park, Bishopbriggs, Glasgow G64 2TS 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 Boots UK 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 Charles Tait ("the Applicant"), assisted by Mr Andrew Mooney. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Martin Green (JF Forbes Pharmacy & Milton Pharmacy); Mr Dennis Houlihan (Torrance Pharmacy); Mr Fraser Frame (Wm Morrison Pharmacy) assisted by Mr Paul Muirhead; Ms Alison Twaddle (Woodhill Pharmacy) assisted by Councillor Anne McNair ("the Interested Parties").

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: Kirkintilloch Road, Torrance, South Crosshill Road, the railway line, West Cleddens Road, Woodhill Road, Menteith Avenue, Springfield Road, The Triangle Centre and surrounding shops within Bishopbriggs, along Balmuildy and Hillton Roads.

The Committee noted that the premises were constructed, open and the pharmacy was fitted out and ready for use. The Committee toured the wider vicinity of the Strathkelvin Retail Park.

The Chair addressed those attending and asked for their confirmation that their status was not as a counsel, solicitor or a paid advocate. All attending confirmed that their status had not changed.

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. The Interested Parties were then asked to make their submission in turn. There followed the opportunity for the Applicant and the PPC to ask questions of each of the Interested Parties. Finally, the Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Tait firstly said he wished to apologise for not attending the previous Pharmacy Practices Committee meeting, which was to consider this application. This was due to a diary malfunction, which he regretted.

Mr Tait commenced his presentation by recognising that the neighbourhood had no clear name but did include the villages of Jellyhill and Cadder and contained a population of approximately 7,000. He said that this was a comparatively affluent area, with a high elderly population. Access to the premises site was generally good for: walking, public transport and cars. In recent years, changes to the designation of the site to 'open access' provided residents with a preference to the town centre.

Mr Tait stated that the neighbourhood had previously been identified within the map included with the application as follows:

East: the Bishopbriggs burn (running north west) and the golf course, along the Forth & Clyde Canal running north east across open country after Cadder Road ;
North: Open land to the west (crossing Kirkintilloch Road) until the Crosshill Road playing fields;
West: open land due south to the railway line and along the line until Cleddens Road;
South: west along Cleddens Road and South Crosshill Road, crossing the Kirkintilloch Road to the Bishopbriggs burn.

Mr Tait said that since the store opening, the pharmacy was receiving 27 daily requests from patients to dispense prescriptions, which did not include requests for EHC, MAS etc. He said there was now a clear imbalance in service provision, which was centred on the town centre. The population was required to access services from out with the neighbourhood.

Mr Tait referred to the 2001 Census advising that the neighbourhood was reflected by two Wards – Balmuirdy and Park (3,929 persons) and Cadder and Langbrae (4,506 persons). He reiterated that this application was necessary to redress the imbalance of service provision and extremely desirable due to the changing flow of shopping needs within Bishopbriggs.

Mr Tait noted that this application had received several letters of support and one that did not. He believed that much of the objection mistakenly arose over concern that the approval of this application would lead to the closure of existing pharmacies in either Lenzie or Kirkintilloch. He did not believe that this would happen and that all existing pharmacies would remain viable with this application simply providing services to a neighbourhood that

currently had no provision.

Mr Tait summarised his case by saying that the shopping facilities in north Bishopbriggs had changed the pattern of life in the area and this application supported that change. He reminded the Committee there were no pharmacies currently within the neighbourhood and that this application would provide a level of service which had not been provided before.

The Interested Parties Question the Applicant

In response to questions from **Mr Green** regarding the neighbourhood, Mr Tait said that he intended to rely on the physical boundaries as defined for his neighbourhood. The inclusion of Cadder and Jellyhill villages were just as a means of expressing the whole neighbourhood as these localities had historically been absorbed within Bishopbriggs. He clarified that there were many amenities within the proposed neighbourhood including an Adsa supermarket; sports centre; hotel and retail park.

In response to questioning from Mr Green, Mr Tait accepted the railway line was not a physical barrier. He advocated it defined different housing areas. He believed the type of housing did not form a boundary, it was the open ground and topography nearby which formed the barriers.

In response to further questioning from Mr Green, Mr Tait stated that he had considered a smaller neighbourhood from around Hilton Road north, which would have still identified a neighbourhood population of around 4,500 residents.

In response to additional questioning from Mr Green regarding Kirkintilloch Road, Mr Tait accepted that this road had the potential of being defined as a boundary, as it ran the entire length of Bishopbriggs, however he did not see this as a barrier within his neighbourhood. He advised there were public bus services which ran every ten minutes both ways and although the public crossing into the Retail Park was not light controlled, the path had been lowered and presented no difficulty

In response to further questioning from Mr Green, Mr Tait clarified that the patients who had presented within the pharmacy were looking to have their prescriptions dispensed.

In response to final questions from Mr Green, regarding the continued viability of existing contractors Mr Tait advised that Boots UK Ltd had considered seeking a minor relocation from the town centre into the retail park but considered there to be sufficient business for both pharmacies.

In response to questions from **Mr Houlihan**, Mr Tait advised that the new store was already viable without prescription trade. Although he believed a new pharmacy would not have any affect on the viability of other existing pharmacies, he did accept that they were likely to experience a small percentage change in demand. He did expect however, prescriptions to be presented from a wider area than Bishopbriggs.

In response to questions from **Mr Frame**, Mr Tait explained that the increase in the estimated neighbourhood population from 5k – 6k, appearing in the original application, to 7k reflected recent estimates within the Scottish Neighbourhood Statistics.

In response to further questioning from Mr Frame, Mr Tait reiterated that the railway line was not a physical barrier and the identified southern neighbourhood roads were chosen because of demographics.

In response to final questions from Mr Frame, Mr Tait rejected the suggestion that the neighbourhood had been contrived so as to omit the current three town centre pharmacies. He also said he could guarantee that the approval of this application would not result in the closure of an existing pharmacy

In response to questions from **Ms Twaddle** regarding the effect on existing contractors by a new pharmacy, Mr Tait projected that 50% of the prescription business would come from out with the Bishopbriggs area, so that any percentage change for existing contractors would therefore be small.

The PPC Question the Applicant

In response to questioning from **Mr Reid** regarding neighbourhood, Mr Tait accepted that different population levels had been used but his best current estimate was 7,400. He confirmed that this was a significantly affluent area with high numbers of elderly.

In response to further questioning from Mr Reid, Mr Tait confirmed that 26 average daily patient request were being made in the new retail park store by patients seeking prescription dispensing services. He also confirmed there were no current pharmacies within the identified neighbourhood. He also advised that having spoken to people about the pharmacy, the convenience of accessing pharmacy services within the retail park without the need to visit the town centre was well supported.

In response to questions from **Professor McNulty**, Mr Tait said that an existing pharmacy was quite close to the southern end of the neighbourhood. He anticipated that some residents south of the sports ground may continue to use the pharmacies in the town centre but it would be dependent on what else they may be doing.

In response to further questioning from Professor McNulty concerning whether there was a GP practice within his neighbourhood, Mr Tait confirmed there were none was apart from a branch surgery. He had not made contact with any of the GP practices.

In response to further questioning from Professor McNulty regarding viability, Mr Tait stated that he was aware that some nearby pharmacies listed in the papers had low dispensing levels. He therefore suspected it would be difficult for another independent contractor to open who would rely on prescription income, which was not the case in this application He said that dispensing items and viability were difficult to define as he knew of some pharmacies that only dispensed 500 items per week and still remained viable.

In response to further questions from Professor McNulty, Mr Tait clarified that the pharmacy would offer the full range of contractual pharmaceutical services.

In response to final questioning from Professor McNulty, Mr Tait stated that although the consultation responses to this application indicated there was limited public or Local

Authority support, he was aware that there was support for a pharmacy.

In response to questioning from **Professor McKie**, Mr Tait stated there was inadequacy of services in the neighbourhood, which required patients to travel a distance to obtain services. He felt that patients in the northern part of the neighbourhood suffered most from access issues. This was not due to transport difficulties as a high numbers of residents had cars. He did not consider this application was made on the grounds of patient convenience.

In response to further questioning from Professor McKie regarding where the anticipated 50% of business would come from out with the area, Mr Tait believed this was likely to come from all over East Dunbartonshire and Glasgow.

In response to a final question from Professor McKie which suggested the southern neighbourhood boundary of Crosshill Road, the railway line and West Cleddens Road did not materially affect the applicants case, Mr Tait said he believed it did have the potential due to the topographical change that occurred there.

In response to a series of questions from **Mr Thomson**, Mr Tait clarified the northern boundary of the neighbourhood, as open country to the north of Cadder cemetery. He explained that he believed 'open country' was adequate and that it was not necessary to define this by a road network. By stating 'open country' he accepted this might be considered as extending to the canal and therefore would modify his statement to, the open ground north of Cadder cemetery.

In response to questioning from Mr Thomson in regard to registration of the premises, Mr Tait advised that the premises had been registered as a pharmacy with the General Pharmaceutical Council which permitted the sale of 'P' medicines and access to a pharmacist for advice

In response to further questioning from Mr Thomson, Mr Tait advised that his colleague had visited the retail park at weekends but was not surprised that there were difficulties with car parking. This he said, reflected the success of the recent developments.

In additional questioning from Mr Thomson, Mr Tait declined to share details on the projected footfall anticipated to travel from outwith the neighbourhood that would have determined Boots UK decision to open a pharmacy in this location

In response to a final question from Mr Thomson, Mr Tait said he was confident within 10% of the accuracy of the number of neighbourhood residents as this had been identified from statistical data zones, which were known to be accurate.

In response to a question from **Mr Irvine** with regard to Braehead shopping mall, Mr Tait said that he expected there would be only minimum comparisons between the pharmacies. There were both considered 'destination sites' but the new pharmacy and the shopping area would be much smaller.

In response to further questioning from Mr Irvine, Mr Tait stated there was no secondary school within the neighbourhood but there was a primary school.

In response to a final question from Mr Irvine, Mr Tait suggested that he believed the footfall in the Triangle Centre was mainly from Bishopbriggs with 70% being walk-in the remainder travelling by bus or car.

In response to questioning from **Mr MacIntyre** relating to the suggested change in housing within the neighbourhood, Mr Tait said it was difficult to consider a change to the southern boundary as it was not clear in which street the change in housing style occurred.

In response to final questioning from Mr MacIntyre, Mr Tait agreed that it might be said that 2/3rd of the neighbourhood from approximately Hilton Road south, was closer to the town centre. This was an area of older housing and the estimated population was 3,807.

The Interested Party's Case, Mr Martin Green – JF Forbes Pharmacy & Milton Pharmacy

Mr Green defined the neighbourhood as follows:

East: east side Ashgill Road running north to Scaraway Street, across open country to Kenmure Farm, the Forth & Clyde Canal and along the canal to Cadder Road and across open country to the A807 and A803 roundabout;

North: A807 and A803 roundabout west along Kirkintilloch Road;

West: south across open country down Crosshill Road and across open country to the west of HMP Low Moss until Auchinairn Road;

South: along Auchinairn Road travelling west, along Colston Road across Kirkintilloch Road to Ashgill Road.

Mr Green stated the neighbourhood defines the town of Bishopbriggs, which is served by five existing pharmacies. He added that there were a further ten pharmacies in the neighbouring areas of Torrance, Lenzie, Milton, Springburn, Balornock and Robroyston.

Mr Green explained that from his analysis of the neighbourhood, using the Scottish Neighbourhood Statistics web site, he identified twenty eight data zones within the defined neighbourhood boundaries. From these statistics, he estimated a population figure of 23,995. He said that this was an attractive location for the working population with its close proximity to Glasgow city and as a threshold to the country. He noted that 60% of the population was of working age with approximately 20% pensionable age and a further 20% of children and students.

Mr Green advised that the housing type within the area as classified by council banding places were: Band A 1.87%; Band B-C 22.6%; Band D-E 58.53%; Band F-H 17.54%.

Mr Green referred to the Scottish Index of Multiple Deprivation, a tool for assessing deprivation, which considers factors such as income, employment, health, education, access to services, crime and housing. The Index's data zones assign a ranking from 1, most deprived to 6,505 being the least deprived.

The respective neighbourhood data zones range from 1,294 up to 6,292 with an average of 4,969, which places the neighbourhood within the 25% least deprived or most affluent areas in Scotland. He added that the four closest data zones to the retail park provided a

range between 5,981 – 6,292 with an average of 6,112, which places this area in the top 6% most affluent in Scotland. He identified two data zones which brought this average down, which was identified as the Auchinairn area, which has its own pharmacy and GP practice and the least likely to access the retail park as they were 1½ miles away.

Mr Green said that social environment and economic status have a significant influence on health, evident in Bishopbriggs with much of the older population remaining very health and active, still driving and generally spending their day on the golf course or bowling green. A drive around the streets of Bishopbriggs confirms this picture reflected by the statistics. He added that this was an affluent neighbourhood, most households having not one car but two cars, so if the town centre cannot be accessed by foot, most will have access to a car to drive.

Mr Green referred to the applicants suggestion that the town centre is congested, which he accepted can become congested during the morning rush hour of 8:00am to 9:00am and in the afternoon between 5:00pm to 6:00pm. He said that this was due to Kirkintilloch Road being one of the main routes from North of Glasgow into the city. It contributed very little, if at all, to impairing access to pharmaceutical services located in the town centre.

Mr Green said that the applicant had mentioned that car parking was a particular issue in the town centre however, 216 spaces were allocated to Morrison's, which has a pharmacy. He said there were a further 142 spaces of 3 hours parking available on the top deck of the car park. In addition, there 61 spaces available behind the Bishop's Gate flats and 13 behind the library, which made a total of 432 spaces available. He said that he had never experienced any difficulty in parking when he visited the town centre.

Mr Green referred to the application which proposes that the retail park attracts large numbers of visitors and that their expectation would be to access NHS Pharmaceutical Services there. He said that he expected the Committee had visited the retail park and would have noticed that the vast majority of outlets were do-it-yourself or home ware outlets with the exception of Marks & Spencer. He believed that the Marks & Spencer inclusion has occurred by chance, as the retail park was never intended to affect the town centre, which resulted in the retail park offering a limited range of outlets. Mr Green added that he had never experienced the retail park busy and it never crossed his mind that a pharmacy was needed.

Mr Green said that residents of Bishopbriggs and surrounding towns valued their town centres as can be clearly established from the contributions received from community representatives. He added that retail parks are a value to the community if they provide additional services, which should complement a town centre to enhance a neighbourhood and not threaten or compromise a town centre's services.

