

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)

Minutes of a Meeting held on
Thursday 10th February 2011 in
The Board Room, Vale of Leven Hospital, Maternity Block
3rd Floor, Main Street, Alexandria G830UA

PRESENT:

Peter Daniels	Chair
Professor Joe McKie	Lay Member
Mr Alex Imrie	Deputy Lay Member
Mr William Reid	Deputy Lay Member
Professor Howard McNulty	Non Contractor Pharmacist Member
Mr Gordon Dykes	Contractor Pharmacist Member

IN ATTENDANCE:

Dale Cochran	Community Pharmacy Development Supervisor
Richard Duke	Contracts Manager – Community Pharmacy Development
Robert Gillespie	Lead - Community Pharmacy Development
Janine Glen	Contracts Manager – Community Pharmacy Development

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

ACTION

No member declared an interest in the application to be considered.

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minutes of the meeting held on Thursday 6th January 2011 PPC[M]2011/02 were approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes, which were not already included in the Agenda.

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

Case No: PPC/INCL09/2010

Invercoast Ltd – 32a Brucehill Road, Dumbarton G82 4EW

The Committee was asked to consider an application submitted by Invercoast Ltd to provide general pharmaceutical services from premises situated at 32a Brucehill Road, Dumbarton G82 4EW 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 Invercoast 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 James Semple ("the Applicant), and assisted by Mr Fraser McPherson. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Mark Sim (Lloydspharmacy Ltd) and Ms Claudia Conetta (High Street Pharmacy Ltd), assisted by Ms Arlene Duffy ("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 following

A812 Renton Road, A814 Cardross Road, Castlehill – along: Castlehill Road; Hawthornhill Road and Kyle Terrace, Westcliff, Brucehill – along: Brucehill Road; Glencairn Road; Fairview Terrace; Keil Crescent and Ardoch Crescent. Kirktonhill – along: Oxhill Road and Place; West Bridgend; Clydesdale Road; Dixon Drive and Helenslee Road, Bridge Street, High Street, Church Street, Station Road and Glasgow Road.

The Committee noted that the premises were constructed and were currently unoccupied. The pharmacy area was not yet fitted out. The Committee had gained access to, and had toured the premises.

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 Parties and the PPC to ask questions. The Interested Parties were then asked to make their submissions one by one. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

The Applicant thanked the Committee for providing him the opportunity to put forward his case.

He advised the Committee that this was the third time an application had been submitted for premises in this area. He asked if the Committee was wondering why anyone would bother to apply to open a pharmacy in West Dumbarton when two previous applications had been granted by the PPC then overturned by the National Appeals Panel (NAP).

He advised that the answer was simple: The NAP sometimes got things wrong. Not often, but it did happen and on rare occasions the NAP got things wrong twice. In Mr Semple's opinion they had been wrong in the applications for this area. Mr Semple considered that the PPC had, on the other hand actually got these applications right – twice.

Mr Semple asserted that the new Regulations came into force in April and advised that whilst this application would go through the process under the existing regulations, he felt it useful to consider the changes that were being planned.

For a variety of reasons, the NAP had not operated, as one would expect, as a panel which reviewed local decisions because they were legally incompetent or perverse, or based on the determining PPCs lack of understanding of the regulations. This was not to say that some PPCs didn't make decisions which were legally incompetent or perverse.

According to Mr Semple, however the majority of appeals heard weren't for these reasons. They were usually heard because of some minor technical issue, and once a hearing was allowed then the reasoning of the original PPC became "water under the bridge". And so under the current Regulations, the application was simply reheard by a different panel. Except this time it wasn't a panel with 'local knowledge', as the PPC had.

This way was fine as a way of weeding out 'perverse' decisions and bad applications, but when it was applied to applications such as the one currently before the PPC, the process simply didn't make sense.

Mr Semple suggested that applications for entry to the Pharmaceutical List should be based on the subjective opinion of panel members who had a good understanding of the Regulations and an ability to properly consider the evidence. There was really no justification for the subjective opinion of a local committee (which understood the regulations) being overturned by another committee simply because that panel took a differing subjective view. Mr Semple advised that the new regulations would change this. Appeals would only be heard when a decision was legally incompetent, or perverse.