Mr Green stated that he owns two pharmacies in the neighbourhood, JF Forbes Pharmacy and Auchinairn Pharmacy. He said that the population statistics suggest that numbers of prescription dispensed by each pharmacy are not excessive. For JF Forbes Pharmacy, he said they currently dispense less than 2,000 items per month. He said that although dispensing volume will eventually be replaced by capitation, it is still a proxy for future remuneration. Therefore, any slight reduction in currently dispensing by the granting of the application would make the pharmacy no longer viable and he would need to consider

closure.

Mr Green advised that the pharmacy had undergone a full refit last September to improve facilities to patients. Recently he had advertised a comprehensive collection and delivery service for which he has a dedicated van and driver within Bishopbriggs and the surrounding areas. He added that should the applicant consider to relocate his current town centre pharmacy to the retail park, JF Forbes Pharmacy would be able to cope with any increase in demand.

Mr Green suggested that for patients who needed to travel for pharmaceutical services it made little difference to the journey whether you travel to the retail park or the town centre. The retail park was on the extreme northern outskirts of Bishopbriggs and most patients would have car access. He said that the applicant's defined neighbourhood was the villages of Cadder and Jellyhill, which were both on the north west side of the Kirkintilloch Road. He drew to the Committee's attention that from Jellyhill to the Torrance roundabout, there was no continuous footpath on the eastern side. Furthermore, Kirkintilloch Road was hazardous for a large part of the neighbourhood needed to cross it.

Mr Green stated that the applicant had defined the neighbourhood's southern boundary as the railway line and demographics. Although the housing type might be different on South Crosshill Road he stated that this was the same housing type which could be found in Jellyhill. This housing type was consistent across the applicant's neighbourhood. He added that there are no 'villages' of Jellyhill and Cadder as there were no amenities which provide them with a separate identity from Bishopbriggs and if you told the residents of these areas that they lived in Jellyhill or Cadder village, they would not know what you were talking about.

Mr Green advised that public transport through Bishopbriggs, if required, was frequent and easily accessible. He said that as Kirkintilloch Road was a main commuter route into the city, buses passed every few minutes with bus stops being found at approximately quarter mile intervals.

Mr Green referred to the application which proposed to offer extended hours for a pharmacy in the retail park but pointed out that Bishopbriggs was already well provided with a pharmacy as Morrison's opened seven days a week with opening hours: Monday to Saturday 8:30am to 8:00pm; Sunday 9:00am to 7:00pm. In addition, Asda at Robroyston also opened seven days a week with opening hours: Monday to Friday 8:00am to 10:00pm; Saturday 8:00am to 8:00pm and Sunday 9:00am to 7:00pm.

Mr Green summarised by saying the applicant had failed to establish their identified area as a neighbourhood. There were sufficiently adequate pharmaceutical services already established within the neighbourhood of Bishopbriggs and neighbouring areas, to cater for the size of the population and its relative health needs. He added that the applicant had not demonstrated any inadequacy in existing service provision of which they were a part of and if they truly believed there was an unmet need within their defined neighbourhood, they should consider relocation. Mr Green therefore proposed that the Committee find the application neither necessary or desirable.

The Applicant Questions the Interested Party

In response to questioning from **the Applicant**, Mr Green confirmed that there were three pharmacies within Bishopbriggs town centre, one in Auchinairn and Woodhill Roads.

The meeting is adjourned at 3:30pm for a comfort break and Councillor McNair (Observer) leaves. The meeting is reconvened at 3:40pm.

In response to further questioning from the Applicant, Mr Green confirmed that Balornock was outside his defined neighbourhood as this could not be accessed from Auchinairn Road.

In response to a further question from the Applicant regarding car parking spaces, Mr Green stated that there were 432 spaces available within the Bishopbriggs Triangle Centre and in his experience there had never been a problem parking there.

In response to a further question from the Applicant, Mr Green stated that Bishopbriggs town centre was at the heart of the neighbourhood and was well connected to its constituent parts.

In response to further questioning from the Applicant around Kirkintilloch Road, Mr Green stated that this was an arterial road into and out of the city and as such different from Colston Road.

In response to further questioning from the Applicant, Mr Green stated that residents from Kincardine Drive, which was off Auchinairn Road, and residents from Teviot Avenue would both consider they lived in Bishopbriggs.

In response to a further question from the Applicant concerning bus service access, Mr Green said that Bishopbriggs was very well served with bus services.

In response to a further question from the Applicant concerning the retail park containing principally do-it-yourself stores, had the recent opening of the Marks & Spencer store changed his view. Mr Green agreed that the function of the retail park had now changed but did not believe this altered the nature of the park or North Bishopbriggs and there had always been an Asda in that area.

In response to final questioning from the Applicant, Mr Green was aware there were limited vacant units within the retail park and he would be surprised if Matalan did intend to open and that Next were also seeking premises.

There were no questions to Mr Green from the other interested parties.

The PPC Question the Interested Party

In response to questioning from **Mr MacIntyre**, Mr Green advised that buses ran every four to eight minutes with the travel time from the retail park to the town centre being approximately ten minutes.

In response to final questioning from Mr MacIntyre regarding methadone services, Mr

Green advised that his Auchinairn Pharmacy had less than five patients and JF Forbes Pharmacy had less than six. He said that these pharmacies were willing to take on more patients if the demand increased.

In response to questioning from **Mr Irvine** concerning where the footfall originated from for his Bishopbriggs pharmacy, Mr Green advised this was mainly from the population in the north west of Bishopbriggs and the medical practices from the town centre.

In response to questioning from **Professor McNulty** around the potential benefits to be gained by patients from a pharmacy in the retail park, Mr Green said he would agree if it did not compromise other pharmacies within the area. He reminded Professor McNulty that this was a very affluent area with health needs less than in a poorer area and that there was good access to transport.

In response to a final question from Professor McNulty, Mr Green said that he was not aware of the dispensing volumes in the other town centre pharmacies but if one did go out of business there would be no loss of service adequacy in the neighbourhood but it would result in the existing pharmacies being busier.

In response to a question from **Mr Reid**, Mr Green said he suspected that a resident of Auchinairn would say that they were from Bishopbriggs as this a more attractive post code.

There were no questions to Mr Green from Mr Thomson, and Professor McKie.

The Interested Party's Case, Mr Houlihan Torrance Pharmacy

Mr Houlihan said that Torrance was a village adjacent to the one proposed by the applicant. If this application was granted it was likely that it would have a detrimental effect on his pharmacy. Torrance, he pointed out was a true village as opposed to the suggestion that Jellyhill and Cadder were villages. The pharmacy supported the local Post Office by co-sharing of premises.

Mr Houlihan referred to the applicants estimate that the new pharmacy would dispense around 4,000 prescriptions a month. This would impact on existing pharmacies and any small change would make a significant difference to a pharmacy. He said that his pharmacy had a low dispensing volume and therefore any decrease may affect viability.

Mr Houlihan recognised that the Torrance Pharmacy premises required investment to provide disable access.

Mr Houlihan supported the other issues raised by Mr Green and thanked the Committee for the opportunity to present his case.

The Applicant Questions the Interested Party

In response to a question from **the Applicant** regarding where 'detrimental effect' appear within the Regulations, Mr Houlihan answered by stating that a reduction in dispensing volume would have an effect on viability.

In response to a further question from the Applicant concerning the possibility of the new pharmacy achieving 4,000 monthly dispensed items would this suggest that people had chosen his pharmacy rather than the Torrance Pharmacy? Mr Houlihan was unable to answer this question.

In response to a final question from the Applicant, Mr Houlihan said that 50% to 60% of the Torrance Pharmacy dispensing business did come from the neighbourhood which the applicant had defined.

There were no questions to Mr Houlihan from the other interested parties.

The PPC Question the Interested Party

In response to questions from **Mr Reid**, Mr Houlihan said that approval of this application would be an inconvenience to the Torrance Pharmacy, which may affect the support which it provided to the local Post Office. He also clarified that the population of Torrance was 2,500.

In response to a question from **Professor McNulty**, Mr Houlihan accepted that the proposed longer opening hours may be convenient to village patients but he believed they would also wish to support their community.

In response to a final question from Professor McNulty, Mr Houlihan confirmed that the Torrance Pharmacy provided oxygen services but was unable to confirm how many patients they currently had.

In response to a question from **Mr Irvine** on the Torrance village demographics, Mr Houlihan advised that it was a very affluent population, a high percentage of elderly and little demand for methadone services.

In response a question from **Mr MacIntyre**, Mr Houlihan said he expected this pharmacy would lose patients from both the village and the north side of Bishopbriggs if the application was granted.

There were no questions to Mr Houlihan from Mr Thomson, and Professor McKie.

The Interested Party's Case, Mr Frame, Wm Morrison Pharmacy

Mr Frame advised that Morrison Pharmacy was open: Monday to Friday between hours of 8:30am to 8:00pm; Saturday between 8:00am to 8:00pm and on Sunday 9:00am to 7:00pm. The pharmacy offered a full range of pharmaceutical services and generally had two pharmacists on duty at any given time and on occasions, three. A collection service was available from all surgeries and there was good bus access to this location. In 2006, the population was 23, 300 and the pharmacy was part of the fabric of daily life.

Mr Frame said he believed the applicant's neighbourhood was contrived to exclude existing pharmacies. There were no major access barriers within Bishopbriggs and most customers would use the pharmaceutical services available from within the town centre.

Mr Frame said that he agreed with the neighbourhood previously defined by Area Pharmaceutical Committee CP Subcommittee as follows:

North: the canal;

West: open ground;

East: open ground;

South: follow railway line down to Springburn Road at Auchinairn Road cross Colston Road up open ground on east of Ashgill Road.

Mr Frame said that car ownership was higher than the national average, there was a good bus service and transport links. Road and paths were well maintained and there was very little gradient between the town centre and the retail park.

Mr Frame advised that there were three pharmacies serving the neighbourhood population. All offered core and additional services with Morrison's pharmacy providing extended hours. He was not aware of any patient complaints about the service provision and he noted that patients would still need to travel to access services at the retail park.

Mr Frame summarised by saying that this was a contrived application, existing pharmacies offered all services, patient access was excellent and there had been no complaints. He said that this application was convenient and not necessary or desirable.

The Applicant Questions the Interested Party

In response to a question from **the Applicant**, Mr Frame said he believed that the population access the town centre for their daily life needs not just to access the medical centres.

In response to a final question from **the Applicant**, Mr Frame said he believed that the majority of patients using the Morrison pharmacy came from the Bishopbriggs area.

There were no questions to Mr Frame from the other interested parties.

The PPC Question the Interested Party

In response to a question from **Mr MacIntyre** about the demand for methadone services, Mr Frame said there was not much demand due to it being an affluent area.

In response to a question from **Mr Irvine**, Mr Frame was unable to clarify pharmacist staffing levels on specific days as this was dependent on the shop's whole business, which was defined on the work force planner.

In response to a question from **Professor McKie**, Mr Frame clarified that the lower car park was reserved for Morrison customers only. He said there was a sign to inform car drivers accordingly.

There were no questions to Mr Frame from Mr MacIntyre, Mr Thomson and Professor McNulty.

The Interested Party's Case, Ms Twaddle Woodhill Pharmacy

Ms Twaddle stated that Cadder and Jellyhill were not neighbourhoods but were part of Bishopbriggs and as such pharmaceutical services for these areas were provided by existing pharmacies within Bishopbriggs. She said there was not a distinct community of Cadder, having no town centre or post office and a retail park does not make a community.

Ms Twaddle referred to the application that stated that residents in the Cadder/Jellyhill part of Bishopbriggs had no option but to access pharmacies in the congested town centre but fails to mention her own pharmacy at Woodhill and the Auchinairn Pharmacy which is also not within the town centre.

Ms Twaddle said that current pharmaceutical provision in Bishopbriggs was adequate with no recent increase in housing to affect demand. She believed that the granting of an additional NHS contract within Bishopbriggs would adversely affect the income of the existing pharmacies. She therefore considered this application neither necessary nor desirable.

There were no questions to Ms Twaddle from the Applicant.

The PPC Question the Interested Party

In response a question from **Mr Thomson**, Ms Twaddle advised that she planned to make improvement to the consultation room by improving the soundproofing.

In response to questions from **Mr Irvine**, Ms Twaddle advised that she had opened the pharmacy 17 years ago. Most of the pharmacy's prescription volume came from the Cadder area, south of the canal. She also said a proportion of people call into her pharmacy after visiting the Auchinairn surgery on their way home.

There were no questions to Ms Twaddle from Mr MacIntyre, Professor McKie and Professor McNulty.

Summing Up

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

Ms Twaddle said that the applicant had defined a contrived neighbourhood to avoid current pharmacies. There was no demand for another pharmacy and therefore this application was neither necessary or desirable.

Mr Frame said that the applicant had clearly contrived a neighbourhood to exclude the exiting three pharmacies within the town centre. Another pharmacy was not necessary or desirable and therefore the Committee should reject this application.

Mr Houlihan asked the Committee to take into consideration the effect this application would have on his pharmacy in the adjacent area of Torrance.

Mr Green said that the Applicant had failed to establish a neighbourhood for Bishopbriggs. This was an affluent area with good transport links and access. An additional pharmacy on the edge of the town did not offer any new services but did threaten existing pharmaceutical services. Mr Green therefore asked the Committee to reject the application as it was neither necessary or desirable.

Mr Tait said that he had never come across a single neighbourhood as big as that being suggested by the interested parties. He believed his defined neighbourhood defined was more robust than the other neighbourhoods suggested which was not contrived. He believed that the potential loss of business by the other pharmacies was being over stated and he did not expect there to be any affect on viability

Mr Tait said that the effects of 'open consent' in the retail park will be felt by all. With no pharmacy in the retail park, the residents from the northern part of Bishopbriggs will continue to have to travel to the town centre to access a pharmacy. He believed his argument was sound and there was support for the proposed pharmacy. He therefore believed that this application would benefit the general population and was both necessary and desirable to provided pharmaceutical services within the defined neighbourhood.

Before the Applicant left the hearing, the Chair asked Mr Green, Mr Houlihan, Mr Fraser and Ms Twaddle to confirm that they had had a full and fair hearing. Confirmation was received by all but Mr Green said that although he accepted that he had had received a full hearing today questioned if he had had a fair hearing. Mr Green referred to the previous meeting scheduled to hear this application at which the Applicant had failed to attend. Mr Green further questioned whether the process would have been suspended if any of the interested parties had been unable to attend this hearing and if not then, it was not fair. The Chair responded that the Committee, at the previous meeting had taken advice from the Central Legal Office and that that advice was to the effect that proceeding with the hearing in the absence of the applicant may be deemed to be unsafe and that it was for that reason that the meeting had been postponed until today.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
- Colin Fergusson Pharmacy – 227 Wallacewell Road, Balornock G21;

- Milton Pharmacy – 137 Scaraway Street, Milton G22;
- Woodhill Pharmacy – 168 Woodhill Road, Bishopbriggs G64;
- Auchinairn Pharmacy – 167 Auchinairn Pharmacy, Bishopbriggs G64;
- JF Forbes, 193 Kirkintilloch Road, Bishopbriggs G64;
- Boots UK Ltd – 3 The Triangle, Bishopbriggs G64;
- Morrison's Pharmacy – the Triangle Centre, Bishopbriggs G64 and
- Torrance Pharmacy, 63-65 Main Street, Torrance G64.

- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Committee, CP 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) - Kirkintilloch Herald & Strathkelvin Advertiser and Bishopbriggs Herald (advert run on Wednesday 3rd March 2010) – six responses received;
- e) - East Dunbartonshire CHP – no response received
- f) The following community councils - four responses received:

Milton of Campsie;
Lenzie
East Dunbartonshire
Bishopbriggs
Baldernock
Kirkintilloch
Torrance

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 G64.1, G64.2 and G64.4;
- j) Information from East Dunbartonshire Council, Road and Neighbourhood Services regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises.

DECISION

Having considered the evidence presented and the observations from the Committee's

site visit, the PPC had to decide firstly on the question of neighbourhood in which the premises referred to in the application were located.

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, and the Area Pharmaceutical Committee, CP Subcommittee in relation to the application. The Committee agreed with the definition made by Mr Green and therefore considered that the neighbourhood should be defined as follows:

East: east side Ashgill Road running north to Scaraway Street, across open country to Kenmure Farm, the Forth & Clyde Canal and along the canal to Cadder Road and across open country to the A807 and A803 roundabout;
North: A807 and A803 roundabout west along Kirkintilloch Road;
West: south across open country down Crosshill Road and across open country to the west of HMP Low Moss until Auchinairn Road;
South: along Auchinairn Road travelling west, along Colston Road across Kirkintilloch Road to Ashgill Road.

The Committee agreed that the housing to the south of Colston Road and the west side of Ashgill Road demarked a different neighbourhood. The open country across the Bishopbriggs golf course was considered a boundary and the Forth & Clyde canal was a significant physical boundary. The open countryside up to the Kirkintilloch roundabout (A803 & A807) was also deemed a boundary. The roundabout itself was also recognised as a physical boundary due to the significant volume of traffic passing through. Kirkintilloch Road was a main trunk road. South of the Kirkintilloch Road passing Low Moss prison, the open country side also was identified as a boundary down to the Auchinairn Road. The Auchinairn Road was a main trunk road linking Lenzie with Bishopbriggs.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were four pharmacies. These pharmacies provided pharmaceutical services including core and supplementary services. The Committee considered that the level of existing services provided allowed satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee noted that demand for methadone services within the neighbourhood was low. The Committee therefore considered that the existing pharmaceutical services available within the neighbourhood were adequate.

The Committee was satisfied that no evidence had been presented 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.

The Committee noted:

- The neighbourhood was very affluent and had low health issues.

- There was good road access to the town centre from within the neighbourhood, the public transport service was frequent and there was high level of car ownership.
- Two pharmacies had recently undergone refits to a high standard and were now benefiting from increasing patient activity.
- The convenience of the town centre pharmacies to the medical centres.

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 Mr 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.

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

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/27 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:

- Kasim Gulzar Ltd, 10 Cromdale Road, Port Glasgow PA14 6LP
- Sanjay Majhu, 11 Millersneuk Shopping Centre, Lenzie G66 5JD

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

The Committee having previously been circulated with Paper 2010/28 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

Change of Ownership

Case No: PPC/CO09/2010 – Sinclair Pharmacy Ltd, 310 Dumbarton Road, Old Kilpatrick G60 5LW

The Board had received an application from Lightburn Pharmacy Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Sinclair Pharmacy Ltd at the

above address. The change of ownership was effective from 1st October 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 .

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. APPLICATION TO AMEND MODEL HOURS OF SERVICE

The Committee having previously been circulated with Paper 2010/29 noted the contents:

Case No: PPC/ALT/01/2010 – Rowlands Pharmacy, 144 Balmore Road, Glasgow G22 6LJ

The Committee considered the application from Rowlands Pharmacy to extend their hours of service on Saturdays from 9:00am -12:30pm to 8:30am - 12:30pm.

The Committee noted that Area Pharmaceutical Committee, CP Subcommittee had considered this application and noted that the proposed new opening hours would still mean the contractor was not complying with Saturday model hours for opening, which was 9.00am to 1:00pm. The CP Subcommittee however, acknowledged that as opening hours were proposed to be changed to 8:30am they had no objection to this change of opening times on a Saturday.

The Committee supported the views of the CP Subcommittee and therefore approved Rowlands Pharmacy application to extend their Saturday opening hours.

APPROVED/-

8. PROVISION OF SERVICES OVER FESTIVE PERIOD 2010/11

The Committee having previously been circulated with paper 2010/30 noted the contents which gave details of proposed service provision over the coming Christmas and New Year period by the following contractors:

Wm Morrison Pharmacy at: 900 Crow Road, Anniesland G13 1JD; 117 Riverford Road, Newlands G43 1PU; The Triangle, Kirkintilloch Road, Bishopsbriggs G64 and Ravenswood Road, Baillieston G69 7HU.

Asda Stores Ltd at: 1 Monument Drive, Robroyston G33 1AD; The Forge Centre, Parkhead G31 5AD and Phoenix Retail Park, Linwood PA1 2AB

The Committee accepted pharmacies closing on the public holiday days however they noted that Wm Morrison had applied to close at 5:00pm on Christmas Eve and Hogmanay. These were both normal service days and contractors were expected to comply with model hours.

Following discussions with Mr Fraser Frame, Morrison's Pharmacy, the application was amended to indicate that Morrison's would seek to close from 5.30pm on both dates. Consequently the Committee approved this request on this understanding

**Deputy Lead
- Community
Pharmacy
Development**

9. PPC DATES FOR 2011

The Committee having previously been circulated with paper 2010/31, supported the proposal to establish a diary of PPC meeting dates over the coming calendar year. The Committee recognised this would improve future meeting arrangements and requested that two meetings a month should be planned on the Thursdays of week one and three of the month. The Secretariat was asked to revise the paper and re-present it to the Committee for final approval.

**Contracts
Supervisor**

10. ANY OTHER COMPETENT BUSINESS

There were no matters raised.

11. DATE OF NEXT MEETING

Thursday 4th November 2010.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (08)

Minutes of a Meeting held on
Thursday 4th November 2010 in
The Eagle Lodge, 2 Hilton Road, Bishopbriggs
Glasgow G64 2PN

PRESENT:

Dr Catherine Benton	Vice Chair
Mrs Maura Lynch	Lay Member
Mr William Reid	Deputy Lay Member
Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
Mr Gordon Dykes	Contractor Pharmacist Member

IN ATTENDANCE:

Trish Cawley	Community Pharmacy Development Supervisor
Richard Duke	Contracts Manager – Community Pharmacy Development
Councillor William O'Rourke	Deputy Lay Member - observing
David Thomson	Deputy Lead - Community Pharmacy Development

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

ACTION

The Chair firstly welcomed Councillor William O'Rourke, new Deputy Lay Member to his first Pharmacy Practices Committee. Councillor O'Rourke was attending as an observer only.

1. APOLOGIES

There were no apologies

2. Section 1 – Applications Under Regulation 5 (10)

Case No: PPC/INCL05/2010

Mr Sanjay Majhu, Unit F, Lomond Drive, Bishopbriggs, Glasgow, G64 3BY

The Committee was asked to consider an application submitted by Mr Sanjay Majhu to provide pharmaceutical services from premises situated at Unit F, Lomond Drive, Bishopbriggs, Glasgow, G64 3BY 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 Sanjay Majhu 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 Sanjay Majhu (“the Applicant”), assisted by Mr Harminder Shergill. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Martin Green (Milton, Auchinairn and JF Forbes Pharmacies) and Mr Fraser Frame (Wm Morrison Pharmacy) (“the Interested Parties”).

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: **Kirkintilloch Road, Meadowburn, Hilton Road, Springburn Drive, Lomond Drive, The Triangle Centre and surrounding shops within Bishopbriggs, Springfield Road, Menteith Avenue, Woodhill Road, West Cleddens Road, the railway line and South Crosshill Road.**

The Committee noted that the premises were constructed and the pharmacy had been fitted out sufficiently to gain registration with the General Pharmaceutical Council but was not open for services to the general public.

The Chair addressed those attending and asked for their confirmation that their status was not as a counsel, solicitor or a paid advocate. All attending confirmed that their status had not changed.

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. The Interested Parties were then asked to make their submission in turn. There followed the opportunity for the Applicant and the PPC to ask questions of each of the Interested Parties. Finally, the Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant’s Case

Mr Majhu commenced his presentation by thanking the Committee for inviting him to attend the hearing and to present his case to open a pharmacy at Unit F, Lomond Drive, Bishopbriggs.

Mr Majhu asked the Committee to consider the application with regards to the legal test and referred the Committee and the Interested Parties to the map of his defined neighbourhood.

The Chair advised Mr Majhu the map had not been made available to anyone prior to this hearing and after discussions around the table, the map was copied and distributed to the Committee and Interested Parties.

Thereafter Mr Majhu continued to describe his defined neighbourhood within the following boundaries:-

North: going along the Forth and Clyde Canal;

West: going south along the Bishopbriggs Burn;

South: across Kirkintilloch Road, along South Crosshill Road and along Wester Cleddens Road until the railway line.

East: following the railway line and along Westerhill Road, including High Moss Industrial Estate

North: crossing Kirkintilloch Road and along Cadder Road until it meets the Forth and Clyde Canal.

Mr Majhu stated that present in the immediate vicinity there was: a newsagent, a chip shop, an off licence, a grocery shop, a hairdressers and a post box. He advised that there was ample free on-street parking available close to the premises and that these shops were used by the residents of his neighbourhood as part of their daily business. He added that this neighbourhood also included four primary schools, a sports centre, a church and the premises where this meeting was being held, the Eagle Lodge Hotel.

Mr Majhu went on to discuss the existing pharmaceutical services and the adequacy of current provision to the neighbourhood. He noted that Boots had applied for NHS services at their premises in the Strathkelvin Retail Park and he had purposely left this area out from his neighbourhood as he believed the visitors to the park will not be local, and would not affect the services within Bishopbriggs. He believed that the patients in his neighbourhood would not visit the park for their pharmaceutical needs, which was supported by: Bishopbriggs Community Council Planning and Special Projects Convener and David Whitton, MSP.

Mr Majhu explained to the Committee the nearest existing pharmacies were located 1 mile away in the Bishopbriggs town centre, namely: JF Forbes, Boots and Morrisons. He explained that parking was a continuing problem for patients visiting these chemists. He explained that Morrison's customers had specific ground floor access to the Triangle car park. Residents visiting JF Forbes and Boots pharmacies were required to park on the upper level of this car park which was more difficult for their customers. He also advised of a car park at the end of Kenmure Drive, which was busy and the walk up to the Triangle shopping area was uphill and unsuitable for the disabled and elderly. Mr Majhu stated the Council have attempted to make this an easier journey; however it was still an uphill struggle.

Mr Majhu advised the level of pollution caused by the high volume of traffic was also a big issue for the Bishopbriggs town centre. He advised that this area had been highlighted as one of the worst in Scotland and he understood the Council were looking at options to combat this issue. He added that the creation of a new large superstore in the town centre currently being planned, would only add to traffic and parking problems, which would further impede on accessibility to the existing pharmaceutical provision.

Mr Majhu advised that the GP practice at Hilton Terrace, which was close to his proposed premises. This practice was a branch surgery of Auchinairn Medical Practice and they had recently decided to reduce their opening hours to mornings only. He explained that this reduced the availability of medical services within the neighbourhood and therefore the presence of a pharmacy was even more important to the neighbourhood's residents, particular with the Minor Ailment and Chronic Medication Services now available.

Mr Majhu said he was aware that the Local Councillor had spoken to some of her constituents about his application and had found that she supported the view that this application was necessary and desirable to the neighbourhood and that a prescription delivery service was no substitute for face to face contact with a pharmacist.

Mr Majhu said the award of this contract would secure patient access to the provision of both current and future pharmaceutical services if the Committee takes into consideration the changes in pharmaceutical practice over recent years through the introduction of Minor Aliment Service, Chronic Medication Service, Public Health Service and the generally expanding role of the pharmacist.

Mr Majhu explained he planned to open a modern looking pharmacy in keeping with his other NHS contracted pharmacies, which would provide comprehensive pharmaceutical services covering all aspects of the Pharmacy Contract. He listed the specific services to be provided as: dispensing of NHS prescriptions; Private and Veterinary prescriptions; advice and consultations; Emergency Hormonal Contraception, Nicotine Replacement Therapy, Minor Aliment Service, Public Health Service, Screening for diabetes, blood pressure reading, cholesterol testing, health promotion, stoma appliances, methadone supervision and weekly dossette tray filling.

Mr Majhu summarised his case by stating that since the pharmaceutical service to the population within the neighbourhood was not adequate, the question was, is it necessary or desirable to grant the application in order to make the services adequate. He pointed out that it was a different question from, was it convenient as could be argued it was always convenient to have a pharmacy on the population's doorstep. He did however; believe it was necessary to grant this application in order for the pharmaceutical services in the neighbourhood to be considered adequate. Accordingly, he asked the Committee to approve the application.

The Interested Parties Question the Applicant

In response to questions from **Mr Green** regarding the southern boundary of his neighbourhood, Mr Majhu advised that South Crosshill Road was defined as this was a boundary for traffic who wished to avoid the town centre congestion.

In response to further questions from Mr Green, the Applicant advised that there were four primary schools in the neighbourhood: Balmuildy; West Cleddens; St Mathews and Meadowburn. He agreed that the secondary school, Thomas Muir was not in the neighbourhood.

In response to an additional question from Mr Green, Mr Majhu said that he did not believe

that the gradient from Hilton Road to Lomond Drive was as steep as the hill at the car park at the back of Bishopsgate.