Mr Semple advised that he had included this information in his presentation because the circumstances surrounding the current application were "rare".

Mr Semple advised that he had only ever come across one other application where a PPC had granted an application on two separate occasions, only for the NAP to overturn that decision on each occasion.

Mr Semple's point was that the PPC had every right to draw its own conclusions about this application. He was not telling the Committee what decision they should make, but was saying that the two previous NAP decisions had to be completely discounted. They had no more validity than the two decisions of the previous PPCs who granted the applications. In fact, since the PPC was the local NHS Board's expert committee, and since those decisions were not 'perverse' in any sense, Mr Semple suggested that the previous decisions of the NAP had less validity than those of the PPCs. A PPC, which Mr Semple reminded the Committee heard more applications than the rest of the country put together.

Mr Semple then turned his attention to the legal test.

In terms of neighbourhood, he advised that the PPC of Argyll & Clyde Health Board approved an application at 74-76 Hawthornhill Road, Dumbarton in March 2006. They agreed with the Applicant that the neighbourhood was that part of Dumbarton west of the River Leven. When that application was considered by the NAP, the panel disagreed and said the neighbourhood was the entire town of Dumbarton.

The PPC of NHSGG&C approved an application in November 2008 at the current proposed premises. They agreed with the Applicant (Assura Ltd) that the neighbourhood was that part of Dumbarton west of the River Leven. When the NAP heard this appeal, they agreed with the PPC and the Applicant on the issue of neighbourhood, however the Panel upheld the appeals on the basis of other reasons. Mr Semple intended to return to these reasons further on in his presentation.

In terms of the current application, Mr Semple's position was that his definition of neighbourhood in 2006 was correct, as was the PPCs and the Applicant's in the second application in 2008, and thereafter the NAP in 2008. The neighbourhood was that part of Dumbarton west of the River Leven.

According to Mr Semple, the town of Dumbarton was too large to be considered a single neighbourhood and the notion that 20,000 people could consider themselves neighbours was not logical. The River Leven divided east and west Dumbarton and was a glaringly obvious geographic feature in identifying the different neighbourhoods which made up the town of Dumbarton. This was also true of the A82 trunk road to Loch Lomond, which formed the boundary of Bellsmyre when an application was considered for this area a few years ago.

West Dumbarton comprised three distinct districts, according to most sources: Brucehill, Castlehill and Kirktonhill. Mr Semple was not convinced that these districts could be considered separate neighbourhoods. However even if they were he considered this would have little bearing on the legal test. None of the districts contained a pharmacy; all were within easy walking distance of the proposed premises; and all of them would be within the 'catchment area' of the proposed pharmacy. So for the purposes of the legal test, Mr Semple was inclined to group them together and call the neighbourhood West Dumbarton.

The two sides of the River were very different in character. The east contained mainly retail provision, with some housing further to the east. In contrast, the west was almost

devoid of significant shopping facilities with the existing retail units being small independent retailers. There were a few convenience stores, off licenses, a pub and book makers. There was a large residential component in the west of Dumbarton which was more deprived than the area to the east. In Mr Semple's opinion this was powerful evidence to support his definition.

Mr Semple then went on to say that the existing services to the neighbourhood were provided by pharmacies currently outwith the neighbourhood. It was impossible to be precise, but these were the most likely to be the pharmacies on the other side of the river in the town centre of Dumbarton. Cardross Pharmacy to the west certainly wasn't involved.

Mr Semple advised that the crux of the application wasn't the neighbourhood. He suggested that he wouldn't insult the Committee's intelligence by suggesting that the absence of a community pharmacy in a neighbourhood was sufficient grounds to grant an application. He advised that when there was no pharmacy in a neighbourhood there were four factors which he felt should be taken into consideration when determining whether services outwith a neighbourhood were adequate.

- 1. Population Size;**
- 2. Demographics of the Population;**
- 3. Routine daily behavior of the Population; and**
- 4. Ease of Access to the existing Services.**

All of the factors were important. Mr Semple advised that it was only where there was a conflagration of problems that services became inadequate. In this case, he believed this conflagration had occurred, and made existing services in the neighbourhood were clearly inadequate. Further, he believed that the NAP had failed to take this list of inadequacies into account when they had upheld two appeals, and refused two good applications.

1. Population Size

The population of Dumbarton was, according to the Scottish Neighbourhood Statistics (SNS) around 20,000, however what interested Mr Semple was the population of the proposed neighbourhood. If it was a small population, then you might reasonably say that there were minimal numbers of people who found it difficult to access a pharmacy, as there always were, and they could be best served by delivery services and domiciliary visits.

Mr Semple was aware that there couldn't be an easily accessible pharmacy for every resident in Scotland.

The population of West Dumbarton was 5,615 according to the most up to date SNS statistics. In Mr Semple's opinion this was a huge number. There had been cases where applicants had argued that 1,500 people were the minimum for a neighbourhood without a pharmacy, that they needed a pharmacy. Most of the time these arguments were nonsense, but 5,615 was in Mr Semple's opinion; a small town.

Looking deeper into the numbers to the demographics of the population would show that it

comprised a higher than average number within those elements who were major users of pharmaceutical services and who would have difficulty accessing a pharmacy at the moment.

2. Demographics of the Population

Mr Semple advised that the neighbourhood was covered by eight datazones. The Scottish Index of Multiple Deprivation (SIMD) ranked two of the datazones in the most deprived decile, with a score of one. Two of the datazones were in the next most deprived decile, with a score of two and one of the datazones was in the third most deprived decile. This was an incredibly deprived population. In fact, in some of the datazones included in the defined neighbourhood, there were the most deprived people in Scotland.

Mr Semple hadn't included the health statistics for the neighbourhood in his presentation, as he was aware the PPC were already familiar with them. He felt that deprivation was the only important factor in determining healthcare needs after age. The Scottish Government was currently working on a capitation model to replace 'script numbers' as a way of paying for pharmaceutical services. The negotiators had narrowed all the factors down to two: deprivation and age. In terms of pharmaceutical needs you couldn't have a more 'needy' population. High levels of ill health, low levels of mobility.

3. Routine Daily Behaviour of that Population

Mr Semple advised that Dumbarton town centre was dead. He said this with a degree of regret. The establishment of the major supermarkets in the St James Retail Park had killed the town centre to the extent that the Daily Mail had recently carried a story reporting that West Dunbartonshire Council had employed a company to install fake shop-fronts in all the empty units in the town centre in an attempt to encourage traders to return to the town.

This was really important. There were three pharmacies around the High Street, and a Lloydspharmacy closer to the Health Centre. They were all there because years ago, when the pharmacies opened, before the Control of Entry Regulations were introduced; the High Street was the hub of Dumbarton. According to Mr Semple, the pharmacies had continued to survive because of Control of Entry and because of their close proximity to the Health Centre. The pharmacies would continue to survive but the fact was they were in the wrong place. This was not a criticism of the existing contractors, but that having been said, Mr Semple reminded the PPC that it was not their prime consideration to protect the income of existing pharmacies. The Committee was here to consider the needs of patients, specifically patients in the defined neighbourhood in which the proposed premises were located.

So for a resident of West Dumbarton going about their daily business, how would they currently access a pharmacy? For a start, they weren't going to Dumbarton town centre. In Mr Semple's opinion, there was nothing there. They would travel, probably by bus, to the St James Retail Park or to the local convenience store if they were merely looking to purchase a newspaper or a pint of milk. They would be shopping at Marks and Spencer's or Asda. From there it was a half mile walk to the Lloydspharmacy branch adjacent to the Health Centre (according to GMaps), or the nearest pharmacy in the town centre. Mr

Semple questioned whether this was acceptable, especially with shopping bags. He felt it was not. He reminded the Committee that this wasn't a population who drove 4x4s as they did in other neighbourhoods. This was a resident of one of the most deprived areas in Scotland.

He advised that "IF" there was a pharmacy at the St James Retail Park, he probably wouldn't have submitted the application, but there wasn't and this was what made the town of Dumbarton so unusual. The focus of the town had completely shifted and the existing pharmacies had been left in a "no-man's land" that people didn't use any more. While this wasn't a major issue for those residents of the east side of Dumbarton, it was a serious problem for those to the west of the river.