In response to a further question from Mr Green, Mr Majhu said that he understood the new supermarket in the town centre would have 500 additional car parking spaces, which would mean more cars using the Kirkintilloch Road and therefore increased congestion.

In response to a question from Mr Green on methadone services, the Applicant said that he did not believe there would be much demand for the service, he would need to provide it but did understand residents concerns.

In response to further questions from Mr Green, Mr Majhu confirmed that his defined neighbourhood did not have a publically recognised name as a specific area but the sports centre within the neighbourhood was known as Bishopbriggs Sports Centre.

In response to a series of questions from Mr Green about the neighbourhood shops, Mr Majhu advised there was a newsagent, off licence and grocer offering a full retail experience to satisfy resident's daily needs. He recognised that Asda was within his neighbourhood, and a much bigger store, but the local shops provided an easy access to the Lomond Drive area community. He did not agree that Asda would be more convenient and that most residents of the neighbourhood needed to pass Asda to get to Lomond Drive. He also believed that 80% of residents from the Meadowburn area would use this parade of shops.

In response to questions from **Mr Fraser** about the Applicant's southern neighbourhood boundary, Mr Majhu clarified that this had been chosen because of the town centre's major traffic congestion issues. He did not agree with the railway line as the southern boundary defined by Area Pharmaceutical Committee, CP Subcommittee.

In response to a series of questions from Mr Fraser, Mr Majhu advised that there were no dedicated car parking spaces outside his proposed pharmacy but he added there were 6 spaces immediately in front of the parade of shops with ample additional spaces for 25 to 30 cars in and around surrounding streets. He confirmed there were no dedicated spaces for the disabled or parent and child.

In response to further questions from Mr Fraser, the Applicant said he was not aware that there had been any complaints concerning the inadequacy of current pharmaceutical services provided by the existing pharmacies within the area. However, he believed residents wished to have a pharmacy in this parade of shops because some had problems travelling into the town centre to access services.

In response to a question from Mr Fraser, Mr Majhu said he suspected that the majority of the neighbourhood's residents currently shopped in either Asda or at the town centre.

In response to further questions from Mr Fraser, Mr Majhu confirmed that the proposed pharmacies opening hours would be 9am to 6pm – Monday to Saturday. He suspected that outside these hours, residents may use the pharmacy facility in Morrisons.

In response to a final question from Mr Fraser, Mr Majhu accepted that congestion was not

part of the legal test but it was an important consideration to take into account.

The PPC Question the Applicant

In response to questions from **Mr Reid**, Mr Majhu advised that there were between 4,000 to 4,500 residents within his defined neighbourhood, which had been identified from statistics that estimated the Bishopbriggs population at 23,000.

In response to a further question from Mr Reid, the Applicant accepted that the town centre was acceptable once you had got there but the problems were dealing with the congestion to get there.

In response to a question from Mr Reid about the possible viability effect on existing pharmacies, Mr Majhu said that there may be minor changes to prescriptions numbers but pointed out that patients also visited a pharmacy for other healthcare services like the Minor Aliment Service.

In response to final questions from Mr Reid, Mr Majhu said that he did not accept that residents from his neighbourhood would say they came from Bishopbriggs, he believed that they would refer to the street names where they lived.

In response to questions from **Mrs Lynch**, Mr Majhu advised his application was made because he believed that the residents of the neighbourhood were finding it increasingly difficult to access services. Although 70% of the population had access to a car their journeys were getting more difficulty as the traffic congestion was getting worse, which he said was the same for the remaining 30% who had no cars.

In response to final questions from Mrs Lynch, Mr Majhu explained that the pharmacy would be fully refitted before opening, which would offer state of the art facilities to customers. Methadone services would be offered as this was part of the Pharmacy Contract but he did not think there would be much demand for it.

Mr Thomson intervened at this point to clarify that Methadone supervision was not part of the Pharmacy Contract but was an Additional Service, which required separate authorisation.

In response to questions from **Mrs Roberts**, Mr Majhu advised that Asda did not offer pharmaceutical services. He believed customers had mixed views over accessing these services from a supermarket or from an independent pharmacy, some liked them and others preferred a pharmacy.

In response to questions from **Mr Dykes** concerning possible changes to traffic volumes following the opening of the Lenzie by-pass, Mr Majhu said he did not see this having any positive impact on the traffic using the Kirkintilloch Road as there was already an option to use the M80. He believed the congestion situation will get worse with the opening of the new supermarket.

In response to questions from **Dr Benton**, Mr Majhu confirmed that he intended to offer a collection and delivery service but stressed that it was more important to be able to provide

patients with a face to face service from a pharmacist.

In response to a further question from Dr Benton regarding the availability of bus services in the premises immediate area, Mr Majhu advised that there was a bus stop across from Lomond Drive on Balmuildy Road but he added there was bus stops all over the locality.

In response to a final question from Dr Benton, Mr Majhu said that he had believed that he was required to provide a supervised methadone service but now understood he would have to apply separately for authorisation. Consequently he could confirm that as the local population did not want it, he would not offer the service.

There were no questions to Mr Majhu from Mr Thomson.

The Interested Party's Case, Mr Frame Wm Morrison Pharmacy

Mr Frame thanked the Committee for the opportunity to present his case. He stated that this application was not necessary or desirable as there was no inadequacy of pharmaceutical services within Bishopbriggs.

Mr Frame said he agreed with the neighbourhood previously defined by Area Pharmaceutical Committee CP Subcommittee as follows:

North: the canal;

West: open ground;

East: open ground;

South: follow railway line down to Springburn Road at Auchinairn Road cross Colston Road up open ground on east of Ashgill Road.

Mr Frame said he believed the applicant's neighbourhood was contrived to exclude the three existing pharmacies in the town centre. There have been no significant population growth in Bishopbriggs and he disputed that the Kirkintilloch Road and South Crosshill Road were major barriers for the population in accessing pharmaceutical services available from the town centre.

Mr Frame stated that car ownership was higher than the national average and there were good bus services and transport links. Roads and paths were well maintained and the disabled, parent and children had easy access to the town centre. Commuting to access to services was easy.

Mr Frame said that the Applicant was not offering extended hours or a Sunday service and no different services from those currently available. He accepted that at times the town centre did suffer from a degree of congestion but pointed out that at the moment Morrisons had 216 dedicated parking spaces to their store and the upper car park had 140. He said that customers could park for up to 3hrs unlike the Applicant's proposed premises where there were no dedicated spaces.

Referring to the new supermarket, Mr Frame stated that the Applicant had intimated that this would add to the town centre's congestion problems however, as Mr Frame continued, the Council plans actually aim to ease traffic congestion.

Mr Frame said that there was no inadequacy of service from the five pharmacies within Bishopbriggs or in the ten pharmacies in the surrounding areas. He is not aware of any patient complaints and advised that all three pharmacies within the town centre provide excellent services.

Mr Frame stated Morrison Pharmacy was open: Monday to Friday between hours of 8:30am to 8:00pm; Saturday between 8:00am to 8:00pm and on Sunday 9:00am to 7:00pm. The pharmacy offered a full range of pharmaceutical services and a consultation room. Generally the pharmacy had two pharmacists on duty at any given time and a third on Fridays. A collection service was available from all surgeries and there was good bus access to this location. He said the public had to access the town centre as part of the fabric of their daily lives and this was not available in the shops next to Mr Majhu's proposed premises

Mr Frame ended by saying that this was a contrived application, existing pharmacies offered all services, there was good transport links therefore patient access was excellent and there were no complaints. The Applicant had not been able to show any inadequacy in the provision of existing services. He said that this was a 'convenient' application and therefore not necessary or desirable. He asked the Committee to reject the application.

The Applicant Questions the Interested Party

In response to questions from **the Applicant**, Mr Frame advised there was additional car parking space for 140 in the Triangle upper car park. He confirmed that he did not believe there to be any traffic congestion issues around the town centre.

In response to a further question from the Applicant, Mr Frame stated that if you asked any local resident if they wanted to have a pharmacy in their area they would say yes.

In response to a question from the Applicant concerning access to Morrison's pharmaceutical services by the disabled, elderly and those that do not drive, Mr Frame advised that it was possible to walk or to use the 'dial a bus' service which stops at Morrison's.

In response to a question from the Applicant about when the new supermarket will open, Mr Frame advised that this information was currently not available.

In response to a final question from the Applicant, Mr Frame restated that he did not agree with the argument that the town centre suffered from traffic congestion problems.

There were no questions to Mr Frame from the other interested party.

The PPC Question the Interested Party

In response to a question from **Mr Dykes**, Mr Frame advised that he had no knowledge of the numbers of customers who visited his pharmacy by foot.

In response to a question from Mr Dykes about the new supermarket, Mr Frame said that

Morrisons would be moving to the new store but he had no idea what would happen to the existing premises.

In response to a final question from Mr Dykes, Mr Frame stated that the current Morrison's dispensary was designed to meet safety standards and was appropriate for the staff working in the area. They successfully operated a work flow pattern within the dispensary .

In response to a question from **Mrs Roberts**, Mr Frame stated that his rationale for agreeing with the Area Pharmaceutical Committee, CP Subcommittee's southern boundary was that it was a natural boundary.

In response to a final question from Mrs Roberts on the location of the pharmacy within the store, Mr Frame said he believed the Morrison's pharmacy to be very accessible; customers came in through the main entrance and then followed the 'market street' towards the pharmacy.

In response to a question from **Mr Thomson** about the number of pharmacists deployed at any given time, Mr Frame advised that they were all full time employees with the second pharmacist commencing work at 11.00 on most days and the third pharmacist commencing duties at 1pm on a Friday.

In response to questions from **Mrs Lynch**, Mr Frame said that Morrisons used a dedicated manpower tool, which ensures there is sufficient staff in the pharmacy to meet demand. Monday and Tuesday there were less staff, more in Wednesday to Friday and levels decreased again at the weekend. He confirmed there were no capacity issues in the pharmacy.

In response to a final question from Mrs Lynch, Mr Frame accepted that residents of Lomond Drive may possibly wish to have a pharmacy in that parade of shops.

In response to a question from **Mr Reid**, Mr Frame confirmed that he had visited the parade of shops twice before the meeting and on both occasions he was unable to park his car.

There were no questions to Mr Frame from Dr Benton.

The Interested Party's Case, Mr Martin Green – Milton, Auchairn & JF Forbes Pharmacies

Mr Green defined the neighbourhood as follows:

North/north west: Forth & Clyde Canal, along Kirkintilloch Road to Torrance Roundabout;

Southeast: through open fields, crossing the railway line to Auchinairn Road;

South: Auchinairn Road travelling west crossing Kirkintilloch Road, continuing to Colston Road to its junction with Ashgill Road.

East: the east side of Ashgill Road to the bend with Scaraway Street, follow the council boundary between East Dunbartonshire and Glasgow north to Forth & Clyde Canal;

Mr Green stated these boundaries define the neighbourhood known as Bishopbriggs. He stated the town of Bishopbriggs is serviced by five existing pharmacies. He added that there were a further ten pharmacies in the neighbouring areas of Torrance, Lenzie, Milton, Springburn, Balornock and Robroyston. All of these pharmacies are accessible to and used by the population of Bishopbriggs.

Mr Green explained that from his analysis of the neighbourhood, using the Scottish Neighbourhood Statistics web site, he identified twenty eight data zones within the defined neighbourhood boundaries. From these statistics, he estimated a population figure of 23,995. He said that this was an attractive location for the working population with its close proximity to Glasgow city and as a threshold to the country. He noted that 60% of the population was of working age with approximately 20% pensionable age and a further 20% children and students.

Mr Green advised that the housing type within the area as classified by council banding places were: Band A 1.87%; Band B-C 22.6%; Band D-E 58.53%; Band F-H 17.54%.

Mr Green referred to the Scottish Index of Multiple Deprivation, a tool for assessing deprivation, which considers factors such as income, employment, health, education, access to services, crime and housing. The Index's data zones assign a ranking from 1, most deprived to 6,505 being the least deprived.

The respective neighbourhood data zones range from 1,294 up to 6,292 with an average of 4,969, which places the neighbourhood within the 25% least deprived or most affluent areas in Scotland. He added that the four closest data zones to the Applicant's proposed premises provided a range between 5,487 – 6,167 with an average of 5,909, which places this area in the top 10% most affluent in Scotland.

Mr Green said that social environment and economic status have a significant influence on health, evident in Bishopbriggs with much of the older population remaining very healthy and active, still driving and generally very able to enjoy their leisure time. A drive around the streets of Bishopbriggs confirms this picture reflected by the statistics. He added that this was an affluent neighbourhood, most households having not one car but two cars, so if the town centre cannot be accessed by foot, most will have access to a car to drive.

Mr Green stated he used the AA Route Planner testing the distance between the proposed site and his nearest pharmacy, JF Forbes Pharmacy on Kirkintilloch Road, which was 0.6 miles with a travelling time of 2 minutes by car. However, with a distance of just over ½ a mile it is not unreasonable to think that some may walk and the walking time between his pharmacy and the proposed site is approximately ten minutes, even for the elderly. He stated there is very little or no gradient between the two locations and there were also two pedestrian routes - a path through the park and at the tennis courts behind the Memorial Hall rather than following the road. Mr Green stated there is also a choice to go into the town centre or "village" as it is locally known, by bus. These are at approximately ten minute intervals along Kirkintilloch Road and bus stops are located at ¼ mile intervals along its length. There is also one bus service which drives down Balmuildy Road and back onto Kirkintilloch Road via Hilton Road which runs every ½ hour which shows that access to the town centre is far from difficult.

Mr Green said if the public choose to travel by car, there is ample parking with 216 spaces allocated to Morrison's, which has a pharmacy. He said there were a further 142 spaces of 3 hours parking available on the top deck of the car park for those using the wider shopping area. In addition, there are 61 spaces available behind the Bishop's Gate flats and 13 behind the library, which made a total of 432 spaces available. He said that he had never experienced any difficulty in parking when he visited the town centre.

Mr Green referred to the Applicant's suggestion the town centre is congested. He accepted it can become congested during the morning rush hour of 8:00am to 9:00am and in the afternoon between 5:00pm to 6:00pm. He said this was due to Kirkintilloch Road being one of the main routes from North of Glasgow into the city. It contributed very little, if at all, to impairing access to pharmaceutical services located in the town centre.