Mr Semple asked the Committee to consider the minutes of the NAP (2009), which stated:

"Dumbarton is typical of many towns in Scotland where pharmaceutical services were efficiently and effectively provided within the town centre for its various neighbourhoods."

This was, according to Mr Semple, where the NAP got it wrong. Dumbarton was not typical. Dumbarton was, in fact, unusual. The retail centre. i.e. the predatory supermarkets; were not in the town centre, and it was debatable whether it could continue to be called a town centre. They were half a mile from the town centre and this was an additional half mile that residents of surrounding neighbourhoods need to negotiate to get to a pharmacy. Not a half mile from home to pharmacy but an extra half mile.

Mr Semple felt it was a disgrace for this situation to happen, but in Dumbarton it was the reality of the situation and the residents of West Dumbarton should not be made to suffer, in terms of pharmaceutical care, on account of the short sighted decisions of local authorities.

4. Ease of Access to the Existing Services

Ignoring the fact that residents of West Dumbarton were unlikely to travel to Dumbarton town centre "as part of their everyday lives", how would a resident of the neighbourhood get to a pharmacy?

By foot the distance from the centre of the neighbourhood to a pharmacy was an average distance of one mile. Mr Semple questioned whether this was a reasonable distance for a deprived population with 2,237 residents over 50? He suggested not and reminded the Committee that this trip would be an extra two mile round trip outwith their routine daily life.

In terms of public transport, where there was a good bus service the previous considerations should be taken into account; what was the population, what was the demographic and what was the 'normal routine'. There were, without doubt, neighbourhoods without a pharmacy, not within walking distance of one, where a pharmacy wasn't justified. Such neighbourhoods would be those where:

- 1. The population was small;**
- 2. The population was mobile i.e. had high car ownership;**
- 3. The population was healthy, and had low pharmaceutical care needs i.e. they**

- were affluent; and
4. **The population, as part of their normal routine, went to a place where there was a convenient pharmacy.**

Dumbarton ticked none of these boxes.

Even if there was a fantastic bus service from West Dumbarton to the town centre he did not believe that the residents could conceivably have an adequate pharmaceutical service which met their specific needs.

He questioned how expensive it would be for methadone patients to access services six days per week by using public transport.

He quoted from some of the letters received in support of the application;

“sometimes the bus services are not that great”;
 “I normally have to go in a taxi if my family can’t help as the buses are not reliable”;
 “my daughter has a double buggy and can’t get on to the local bus services”;
 “the bus service is terrible and I struggle to get to the High St”;
 “I am an old age pensioner...the bus service is unreliable and it costs me a fortune in taxis”;
 “the bus service is appalling”; and
 “I have to go into the town and it’s a disgrace as it costs me £2.50 for a return”.

It was sometimes easy for people to forget what deprivation was all about. £2.50 was less than the price of a sandwich, but to people in West Dumbarton it was a lot of money.

Mr Semple asked if the services provided to the neighbourhood were adequate. He suggested the answer was clear and that this was a resounding “no”.

Mr Semple advised that he hadn’t made an application to open a pharmacy in an urban area for a significant period of time. This was because he genuinely believed that the obvious gaps in service provision had been filled. Dumbarton was the exception. He had applied in West Dumbarton in 2006 because he truly believed the application had merit. He had applied a second time, as he continued to believe this and the letters of support received in connection with the application seemed to bear this out.

In conclusion, Mr Semple advised the neighbourhood was West Dumbarton. The existing services were in Dumbarton town centre and were on average a mile from the residents, and nowhere near the places they went as part of their daily routine. The population was 5,500 and was one of the most deprived in Scotland. Existing services were clearly inadequate.

The PPC had granted an application in this neighbourhood twice, and the NAP had overturned those decisions without any compelling reason. The application was a good one, and he asked the Committee to grant it.

His last word came from a letter provided from one of the local OAPs. *“Having a nearby pharmacy would give me back my independence.”*

The Interested Parties Questions the Applicant

In response to questioning from **Mr Sim**, the Applicant advised that a resident of Castlehill would in all probability consider themselves a neighbour of a resident in Brucehill. When asked to expand on his answer, the Applicant advised that the neighbourhood defined as West Dumbarton could reasonably be considered to comprise three districts. It was unlikely that taken separately they would meet the definition of a neighbourhood as they were relatively small areas, however the Applicant did not feel that this was material to the argument as the services were no less inadequate for those three districts separately or whether taken together as the neighbourhood as West Dumbarton.