Mr Green stated the parade of shops on Lomond Drive offered a very limited range. There was a newsagent, a hairdresser, two small general stores, a chip shop and the vacant unit. Outwith the hairdresser and the chip shop, he believed the parade was mainly used for bread, milk, a paper and the occasional item that may have been forgotten from the actual shopping undertaken elsewhere. He said, there was no post office, bank or bakery and customers were unable to buy fresh produce. Only residents from the immediate streets around Lomond Drive actually use the shops. As soon as you travel a few streets back from Lomond Drive, it is noticed that other amenities are closer and are more appealing.

Mr Green advised the housing in the area was not new, with circumstances in the area having not changed recently. In fact he said that this area of Bishopbriggs had been developed some 50 years ago and with the natural barriers containing it, there is little or no chance of any further development.

Mr Green advised there was a GP surgery on Hilton Terrace which is a branch surgery for Auchinairn Medical Practice on Auchinairn Road. This surgery occupies a wooden hut which had been established around fifty years ago. The surgery offers one GP in the mornings only – 8.30am – 12.30pm on Monday and 9.00am – 12.30pm Tuesday to Friday with a capacity for 8 consultations each day. He said this building was of a temporary nature but has never been replaced with a more permanent structure, which is in desperate need of re-development. The opening times on the old notice board on the outside suggest the surgery was open all day and bares the names of all the practice's doctors; however in reality as the consultation hours have been cut back, only one doctor now consults.

Mr Green said the GP services in Bishopbriggs are currently being reviewed and there is a possibility they may be re-located with redevelopment of the town centre. It was his understanding the Auchinairn practice would welcome the opportunity to get out of the dilapidated site in Hilton Terrace if a favourable option to move to a new medical hub in the town centre materialised. He advised that his pharmacies collected from this surgery everyday at mid-day and completed prescriptions were available for collection or for delivery from early afternoon.

Mr Green stated that given the length of time the housing in the area has been in place and the satellite surgery has been running, if the pharmaceutical services were

inadequate, someone would have raised a complaint by now. He stated that he had never heard anyone complain despite having lived only a few streets away on Southesk Avenue for 30 years. He said this was a quiet, affluent, residential area which had been in place for a long time and although some of the residents in the streets around Lomond Drive might consider a pharmacy there to be more convenient, there will be just as many, if not more that will not want one on their doorstep in fear of it attracting undesirable traffic through the area.

Mr Green stated that he owned two of the five pharmacies providing services to Bishopbriggs. He said that the population statistics suggest that numbers of prescription dispensed by each pharmacy were not excessive. JF Forbes Pharmacy currently dispenses a relatively low volume of prescriptions and from the analysis of this pharmacy's P.M.R. data he said that he estimated that approximately 30% of his patients would come from this area of Bishopbriggs. Mr Green stated that he suspected that any decrease in patient numbers anywhere near this figure would be enough to render this pharmacy unviable and therefore he would need to consider closure.

Mr Green advised that the JF Forbes pharmacy had under gone a full refit last September so as to improve facilities to patients. In considering this application, he urged the panel to consider the impact that would be experienced by this pharmacy, which was just over ½ a mile away from the proposed site should the application be granted.

Mr Green summarised by saying that this application offers nothing more than convenient access for a limited number of streets within its immediate vicinity and therefore he respectfully requested that the Committee to find it neither necessary nor desirable.

The Applicant Questions the Interested Party

In response to a question from **the Applicant**, Mr Green agreed that his neighbourhood of 23,000 residents was a significant population.

In response to a series of questions from the Applicant regarding his neighbourhood boundaries, Mr Green advised that he had looked for physical boundaries and there were none within Bishopbriggs. He accepts the Kirkintilloch Road could be considered a barrier but as it provided good access throughout the neighbourhood, he discounted this as a barrier. He agreed the Forth & Clyde canal was a barrier but not the Bishopbriggs burn or the railway line, which was easily crossed.

In response to a question from the Applicant, Mr Green said that the Applicants neighbourhood did not have any defined identity and there was no restriction for residents to move to the parts of Bishopbriggs.

In response to further questions from the Applicant, Mr Green said he was aware of car parking problems outside the parade of shops where the premises were allocated. He said he believed that many of these spaces were filled by shop employees early in the morning and therefore offered little to no parking for anyone else. Additionally, he was aware there had been car parking complaints made by local residents.

In response to a further question from the Applicant about the location of the pharmacy

within the Morrison's store, Mr Green said he accepted his point that it was located at the back of the store.

In response to a further question from the Applicant, Mr Green estimated it would take a patient ten minutes to walk from Lomond Drive to JF Forbes pharmacy.

In response to a question from the Applicant, Mr Green said that he did not accept that the support for the application indicated an inadequacy of service provision. He believed the comments made were simply around convenience.

In response to a question from the Applicant, Mr Green advised that his definition of neighbourhood was based on his personal knowledge of the area after having lived in Bishopbriggs.

In response to further questions from the Applicant regarding the new supermarket, Mr Green said that only outline plans were available and no further plans were currently to hand. He expected the final plans would incorporate traffic considerations which would therefore ease any possible problems which the Applicant foresaw.

In response to a further question from the Applicant, Mr Green stated that the Auchinairn Medical Practice had no intention of relocating to a new medical centre but they would consider their branch surgery, if the opportunity were to arise.

In response to a final question from the Applicant, Mr Green said he accepted the MSP and counsellors views that it would be more convenient to have a pharmacy in Lomond Drive.

There were no questions to Mr Green from the other interested party.

The PPC Question the Interested Party

In response to questions from **Mrs Lynch**, Mr Green accepted the population of his neighbourhood was large but Bishopbriggs was one recognised and accepted community with its own schools.

In response to a series of questions from **Mrs Roberts**, Mr Green agreed the town centre was a central point, the hub of Bishopbriggs. Taking a radius from this point to the pharmacies on Woodhill Road, Auchinairn Road and Scaraway Street, he accepted that there was no pharmacy north of this hub but he added the streets in this area joined with the Kirkintilloch Road and therefore patients had easy access to the service available in the town centre.

In response to a question from **Mr Dykes**, Mr Green said it was not the role of the Committee to consider the rationale of how script volumes were distributed within Bishopbriggs but added that his pharmacies had the capacity to take on more.

In response to a question from **Dr Benton** concerning street parking outside JF Forbes Pharmacy, Mr Green advised that there was no street parking allowed.

In response to a final question from Dr Benton regarding disability access to JF Forbes Pharmacy, Mr Green advised that the step into the pharmacy was much higher before the recent refit. He had ordered a DDA compliant door and mobile ramp but these had not been delivered as yet.

There were no questions to Mr Green from Mr Reid and Mr Thomson.

Summing Up

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

Mr Fraser said the Applicant had clearly contrived a neighbourhood to exclude the existing three pharmacies within the town centre and believed the Applicant had not shown any inadequacy in the five pharmacies in the immediate area or from the ten in the surrounding area. He referred the Committee to the support given to the application from the Bishopbriggs Community Council and an MSP which merely supported the convenience of having another pharmacy but not the necessity of having one. He advised that all the core elements of the contract were currently provided by the pharmacies within the area with no inadequacy of service provision identified. There was ample car parking at Morrisons but noted there was no dedicated parking outside the proposed premises, which he believed could cause problems for the elderly, disabled, mothers and children. Mr Fraser said that another pharmacy in the neighbourhood was not necessary or desirable and therefore asked the Committee to reject the application.

Mr Green said the Applicant had failed to establish a well defined neighbourhood. The Applicant has failed to demonstrate inadequacy of service provision within that neighbourhood and his application was based entirely around convenience. An additional pharmacy in the area did not offer any new services but could threaten the viability of the existing pharmacies. Mr Green therefore asked the Committee to reject the application as it was neither necessary nor desirable.

Mr Majhu said the biggest issue raised by this application was around accessibility. He was of the opinion the traffic congestion in the area would get worse, which would be compounded once the new supermarket opened. He argued that customers visiting the Morrison's pharmacy had a long walk to the pharmacy even after parking their car due to its situ within the store. He pointed out that there were currently no pharmacies within the northern part of Bishopbriggs as defined in his neighbourhood. He requested the Committee listen and respect the views of the local Councillors and the supporting letter from Councillor Una Walker. Mr Majhu therefore asked the Committee to approve this application as it was necessary and desirable to provide adequate provision of pharmaceutical services within his neighbourhood..

Before the Applicant and Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. Confirmation was received by all.

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 Committee also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the Committee, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Milton Pharmacy – 137 Scaraway Street, Milton G22;
 - Woodhill Pharmacy – 168 Woodhill Road, Bishopbriggs G64;
 - Auchinairn Pharmacy – 167 Auchinairn Pharmacy, Bishopbriggs G64;
 - JF Forbes, 193 Kirkintilloch Road, Bishopbriggs G64;
 - Boots UK Ltd – 3 The Triangle, Bishopbriggs G64;
 - Morrison's Pharmacy – The Triangle Centre, Bishopbriggs G64 and
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Committee, CP 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) - Bishopbriggs & Kirkintilloch Herald (advert run on Wednesday 24th March 2010) – three responses received;
- e) - East Dunbartonshire CHP – one response received;
- f) The following community councils - one response received:
 - East Dunbartonshire
 - Bishopbriggs

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 G64.1, G64.2 and G64.3;
- j) Information was received from East Dunbartonshire Council - Roads and Neighbourhood Services and Development and Enterprise Services regarding future plans for development within the area;

- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises.

DECISION

Having considered the evidence presented and the observations from the Committee's site visit, the PPC had to decide firstly on the question of neighbourhood in which the premises referred to in the application were located.

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

North: Along Cadder Road to Kirkintilloch Road, Strathkelvin Retail Park roundabout and across the Low Moss Plantation;
East: South across open country to Auchinairn Road;
South: Travelling west along Auchinairn Road and Colston Road, across Kirkintilloch Road to Ashgill Road;
West: The east side of Ashgill Road running north to Scaraway Street, across open country, Bishopbriggs golf course to the Forth & Clyde Canal and along the canal to Cadder Road.

The Committee agreed that the housing to the south of Colston Road and the west side of Ashgill Road demarked a different neighbourhood. The open country across the Bishopbriggs golf course was considered a boundary and the Forth & Clyde canal was recognised as a significant physical boundary. The Kirkintilloch Road was a main trunk road and the roundabout itself was also identified as a physical boundary due to the significant volume of traffic passing through. The open country across Low Moss Plantation and south down to the Auchinairn Road was deemed a boundary. The Auchinairn Road was a main trunk road linking Lenzie with Bishopbriggs.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were four pharmacies. These pharmacies provided pharmaceutical services including core and supplementary services. The Committee considered that the level of existing services provided allowed satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee noted that demand for methadone services within the neighbourhood was low. The Committee therefore considered that the existing pharmaceutical services available within the neighbourhood were adequate.

The Committee was satisfied that no evidence had been presented 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.

The Committee noted:

- The neighbourhood was very affluent and had low health issues.
- There was good road access to the town centre from within the neighbourhood, the public transport service was frequent and there was high level of car ownership.
- Two pharmacies had recently undergone refits to a high standard and were now benefiting from increasing patient activity.
- Patient access to the Wm Morrison Pharmacy was questioned due to its positioning in the far corner of the store.
- The convenience of the town centre pharmacies to the medical centres.

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

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Mr 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.

The Chemist Contractor Members of the Committee 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 2010/33 noted the contents which gave details of an application received by the Board and which had still to be considered. The Committee agreed the following application should be considered by means of an oral hearing:

- Kyle Square Ltd, Unit 5, 151 Western Road, Whitlawburn, Cambuslang, Glasgow, G72 8PE

10. ANY OTHER COMPETENT BUSINESS

There were no matters raised.

11. DATE OF NEXT MEETING

Thursday 22nd November 2010.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (09)

Minutes of a Meeting held on
Monday 22nd November 2010 in
The Board Room, Glynhill Hotel, Junction 27 M8
Paisley PA4 8XB

PRESENT:	Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mrs Catherine Anderton	Deputy Lay Member
	Prof Howard McNulty	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member

IN ATTENDANCE:	Dale Cochran	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy 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

Apologies were submitted on behalf of Colin Fergusson and Alex Imrie.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The Minutes of the meeting held on Wednesday 27th October 2010 **PPC[M]2010/07** were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

There were no matters to discuss not already included in Agenda.

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

Case No: PPC/INCL05/2010

Salwan Pharmacy Ltd, 27 Main Street, Howwood PA9 1AW

The Committee was asked to consider an application submitted by Salwan Pharmacy Ltd to

provide general pharmaceutical services from premises situated at 27 Main Street, Howwood PA9 1AW 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 Salwan Pharmacy Ltd agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 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 Arvind Salwan. 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) ("the Interested Party").

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: Howwood, Spateson and Johnstone.

The Committee noted that the premises were constructed and were currently operating as the Village Store. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had toured the wider area.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Party and the PPC to ask questions. The Interested Party was then asked to make their submission. There followed the opportunity for the Applicant and the PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Salwan commenced his presentation by seeking clarification on a point relating to previous applications for a pharmacy which had been submitted for the same neighbourhood. One of these applications had been granted by the PPC and was subsequently overturned at National Appeals Panel (NAP) level

Mr Salwan advised that the NAP had now given guidance which stated that previous

applications were decided on their own merits and that decisions on these were final. All new applications must be heard in their own right. Mr Salwan suggested that before the hearing commenced, the Committee should take the NAP's advice on board and accept that whatever decision was taken in the past remain there and that the Committee make a fresh decision on this current application

Mr Salwan then went on to provide the Committee with some personal background and the reasons why he had decided to submit this application.

On purchasing his first pharmacy at Johnstone Castle in 2001, he became aware of prescriptions being presented from residents in Elderslie as there was no local provision within their locality. Further examination encouraged him to submit an application which, despite the positioning of an extended hours pharmacy close by and opposition from established contractors, was successful. In September 2008 he acquired the Spateston Pharmacy

He suggested that the Committee may have noticed that his pharmacies were not based on the traditional model of being situated around a surgery but positioned at the heart of the community they served. This was the particular model of pharmacy he was seeking to replicate in Howwood and by providing good quality services and building up loyalty and goodwill locally, demonstrate that residents need no longer rely on pharmacies situated several miles away.

Mr Salwan averred that it was said that opening a pharmacy in Elderslie would have a detrimental affect on current services; however in his opinion there had been little effect. His pharmacies had won numerous awards in recognition of their impact on the community including a Business Development Award not long after the Elderslie pharmacy opened. This had had a positive impact on the neighbourhood with an increasing number of previously empty shop units becoming occupied. Other awards included:

- Managing Healthcare Services in the Community 2007- Scottish Chemist Review Awards;
- Education and Self Development 2008 – Scottish Chemist Review Awards;
- Pharmacy Services and Innovation Award 2009- Alliance Pharmas Awards.