In response to further questioning from Mr Sim, the Applicant agreed that there were ample crossing points between Castlehill and Brucehill. He did not agree with Mr Sim that there was an enormous hill between the two areas, and reminded Mr Sim that anyone who couldn't make the journey between the two areas would in all probability be housebound and as such would make use of the collection and delivery service.

In response to further questioning from Mr Sim regarding whether a resident from Westbridge End Lane would find it convenient to travel to the proposed premises or the existing network, the Applicant advised that in every application to open a pharmacy there would be points in a defined neighbourhood where residents would find it more convenient to attend a pharmacy other than the proposed premises. It was generally accepted that not everyone in a neighbourhood would use a proposed new pharmacy.

In response to Mr Sim, the **Applicant** agreed statistics of the neighbourhood would support the relocation of one of the pharmacies. He reiterated however that it was not **in** the Board's remit to move or model services. He added that any relocation could not be considered a minor relocation and therefore determined on the same basis as a new contract application.

In response to further questioning from Mr Sim, the Applicant agreed that not everybody went shopping before they went to a pharmacy; however he reiterated that part of the consideration of the legal test lay in the daily routine of the neighbourhood population. If the residents were required to travel outwith their neighbourhood as part of their daily life a pharmacy application might not be granted. This population however were required to travel outwith the neighbourhood to access a pharmacy, but had to travel to a place where they didn't go for any other reason. This was more reason to grant the application.

In response to further questioning from Mr Sim, the Applicant was sure that an elderly resident would find it easier to walk to the proposed pharmacy rather than take public transport to the town centre.

In response to final questioning from Mr Sim if he was aware of any complaints being submitted to the Health Board about inadequacy of services in Dumbarton, the Applicant advised that in general terms the public was not aware of the pharmacy regulations and therefore were not inclined to make complaints. He was aware the residents of the neighbourhood strongly supported the application or else he would not have submitted it.

In response to questioning from **Ms Connetta**, the Applicant agreed that the area of Kirktonhill was more affluent than the other areas of Castlehill and Brucehill. He advised that in terms of SIMD, the Kirktonhill area had a score of 4/10 in terms of deprivation. This indicated that most of the area was not considerably affluent.

In response to further questioning from Ms Connetta, the Applicant advised that some of the residents of Kirktonhill might be more likely to travel to the town centre rather than use the proposed premises. Alternatively it might be more convenient for some to travel to the proposed premises. The Applicant was aware that not all residents of the area would travel to the proposed premises, but had included the area in his defined neighbourhood as he considered it appropriate.

In response to further questioning from Ms Connetta regarding apparent assertions he had made to the residents regarding methadone provision, the Applicant advised that he had not spoken to any residents in the area of the proposed premises. He assumed this information had come from the owner of the shop adjacent to the premises. He reiterated however that this application was not solely about methadone. He did not agree with Ms Conetta that the letters of support would not exist if the residents were aware that methadone would be dispensed.

In response to further questioning from Ms Connetta regarding comments made in his presentation that the residents weren't getting a service, the Applicant clarified that he did not say the residents weren't getting a service at all. He accepted the residents received an excellent service, but that to access this service they had to travel outwith their own neighbourhood to a place they would not normally travel to as part of their daily routine.

In response to Ms Conetta's question about repeat prescriptions and the fact that these patients didn't need to travel to a pharmacy to access services, the Applicant advised that he found his point of view disappointing. He did not think pharmaceutical services should be organized on the basis of a good delivery service and not an adequate overall service.

In response to further questioning from Ms Conetta, the Applicant agreed that the current pharmacy network could travel into the defined neighbourhood and provide services via a collection and delivery service, however he reiterated that this was not the preferred model of pharmaceutical service and could not replace the face to face contact and other services that a community pharmacy in the neighbourhood could provide. Such a service could not address the residents' over the counter needs or could not provide a MAS consultation. The Applicant asserted that to say a neighbourhood was adequately served by services provided via a car, was not a way of running a pharmacy service.