He proposed that only a pharmacy situated at the heart of a community could champion these causes. These types of issues could not be tackled by a 'faceless pharmacy'. For example, "How could a driver delivering prescriptions win the Pharmacy Services and Innovation Award?; How could a pharmacy situated in the town centre of Johnstone win the Managing Healthcare Services in the Community Award when it wasn't situated in the community?". The pharmacy in Elderslie was now open every Christmas and with the relationships established with the GPs, receptionists and nurses in Johnstone over the last 10 years he believed he could easily replicate in Howwood what had been achieved in Elderslie

He had applied for pharmacy contracts in the past and before entering into the process always took a full and rounded view on whether it made sense to apply. Whether he had the support of the residents of the neighbourhood was, in his opinion, crucial, more so on the adequacy and desirability for services rather than on convenience. He emphasised that he

didn't enter into this process lightly as he was well aware of the workload involved. For Howwood he had looked at current government objectives and policies with regard to health care outcomes. The underlying theme in recent white papers had set out ease of access to services as a priority.

The Government's core aim was to improve the long-term health of Scotland's communities and, significantly, Mr Salwan believed that the granting of this application would allow his company to deliver Scottish Government objectives on effective healthcare and intervention, management of chronic and acute illness, health inequality and social inclusion of rural and remote communities. For example, he suggested that granting a pharmacy application in this neighbourhood would contribute towards *Delivering for Remote and Rural Healthcare: The Final Report of the Remote and Rural Workstream (May 2008)*.

The existing pharmaceutical provision in this area was inadequate. The single, most significant inadequacy was that of accessibility and social exclusion for the growing community of Howwood. This included a demonstrably ageing population, with increasing healthcare needs and mobility challenges. When the residents of Howwood ventured out of the area to use a pharmacy, it was because they were already ill. They were not being afforded the same proactive care as residents of other neighbourhoods who could access pharmacies in the course of their day to day lives.

- [Health Improvement](#) for the people of Scotland - improving life expectancy and healthy life expectancy;
- [Efficiency](#) and Governance Improvements - continually improve the efficiency and effectiveness of the NHS;
- [Access](#) to Services - recognising patients' need for quicker and easier use of NHS services; and
- [Treatment](#) Appropriate to Individuals - ensure patients receive high quality services that meet their needs.

Examples included:

- Through smoking cessation services, support 8% of your Board's smoking population in successfully quitting (at one month post quit) over the period 2008/9 - 2010/11.
- Achieve agreed number of inequalities targeted cardiovascular Health Checks during 2010/11.

Mr Salwan advised that he had mentioned these examples as a pharmacy at Howwood would help achieve these targets. In addition he cited the target for .

- NHSScotland to reduce energy-based carbon emissions and to continue a reduction in energy consumption to contribute to the greenhouse gas emissions reduction targets set in the Climate Change (Scotland) Act 2009.

Mr Salwan advised that a pharmacy situated in Howwood could contribute towards a reduction in the number of people travelling by cars, and supported the reason for quoting the above targets.

Mr Salwan then went on to speak about what he perceived were the inadequacies of the current service.

He suggested there was a fault in the formal NHS Complaints procedure as no one really knew about it. He didn't even know and he had been qualified 15 years. He advised that on questioning his pharmacy colleagues they didn't know about the process either, so he questioned how the public would be expected to know.

Despite this situation, numerous complaints regarding the lack of access to the current provision had been made directly to the Councillors representing Howwood and to the Community Council. Mr Salwan advised that this was evident in the supporting surveys and letters along with letters sent directly to the Community Pharmacy Development Team and which were included in the papers to be considered by the Committee

He advised that in Johnstone it currently averaged one and half weeks to get a doctor's appointment and recent efforts by patients to get round this by taking emergency appointments had resulted in a more rigorous application of the appointment process. Mr Salwan had obtained information on the practice list sizes for the surgeries in Johnstone from ISD which helped to explain why the waiting times were so high. He felt this also helped explain why the pharmacies were so busy in Johnstone and why patients and carers experienced a long period of delay before prescriptions were dispensed. In addition, not every medication was always in stock resulting in patients having to make multiple journeys to collect balances. Waiting times were described as 'horrendous' by numerous contributors to the surveys.

- The Linden Medical Centre had 14,466 registered patients
- Johnstone Health Centre had 6,593 registered patients
- Ravenswood Surgery had 6,037 registered patients
- Riverview Medical Centre had 5,096 registered patients.

According to ISD on-line, prescription volumes in Scotland increased from 63.1 million in 2000/01 to 89.0 million items in 2009/10. This growth reflected not only the availability of new or more effective medicines, but also increasing patient expectation, demographic changes and the implementation of clinical guidelines and recommendations. The number of prescriptions per person on general practitioners' lists grew from an average of 11.8 in 2000/01 to 16.2 in 2009/10. If as mentioned this total figure of registered patients in Johnstone surgeries was multiplied by the average amount of prescriptions written per person; this would equate to 502,195 prescriptions written in a year with 80% of these being for repeat supply giving a total of 401,756. If this figure was then divided by the number of pharmacies in Johnstone (6): this equated to 5600 items dispensed per pharmacy per month and was well above the accepted average figure of 4000 items per pharmacy. If this figure was then multiplied by the average item figure of 16.2 per person x 2000 population/ 12 = 2700 items a month then the total prescriptions potentially generated by the population of Howwood could exceed the break even figure of 2000 items required to operate a pharmacy and make it financially viable. Mr Salwan had applied this reasoning based on his experience as the owner of other pharmacies.

Mr Salwan advised that whilst working as a full time pharmacist in his Johnstone branch, he undertook the daily drive round to collect prescriptions from each surgery in the town. This routine had occurred every day at lunchtime for two years so he felt he was well aware of how hard it was to drive through Johnstone and park due to the level of congestion. None of the established pharmacies had dedicated parking facilities which added to the difficulty for some in accessing these facilities

Working directly as a pharmacist in Johnstone had provided him with an awareness of the current issues. Mr Salwan's pharmacies regularly received phone calls to undertake deliveries for patients that were not regular customers as their normal pharmacy was closed or was unable to deliver until the next day

He advised that the compliance aid situation was worsening in Johnstone. He had spoken at length to Janette Sims, an interface pharmacist at the Royal Alexandria Hospital whose role was to assess if a hospital patient would benefit from the use of a weekly pill pack to increase their level of concordance and alleviate any potential confusion on when to take their medication. Ms Sims liaised with community pharmacies to help identify those with capacity to take on the organisation of a person's medication into a weekly compliance aid. She then followed this up at the patient's home to check if the aid was proving beneficial and hadn't de-skilled them too much in terms of their understanding of the medication they were on. Mr Salwan's pharmacies had been taking on compliance aid patients who were not regular customers for the reason that the pharmacies in Johnstone were unable to take on more patients due to work load. Ms Sims had said the opening of a pharmacy in Howwood would be a welcome addition to take on this work for the residents who stayed in the village, providing the patient with choice and also an opportunity of having their medication dispensed into a compliance aid from their local pharmacy and not from a remote hub which deskilled them and made the intervention less personal, where they could actually collect the aid and ask the pharmacist any questions in relation to the medicine inside the pack.

Mr Salwan's other pharmacies already participated in the Heart Failure Service and liaised with the heart failure pharmacist coordinator in the surgery to decide on which Heart Failure patients would benefit from enrolling on to this scheme. This provided a greater level of pharmaceutical care for patients diagnosed with heart failure. At the initial stage, the co-ordinator would write to the patient's nominated pharmacy and ask the pharmacist in charge to arrange an appointment with the patient to discuss their medication. If the pharmacist didn't continue to follow up with the patient then the patient would be passed onto another pharmacy. Mr Salwan's pharmacies had been taking on patients that were not regular customers or registered with them previously. Investigation verified that patient's were being transferred because the first nominated pharmacies had not contacted their patients.

Mr Salwan then went on to describe the services that would be provided from the new pharmacy, if the application were granted. As he alluded to earlier, the old model of leap-frogging to position your pharmacy close to a surgery was the norm 20 years ago, but this model simply conflicted with today's requirements when considering the new contract's aims and the infrastructure required to support and deliver it. This essentially aging infrastructure, designed for another purpose could not hope to adequately deliver a modernised, community-based contract in every single neighbourhood especially now the

expectation and requirement to treat closer to patients homes was greater than ever. As such, there was under-provision in some residential areas, which had perhaps had difficulty supporting a pharmacy in previous times. Indeed the strengthening of the pharmacy contract had brought this inadequacy to light, as the residents were now relatively worse off than residents of other neighbourhoods, who had immediate access to the full range of new and improved modern community pharmacy services.

Mr Salwan advised that the Chronic Medication Service (CMS) was a service which was time consuming with various stages to be completed with the patient. CMS had been designed to reduce GP workload, reduce the number of journeys elderly patients made to their surgery to collect their prescriptions and direct key services to pharmacy (in essence making more organised pharmacies busier). This was to ensure easy local access but, without a pharmacy or indeed a GP, the residents of Howwood were losing out on both fronts. Health Boards were actually encouraging individual pharmacies, especially busy ones, not to take on too many patients on this scheme as they wouldn't be able to cope with the time required to complete individual elements of CMS such as Pharmacy Care Record and Pharmaceutical Care Planning. A pharmacy in Howwood would be able to focus and secure this service for local residents in addition to all the other services. Currently residents from Howwood were finding it difficult to register for CMS which was going against the ethos of providing this service locally. As long as this isolated neighbourhood had poor access to pharmacies the service would not have the impact or provide the benefits intended by the Government.

During the day there were a number of elderly residents and mothers with young children around the village, a statistic which was backed up by the active bowling club. The Community Hall also ran a playgroup four mornings a week. The primary school meant children of this age were about Howwood at 3.00pm when they finished school and were collected by their parents. These groups of the population did not have ready access to private transport during the day as the main bread winner may be working and using the car, meaning they had poor access to the Minor Ailment Service, the Chronic Medication Service, the Public Health Service and the Acute Medication Service. Mr Salwan questioned the point of having these services available in pharmacy when the other pharmacies were too busy to offer them. People found it difficult to access these services or simply were unaware of their existence, evidenced by the results of the survey and letters submitted with his application.

In the past, the absence of a GP surgery may have suggested that a pharmacy was not required in an area. Now the opposite could be true. With the modern contract, pharmacists could provide a wider range of NHS services to local populations within their own community. The Minor Ailments Service (MAS) was designed to be the first port of call, and in order for this to be achieved it must be readily accessible. The pharmacy had to be at least as close as, and preferably closer than the GP. But in Howwood pharmacies and GP practices were over a mile away from the defined neighbourhood.

Mr Salwan then went on to say that Howwood had never had a pharmacy and that the village had seen a sustained increase in size since it was established. In 1991 the population was 1035. In 2001 this had increased to 1500 and recent development since has taken the population to nearer 2000. It was also important to consider how the population increased during the day with different elements of the community using the

amenities within the village, which would make the pharmacy much like in a shopping centre. Passing traffic on Main Road regularly stopped at the Howwood store or public houses/post office which generated an estimated footfall of over 350 customers a day. This equated to 25 people per hour in the Howwood store. In addition, there were a number of outlying holdings and farms that helped increase the daily population going into Howwood.

The Scottish Neighbourhood Statistics website suggested a population of 1602 in 2009 but advice from the website helpline was that this did not take into account new developments or births since the last census. Councillors and the Community Council representing Howwood provided information that indicated there were 1602 adults residing in Howwood and recorded on the Electoral Roll. There were 340 people in the under the 16 age category not on the Electoral Roll, equating to 20% of the population. These figures were the same as on the General Register of Scotland which was based on electoral roll information. Mr Salwan was confident that the next census would confirm a further increase in the population.

Mr Salwan advised that having spent a year researching the healthcare needs of Howwood and speaking to local residents, he considered their pharmaceutical care requirements were similar to those of other neighbourhoods where he had pharmacies. The demographics fitted with those of the population who use pharmacy the most i.e. families with young children and the elderly and infirm. Mr Salwan had considerable experience in operating pharmacies in this type of area and would not be applying his efforts in this way if he thought a pharmacy in Howwood would not help the neighbourhood or not be viable. He also indicated that Howwood residents relied heavily on carers as they did not have direct access to healthcare and had issues of isolation and relying more on relatives or carers to look after them. Mr Salwan advised there was also an issue of dignity where the elderly wanted to retain a degree of independence.

He considered that walking to the local pharmacy would be beneficial to the resident's health for two reasons. It was a reason to get away from the significant loneliness experienced in the house and provided an opportunity for social activity where the pharmacist would ask about their health and their family etc. Apart from providing a good source of exercise this potentially could provide interaction with the only person they may have come into contact with during that week. The scenarios he had highlighted presented difficulties for the elderly currently due to the distances involved in accessing services.

Mr Salwan then went to make comparisons between the current application and applications that had been granted in other areas with similar populations. He noted that previous applications had been granted by PPCs and NAPs in neighbourhoods with a comparable size of population or smaller. Some examples included Falkland with a population of 1189; Carmunnock with a population of 1400 and Gartcosh with a population of 940. Mr Salwan advised the Committee that the population of Spateston was 1783. He advised that the social demographics of Howwood were similar to these areas. He also wished to draw the Committee's attention to a recent application for a contract in Logan, a small village in East Ayrshire. Its population was less than Howwood and it had many more surrounding pharmacies providing a service to the village. The PPC granted the application on the grounds that it was desirable in order to provide easier access to pharmaceutical services which would then have a positive effect on community health.

Mr Salwan advised that Gartcosh was as an example of an area similar to Howwood in terms of socio demographic statistics e.g. car ownership, public transport infrastructure, isolated village, high percentage of carers, and was almost a mirror image apart from having a population of 940. The PPC's reasons for granting this contract were: *"Within the neighbourhood as defined by the PPC there were no existing pharmacies. The Committee considered this to be a distinct community which was relatively isolated from other areas. While the Committee did not have any formal evidence to support their assertion, they had a sense that the area contained a significant section of population who would remain within the area during the day. Whether this was because they were young, old or due to illness they were nevertheless the elements who most utilised pharmaceutical services. The Committee considered that while the granting of a further contract in the area may not be necessary, the extended role of the pharmacist and the opportunity to provide the population with access to the wider services provided by the new pharmacy contract increased the desirability factor. The Committee considered that Ms Salani's comments around the potential effect that a further pharmacy would have on her business in Glenboig was speculation and could not be quantified. The Committee was confident that Gartcosh and Glenboig were two separate and discreet areas each with their own amenities and resident population. There was no evidence available to the Committee which would suggest that any of the existing contractors within the wider area would be adversely affected if a contract were granted in Gartcosh. The Committee accepted that sections of the population within Gartcosh may be considered mobile, however they felt it inappropriate that residents were required to travel by bus, taxi or car to access modern pharmacy services, including the minor ailments service and the other extended services provided under the new contract. The Committee noted that this argument had been used by Ms Salani in her own application for a pharmacy in the neighbouring area of Glenboig, and had been accepted by the National Appeals Panel in their deliberations."*

For the Spittal application, the NAP concluded that *"there were no contract pharmacies in the neighbourhood, but there were several outwith which, given the terrain and distances, could only be reasonably accessed by public or private transport. The distances to the pharmacies were not suitable for walking by the elderly or mothers with young children. New contract services were not available to the neighbourhood population as planned as the resident population had to travel to the vicinity of their GP to obtain pharmaceutical services. The Panel had to consider whether the application did no more than make up the shortfall in the pharmaceutical provision which it had identified or whether it might go further and result in a degree in over-provision. The Panel accepted that pharmaceutical services were available to those presently resident in the Spittal area but the level of services provided were inadequate. Granting of the contract would result in an over-provision of pharmaceutical services but it considered that it would still be desirable to grant the application in order to secure adequacy."*

For the Carmunnock application, the PPC said *"residents were required to travel to nearby Castlemilk to access pharmaceutical services or East Kilbride or Busby which were further away. The Committee were mindful that the new pharmacy contract was not solely dependent on the dispensing of prescriptions, but rather the provision of services within a neighbourhood, by a pharmacist providing care at the heart of the community. As the new contract developed and electronic transfer of prescriptions reduced the requirement to visit*

a GP surgery, there would be more need for pharmaceutical intervention within a neighbourhood. Those suffering from acute and chronic conditions within the village did not have access to immediate services. The Committee agreed that in terms of the way in which pharmaceutical services were developing in response to government initiatives, the current services available in the neighbourhood of Carmunnock were not adequate."

In addition, the deprivation rankings for Kilbarchan were the same as Howwood and Bridge of Weir was actually less deprived with a score of 1. Both these neighbourhoods had pharmacies.

Mr Salwan then went on to make comments around several issues. On transport, he advised that the public transport system for Howwood was extremely poor. There was no bus stop on Bowfield Road which was the very steep hill that led to the original part of Howwood. The Arriva service that ran through the village didn't even have lowered floors or spaces for buggies. The bus service was highly unreliable, only ran every half an hour and was expensive. A return journey from Howwood to Johnstone cost £5.00, which equated to £2.50 each way.

In terms of accessibility from Corseford Avenue to end of Midton Road there were no street lights. Mr Salwan had driven the road many times over the last year and had hardly seen anyone walking on it. Traffic was heavy and often travelled at over 40mph. By 4.00pm in the winter it was dark and presented dangers as the headlights of oncoming cars blinded pedestrians. Along the route, Mr Salwan had noticed that walls at the side of the road had been knocked down due to cars hitting these walls. Mr Salwan had attempted to obtain information on the number of accidents occurring across this stretch of road, but the Council had been unable to provide this in time for the hearing. In addition, there was also only one entrance and exit out of Howwood meaning when there were road works on Beith Road residents were totally isolated and stuck in Howwood, a similar situation when it snowed. Mr Salwan had walked from the entrance of Howwood to Johnstone and it had taken him 35 minutes. He considered that this was not a walk a young mother was going to make with young children.

In terms of support, Mr Salwan advised that he had considerable support for the application. Several politicians had leant their support, including Bill Wilson MSP, Ian Hudghton MEP and Andy Doig MEP.

Mr Salwan read out some quotes from the local GPs:

Dr Dhiya- Welcomed the pharmacy in Howwood and said it would be a good service for his patients who lived in Howwood.

Dr Harris- Quarryside Medical Practice – it would definitely be very beneficial especially for the residents who stayed at the top half of the scheme on the steep hill.

Dr Khanna- Linden Medical Practice- had patients from Howwood so he knew they would appreciate it. He ran a branch surgery in a similar area known as Kilbarchan and this had a pharmacy.

Dr.Cassidy- had no objection. If the pharmacy did CMS this would save Howwood residents having to make the long trip to the practice.

He advised that cross-party political support was also evident - the local councillor and the local MSP spoke at a public meeting (April 2010) which was attended by 120 residents. In reflection of the level of public and political support, there was also strong media support.

Tracie McGhee, Councillor for Johnstone South, and Howwood advised *“They believe that there was a drastic need for a chemist in Howwood. At the moment the nearest chemist to the village was in Spateston and the public transport system was not suitable. There was a large population of elderly residents in Howwood who would benefit from a local chemist; therefore they would be giving this proposal their full support.”*

Councillor John Caldwell stated *“Through Councillor Tracie McGee, I became aware of the broad based community campaign, involving local councillors from various parties, Howwood Community Council and Dr. Bill Wilson MSP. I have also signed the public petition.”*

Councillor John Hood stated *“In my opinion the case for a Howwood village pharmacy was unassailable as it had the complete backing of the local community, a community which was growing and thriving. For example, Howwood was a distinct rural community which was increasingly popular as a commuter village for both Glasgow and North Ayrshire. It was also a village which had a thriving small business sector.”*

Councillor Iain McMillan stated *“The nearest pharmacy was in Johnstone, which was some miles away and crucially not accessible by public transport from the village after 6pm. The whole principle underpinning health care was that it was accessible at the point of need, and not determined by affluence or income. Howwood needs a pharmacy to improve the quality of life in the village and to provide a vital public service.”*

Mr Salwan advised that the St Vincent's Care at Home service based at the St Vincent Hospice on Midton Road welcomed a pharmacy in Howwood as it would be very beneficial for Howwood residents. The pharmacy would also be their nearest pharmacy so would be handy for their carers.

The Renfrewshire Community Health Partnership in conjunction with the Council, a key partner in the new CHP, would develop close links with specialist hospital based staff and independent health professionals, such as GP's, dentists, pharmacists and opticians to plan and develop services across Renfrewshire. This would provide a quicker and more straightforward way to deliver care and services in the community.

It was also important to consider the findings of two independent surveys' which further support the desirability and necessity of a pharmacy. The first one was distributed in the Howwood Community Council Newsletter and the results were:

- over 80% of residents stated that a Community Pharmacy was required in Howwood;
- around 70% were not signed-up to the Minor Ailment Scheme, which was a fundamental entitlement; this high response shows that local pharmacies were failing their Public Health remit, in terms of information and support to local communities.

At an interim stage of the survey, 80% of respondents stated that they had not signed up

to the Minor Ailment Service.

It was also noteworthy that a pharmacy in Howwood could quite well help attract a GP.

A second Community Health Council Questionnaire was carried out the results of which were :

43 completed forms- 80% said Howwood needs a Community Pharmacy

How satisfied or dissatisfied were you with current pharmacy services for Howwood residents- 67% dissatisfied.

69.2% of respondents had not signed up to the Minor Ailments Service (MAS)

49.2% were unaware of MAS.

At this point, Mr Salwan asked the Chair if he could present responses from the survey. The Chair advised that hard copies of the responses were included in the papers being considered by the Committee, which each member had read. Mr Salwan clarified that he wished to read out a selection of the responses received. After due consideration, the Chair advised that there was no need for Mr Salwan to read out a selection of the responses as the Committee were already in possession of the information and would give all responses due consideration.

There were a lot of comments in the survey regarding caring for dependents which was a big issue. Census data showed that percentage of households with more than one carer was 21% which was 5% above the Scottish average. Of this 61% were employed (9% above the average) and 5% were less than 16 years (3% above Scottish average). These carers did not have time to travel 6 miles into Johnstone or spend time on a 2 hour return journey on public transport to Johnstone. Also 8% of the care in Howwood was unpaid, so spending money on bus fares to access pharmacies was just like another tax. If you were working and a carer you needed facilities to be close at hand.

Also the fact that the service would be made available in a local setting meant that if a patient was ill, they could get immediate access to treatment, negating the need for a bus journey or drive to town which they could ill afford and which they didn't really want to make. This was not a suggestion cloaked in convenience but a reality backed up by testimonials from the residents that would improve their healthcare status. If services such as Emergency Contraception, Chlamydia Testing and Smoking Cessation were available locally then uptake would be a lot greater as the local pharmacy would actively promote these services when residents come into the pharmacy and feature on window displays for passing traffic.

In terms of premises, Mr Salwan advised that the application was a great opportunity to promote pharmacy services to a larger customer base. Normally establishing a new contract requires time and effort to build up a footfall into the pharmacy. Using the current footfall of roughly 350 customers a day into the village store they had a ready made customer base to tap into and the pharmacy would be busy from day one. Being situated on a main road would attract customers to whom they otherwise may not have had access. - Imagine as

the customer walks into this DDA compliant premises after parking in the adequate parking outside of the shop or the car park behind it. As soon as they enter the store they would see the pharmacy promoting the current Scottish Government Public Health Service messages through the Public Health Poster Campaign some of which would be:

Smoking cessation 22 November-2 January 2011

Adverse drug reactions 3 January-13 February 2011

Prescription charges TBC 14 February-20 March 2011

They would go up to the counter where they would have access to a full range of Pharmacy and GSL medicines. For people looking to obtain advice on smoking cessation there would be a carbon monoxide monitor on the counter to encourage people to take a carbon monoxide test and enrol on the Nicotine Replacement Therapy Scheme. Mr Salwan would also invest in a Cardio Pod, a machine he had installed in one of his other branches. The system calculates a patient's chance of developing cardiovascular risk in the next 10 years through recording blood sugar levels, cholesterol, BMI and blood pressure readings. The end result was a report into which any actions discussed with the patient could be added, with the aim of lowering the patient's risk score. The ability to instantly capture these vital signs measurements means that the full Health Check in accordance with the HEAT target could be carried out in one sitting.

The networking capabilities of the Cardio Pod allow for all data to be instantaneously and securely sent to all major practice management systems from any location. The machine gives a very reliable prognosis of the patients' health allowing the trained assistant or pharmacist to refer the patient to their GP to discuss healthcare issues that have been identified. The system allows staff to recalculate this score by showing the patient what would happen if they made slight adjustments to their lifestyle – providing the patient with a tangible demonstration of what benefits can be achieved as a result of simple changes to their lifestyle.

Such services stand alone but also complement and integrate with the full range of primary care NHS services. These were pharmacy services, although not part of the core services described in the current Regulations. Nevertheless they should be given full consideration in determining adequacy as the legal test gives no indication of restriction to the "core services" which of course were not in existence when the legal test was decided.

The pharmacy would also have a networked laptop at the counter area to encourage customers and patients to sign up for the Minor Ailment Service.

There was a significant inadequacy in the offering of Public Health Services and this was exactly the type of scheme that the Scottish Government was trying to promote through pharmacy.

The Interested Party Questions the Applicant

In response to questioning from **Mr Tait**, the Applicant confirmed his definition of the

neighbourhood as that previously defined by the NAP i.e. the village of Howwood.

In response to further questioning from Mr Tait, the Applicant accepted that the village of Howwood was less deprived than the areas of Spittal and Logan, with which he had made comparisons during his presentation. He reiterated however that both areas were comparable to Howwood in terms of the lack of access to pharmaceutical services.

In response to final questioning from Mr Tait, the Applicant confirmed his awareness of the eligibility criteria for MAS. He agreed that many of the residents of Howwood may not be eligible for the service.

The PPC Question the Applicant

In response to questioning from **Mr Thomson** regarding whether he had any evidence regarding the difficulty faced by patients in accessing CMS, the Applicant advised that he had spoken to colleagues regarding the issue and he was also aware of the difficulties via his own pharmacies. He advised that the pharmacies in Johnstone were unable to fully engage with the service as they were so busy with repeat prescriptions. He confirmed his view that an additional contract in Howwood would ease this situation.

In response to final questioning from Mr Thomson, the Applicant agreed that the pharmacy in Spateston was relatively the same distance from St Vincent's as the proposed pharmacy in Howwood. He advised that the pharmacy in Spateston would serve the resident population in the area rather than the hospice itself.

In response to questioning from **Mrs Anderton**, the Applicant confirmed that St Vincent's Hospice currently accessed pharmacy services from several of the existing pharmacies. As an example, the Hospice received oxygen services from the Applicant's pharmacy in Johnstone.

In response to further questioning from Mrs Anderton, the Applicant confirmed that the residents of Howwood did not use the pharmacy in Spateston with any regularity as they did not have occasion to travel into Spateston. Most of the Howwood residents would travel in the opposite direction towards Johnstone to where the GP surgeries were situated.

In response to questioning from **Professor McKie** regarding potential staffing in the proposed pharmacy, the Applicant confirmed that a few of his current staff lived in Howwood and this could be convenient during episodes of bad weather. His intention was to staff the pharmacy with one pharmacist and one technician. He would be able to utilise the delivery driver used by his other pharmacies. He confirmed that in times of bad weather the members of his current staff who lived in Howwood would make the pharmacy ideally placed to serve the residents of the village if they were cut off by the weather.

In response to further questioning from Prof McKie regarding the support expressed for the application, the Applicant confirmed that many of those who had lent their support were understanding of the restrictions of the current pharmacy regulations and that these could only be amended through an act of parliament. The Applicant advised that the MPs who had given their support were familiar with the concept of HEAT targets and how

pharmacy services had changed over the last few years. They were fully aware of the need for a more modern model of community pharmacy. He further confirmed that some of those who had given support were decision makers who set the agenda.

In response to final questioning from Prof McKie, the Applicant confirmed that in his opinion the major change which had taken place since the previous applications was the further implementation of the Pharmacy Contract.

In response to questioning from **Professor McNulty** regarding the defined neighbourhood, the Applicant confirmed his definition of neighbourhood as being the village of Howwood. He accepted that the definition of neighbourhood, put forward on the attachment to the original application form, included outlying areas.

In response to further questioning from Professor McNulty, the Applicant confirmed his belief that the current pharmaceutical services in the neighbourhood were inadequate especially in terms of access. The cost of public transport from the village to the existing services, along with the long waiting times in the pharmacies in Johnstone and the need for patients to make multiple journeys rendered the services inadequate for the neighbourhood population.

In response to further questioning from Professor McNulty around patients who needed to make multiple journeys to complete their prescription, the Applicant advised that of those who responded to the survey, 80% had had the occasion to make multiple journeys.

In response to final questioning from Professor McNulty, the Applicant advised that other inadequacies existed around delivery of prescriptions, where the delivery was not always made at the time stated and also in terms of the Pharmaceutical List which showed that pharmacies in the area were not offering the full range of pharmaceutical services available.

In response to questioning from **Mr MacIntyre**, the Applicant reiterated his understanding of the frequency of public transport services. The bus service operated every half hour. When asked about a bus route from Ardrossan which operated every hour, the Applicant advised that he was unaware of this service. He accepted that there was a train service, but claimed that on occasion the train did not turn up and advised that the train service was expensive in the region of £3.00 per journey.

In response to final questioning from Mr MacIntyre, the Applicant confirmed that his other pharmacies sometimes received calls from GP surgeries after other pharmacies in Johnstone were closed asking for the supply of medication to patients.

In response to questioning from **the Chair**, the Applicant confirmed that in his opinion there were no pharmacies currently within a one mile radius of the village of Howwood. Currently the nearest pharmacies were 1.2 miles (Spateston) and 1.6 miles (Kilbarchan) away. He accepted that nine pharmacies in a three mile radius was a considerable amount, however he reiterated that many of these pharmacies had high prescription loads which prevented them from actively providing other services like CMS.

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

Mr Tait advised that he accepted the definition of neighbourhood put forward by both the PPC and the NAP in previous applications for Howwood. He did not believe the neighbourhood included the rural areas adjoining the village. Mr Tait was of the opinion that residents in these areas could avail themselves of services at any of the existing pharmacies in the wider area.

He advised that the village of Howwood was a distinct neighbourhood with a population of around 1609 according to the mid 2009 statistics which took into account registered births and deaths.

He confirmed there were only two statistical units within the neighbourhood. The Scottish Index of Deprivation Ranking putting the deprivation scores for the units at 5040 and 3860. Accordingly, Mr Tait did not feel that the area was significantly deprived. In terms of health, the two units scored 4712 and 3975, putting the residents at the healthier end of the scale.

Travel times from the area to the nearest GP was 3.5 minutes, to the nearest pharmacy was 2.5 minutes.

Mr Tait advised that Howwood was an area of comparative affluence. The amount of residents over 65 was 32% lower than the Scottish average. The number of residents under the age of 16 was below the Scottish average and car ownership was above the Scottish average, with 1/3 of the households in Howwood having access to more than one care.

Mr Tait asserted that the application had called the area "remote and rural". While he agreed that Howwood could be termed rural, he did not agree that it was remote. In his opinion, Howwood was within easy distance from significant towns, villages and services. There were a lower number of people eligible for services such as MAS and most of the residents within the village wouldn't be entitled to access such a service.

Mr Tait asked if it was acceptable to have a neighbourhood without a pharmacy, and suggested the answer to this issue be "Yes". He advised that previous applications had not shown any evidence of inadequacy within the area, and in his opinion this situation had not changed. Mr Tait suggested that the residents of Howwood enjoyed access to adequate services provided by the existing network in other neighbourhoods.

Mr Tait advised that there had been no attempt on the part of Boots UK Ltd to engineer a neighbourhood to include a pharmacy; rather this was a rural area, whose residents travelled outwith to access services. The bus service operated out of the village every half hour. This was not unusual in such a setting. Mr Tait suggested that the application was not necessary or desirable and reminded the Committee that MPs did not understand the constraints of the Regulations and neither did members of the public.

In his opinion, he asserted the application came down to a support for services for when the village was cut off by bad weather. He suggested that the area was one of comparative affluence, with access to cars. There was not a high proportion of those elements of the population which normally required pharmaceutical services i.e. the elderly

and the young.

Mr Tait advised that nothing had changed in the two years since the previous application. The only new service introduced was CMS. The other services mentioned by the Applicant were already in existence at the time the previous application had been considered. There was no evidence of inadequacy in this relatively affluent neighbourhood and therefore the application should fail.

The Applicant Questions the Interested Party

In response to questioning by **the Applicant**, Mr Tait accepted that people in relatively affluent areas suffered sickness, but reiterated that statistically they were not sick as often as those from less deprived areas, and neither was their sickness as severe. Mr Tait asserted that due to their relative affluence, such residents did not have difficulty in accessing services.

In response to further questioning from the Applicant, as to whether he agreed that contracts had been granted in other comparable areas on the basis of the new pharmacy services. Mr Tait advised that the application for Howwood should be considered on its own merits and should not be compared to contracts granted in other areas. He repeated that the only service which had been introduced since consideration of the last application was CMS. The current pharmacies were providing all other services prior to this.

In response to further questioning from the Applicant around why he thought a pharmacy was situated in Kilbarchan, which was an area of comparable affluence to Howwood. Mr Tait advised that he could not take account why there were pharmacies in some areas and not others. The pharmacy in Kilbarchan may have been established prior to the introduction of the current pharmacy regulations.

In response to final questioning from the Applicant, Mr Tait did not agree that the current pharmacies in the area were not providing additional services because they were too busy to do so. He further confirmed that the Boots branch in Houston Court would not be closing.

The PPC Question the Interested Party

In response to questioning from **Mr MacIntyre** regarding the level of desirability that a pharmacy in Howwood would have for a mother with a pram and no car, Mr Tait advised that in statistical terms, residents in Howwood were more likely to have access to car than residents from other areas. He suggested that there would always be a situation for some elements of the population where access to any service would cause a minor irritation or where they would be unable to access whatever service they would wish. This did not mean to say that there should be pharmacy every few streets.

In response to questioning from **Professor McNulty**, Mr Tait suggested that if a GP had to make a home visit to a resident in Howwood, they would be able to telephone one of the existing pharmacies in Johnstone, quote the electronic bar code from the prescription, which would allow the pharmacy's system to draw the prescription down from the GP system, and allow it to be dispensed. He did not accept that routine medication would

normally be out of stock and therefore cause difficulties in fulfilling the prescription.

In response to further questioning from Professor McNulty regarding the allegations levelled at Boots in the survey carried out, Mr Tait did not feel that the situation was as bad as was made out in the survey.

In response to further questioning from Professor McNulty regarding the public transport service in the area, Mr Tait responded that the cost of the bus journey would, in all probability, have been costed in terms of distance travelled. He advised that children and the elderly would travel free of charge.

In response to final questioning from Professor McNulty, Mr Tait confirmed that residents in Howwood would consider it “nice” to have a pharmacy in their village. In his opinion, this was akin to saying it would be really convenient to have a pharmacy in the village.

In response to questioning from **Professor McKie** regarding the assertion put forward from the survey that many patients were unable to have their prescription completely filled on the day of presenting, Mr Tait advised that not knowing the background to the particular instances he would assert that such instances were in all probability due to national shortages experienced by manufacturers/wholesalers. He did not consider there were issues over supplies. He further responded that all of the current pharmacies would experience such instances; however it was a well known practice among community pharmacies where they would borrow supplies from neighbouring pharmacies if they did not have an item in stock. If a patient presented a prescription which the pharmacy could not fill due to an item not being in stock, the pharmacist would make attempts to borrow the item from neighbouring pharmacies.

In response to questioning from **Mrs Anderton**, Mr Tait advised that he did not have statistics for the number of patients eligible for MAS in the village of Howwood.

In response to questioning from **Mr Thomson**, Mr Tait advised that he would personally estimate that number of residents eligible for MAS was 30% to 35% lower than the Scottish average in the village of Howwood.

In response to further questioning from Mr Thomson, Mr Tait advised that when he made the comment around “comparative affluence” he was comparing the level of affluence between Howwood and the Scottish Average.

Finally, Mr Thomson invited Mr Tait to comment on the situation which had arisen during the Committee’s site visit where the pharmacist had been unable to speak to the Committee when they visited the pharmacy in Johnstone due to work pressures. Mr Tait suggested this was not a frequent occurrence. He disagreed with Mr Thomson’s assertion that the survey carried out would appear to contradict his view.

In response to questioning from **the Chair**, Mr Tait advised that if granted, the contract in Howwood was unlikely to affect the viability of the pharmacies in Johnstone. He reiterated however that Howwood was at the bottom end of the scale in terms of health needs. The health of the residents was fairly good, and granting an application would result in a limited service being provided to a small population.

In response to final questioning from the Chair, Mr Tait agreed that the application had gathered significant support. He asserted that those resident in affluent areas tended to be articulate and able to put forward their views. In addition, politicians tended to be mindful of the views of such residents especially at election time.

In response to a follow up question from Professor McNulty, Mr Tait advised that all the services proposed by the applicant were already available from existing pharmacies within the area.

Summing Up

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

Mr Tait advised that he had no further comments to make.

The Applicant advised that as an Independent Prescriber and the potential of CMS he would seek to make the pharmacy in Howwood the type of walk in healthy living centre as envisaged by "The Right Medicine". The pharmacy would seek to reach out to the population and provide a wide range of diagnostic services. The pharmacy would offer a health MOT service, where the pharmacist would test patients for diabetes, measure cholesterol and blood pressure. None of this was being offered at the moment.

The Scottish Government had published the action plan 'Better Health, Better Care' (2008). It said they "*must do all they could to put the expectations of people and patients at the heart of decision making in NHS Scotland*" and sets out to, amongst other things, improve services for long-term conditions.

The new pharmacy contract was all about providing services on a local level at the heart of communities from easily accessible pharmacies. Prescription collection and delivery services were an important service provision as part of a pharmacy offering, especially in neighbourhoods like Howwood, yet a delivery driver could not provide the services as envisaged as part of the new contract, only a pharmacy could deliver these services with good uptake at a local level.

He advised that the Committee should be very careful when applying the legal test as it must never be seen as some sort of formula which was totally rigid. In Mr Salwan's opinion, the legal test was there as part of the Control of Entry Regulations to maintain a rational distribution of community pharmacies otherwise a situation arises as in England where 100 hour pharmacies open indiscriminately. Mr Salwan advised that he would find it hard to argue against what the residents who live in Howwood were telling the Committee. They were saying they were isolated with no pharmacy nearby within a reasonable walking distance, no adequate or reliable public transport links available to reach these pharmacies, poor pharmacy delivery services in operation, multiple trips incurred to pick up medication owings, bad parking in the town, long waiting times, and relative inaccessibility to core services CMS, EMAS, AMS, PHS.

According to the legal test of proving inadequacy and making sure it was secured he believed he had proven this. He was committed to delivering this much needed health

resource to this community and would gather more evidence if so needed going forward. He had staff resident in Howwood who were astounded by this situation.

In conclusion, Mr Salwan asked the Committee to be mindful that there were pharmacies in many affluent areas. He reminded the Committee there were 350 children in Howwood under the age of 16.

Before the applicant and interested parties left the hearing, the Chair asked Mr Salwan and Mr Tait to confirm that they had had a full and fair hearing. Both 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;
 - National Co-operative Chemists Ltd – 18 Quarry Street, Johnstone PA5 8DZ; and
 - Penman Pharmacy – various addresses.
- 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 Daily Express (advert run on Wednesday 24th March 2010) – six responses received;
- e) - Renfrewshire CH(C)P – response received;
- f) The following community councils:
 - Howwood – 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 PA9.1, PA10.2 and PA5.0;
- j) Information from Renfrewshire Council's Housing Land Supply regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises; and
- j) Additional information submitted by the Applicant.

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: A737 trunk road;
East: Beith Road, meeting at Torbracken Street;
South: most Southern point of Hill Road; and
West: Where B787 and the A737 meet.

The committee agreed that the defined neighbourhood formed the village commonly known as Howwood which was a rural area, surrounded by areas of greenbelt.

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 no pharmacies. The nearest existing pharmacies were located in other areas of population more than one mile away from the Applicant's proposed premises.

In the Committee's opinion, given the terrain and distances from Howwood to the nearest pharmacies access could only be gained by using public or private transport. The distances to the pharmacies were not suitable for walking by the elderly or mothers with

young children due to poor pathways and no street lighting.

The Committee considered that the full range of pharmaceutical services were not available to the neighbourhood population as planned as residents currently had to travel either to the vicinity of their GP to obtain pharmaceutical services, or to the village of Spateston, which was over one mile away and which did not contain any other amenities that would be used by residents of Howwood, the direction of travel being in the opposite direction towards the larger township of Johnstone.

The Committee agreed that the level of expectation from patients regarding the new services offered by community pharmacies would have increased in the two years since the previous application was considered. The Committee therefore agreed that the existing pharmaceutical service provision to the population of the village of Howwood was not adequate. The Committee further agreed that the population's difficulty in accessing GP services may increase the need for a pharmacy in the neighbourhood, given that this would be initial point of contact for health related issues in the general area.

After due consideration, the Committee agreed that the granting of the contract was necessary to secure adequate pharmaceutical services in the neighbourhood as currently the residents had to travel a considerable distance to access services.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee 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 necessary in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

**Contractor
Services
Supervisor**

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

The Chair declared an interest, as chairman of Glasgow University's Estates Committee, in the next item of business and left the room. Professor McKie assumed the chair for this item.

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/35 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following application should be considered by means of an oral hearing:

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

The Chair rejoined the meeting at this stage.

6. MATTERS CONSIDERED BY THE CHAIR SINCE THE LAST MEETING

Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC04/2010 – Rowlands Pharmacy, 198B Harvie Avenue, Newton Mearns, Glasgow G77 6UT

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

The Committee noted that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee noted that the Chairman had refused the application, having been satisfied that the application did not fulfil the requirements laid down in the Pharmaceutical Regulations.

Case No: PPC/MRELOC05/2010 – Lloydspharmacy Ltd, 2-4 Dubbs Road, Port Glasgow PA14 5AY

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 did fulfil the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

7. INFORMATION SESSION – FREQUENTLY USED TERMS

Mr. Thomson gave the members of the Committee a short presentation focusing on generally used terms, which the new members of the Committee might not be familiar with.

AGREED/- that the Contracts Manager make the hand-outs from the presentation available to all members of the Committee.

**Contracts
Manager**

8. CONTROL OF ENTRY TO THE PHARMACEUTICAL LIST

The Committee had previously been distributed with the recent report developed by the

Scottish Government in response to the consultation exercise undertaken earlier this year.

The Committee was pleased to note that many of the suggestions and comments made by the Board and the Committee had been incorporated into the proposed changes to the Regulations.

It was, at this point, unclear as to when the proposed changes would be made to the Regulations and no further action was required by the Committee until further guidance was available from the Scottish Government

NOTED/-

9. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

10. DATE OF NEXT MEETING

To be arranged.