In response to further questioning from Ms Conetta around his assertion that the journey to the town centre was difficult for those living in the defined neighbourhood, the Applicant advised that he had provided evidence which showed that visiting the nearest pharmacy would entail a resident making a two mile round trip. This was not, in his view, acceptable for the main users of pharmaceutical services. In response to Ms Conetta's assertion that she had made the journey with no problem, the Applicant referred Ms Conetta back to the demographics of the neighbourhood and suggested she was not representative of the residents.

In response to further questioning from Ms Conetta, the Applicant advised that he hadn't said that no-one travelled to the town centre. He had said that the town centre was "dead", which was evidenced by the council's hiring of a firm to put up false shop fronts in a bid to attract retailers back to the area. He advised that currently it was people's daily routine to travel to the retail park for shopping purposes. He advised that if the town centre was the heart of the community, there would be less empty shopfronts. He further advised that he considered residents would only travel to the retail park for shopping purposes, other than this, it was unlikely that they would leave the defined neighbourhood.

In response to final questioning from Ms Conetta, the Applicant agreed that nothing had changed since the last two applications were considered by the PPC. He reiterated that the PPC had, on both occasions, been correct in granting the applications. In response to Ms Conetta's reminder that the NAP had overturned both decisions, the Applicant advised that in his opinion these decisions had been incorrect.

The PPC Question the Applicant

In response to questioning from **Professor McNulty** regarding the neighbourhood and whether Kirktonhill should be included in the neighbourhood, the Applicant advised that there was a good argument for defining the neighbourhood like this. He had defined the neighbourhood in agreement with the PPC who had on two occasions included Kirktonhill in its definition, and also NAP who had done the same the second time they considered the application. He did not feel the inclusion or exclusion of Kirktonhill made a material difference to the legal test.

In response to further questioning from Professor McNulty, the Applicant confirmed that he was not aware whether there was a footpath from Kirktonhill into the Brucehill area. He advised that of the 6,237 residents within the defined neighbourhood, 818 lived in the area commonly known as Kirktonhill. He advised that that population remained of significant size even taking this population out of consideration.

In response to further questioning from Professor McNulty regarding demographics, he advised that that according to 2009 statistics the number of children in the neighbourhood was 1,015, the number of residents of working age was 3,500 and the number of pensioners was 1,100.

In response to further questioning from Professor McNulty, the Applicant agreed that the proposed premises might benefit from passing trade due to its close proximity with the nearby school.

In response to final questioning from Professor McNulty, the Applicant confirmed that he had not orchestrated or been involved in the survey which had been submitted as part of the public consultation process.

In response to questioning from **Mr Reid**, the Applicant confirmed that he was in negotiation with the landlord of the premises and would enter into a lease agreement if the contract were granted.

In response to further questioning from Mr Reid, the Applicant advised that in terms of his

comments regarding the bus service, he was merely quoting comments made by residents. He agreed that there were well placed bus stops along the route and that in theory buses were timetabled to travel through the area every 15 minutes, however the anecdotal evidence from residents was that the bus services were not reliable.

In response to questioning from **Professor McKie**, the Applicant advised that the buses turned right before the bridge and travelled to the town centre going over the old bridge. He was not aware of the bus route operating in the opposite direction. He reiterated however that, in his opinion, there came a point where if the only access to pharmacy services was by means of a bus service, this became inadequate. The residents of the neighbourhood felt the bus service to be unreliable and this was a common theme among those who had responded during the public consultation.

In response to questioning from **Mr Gillespie** regarding how far he felt it was reasonable for a person to travel to access pharmacy services, the Applicant advised that he felt one mile would be an acceptable distance.

In response to questioning from **Mr Dykes**, the Applicant advised that he had chosen the proposed premises instead of the initial premises in Castlehill as the proposed premises were situated in a better site in the middle of the defined neighbourhood.

In response to further questioning from Mr Dykes regarding the number of responses received during the public consultation process, the Applicant suggested that residents had been encouraged by the owner of the convenience shop adjacent to the proposed premises to write to the Board. He suggested that people could only be encouraged to write in and would only do so if they genuinely felt there to be an inadequacy in the area.

In response to final questioning from Mr Dykes regarding whether he agreed that some neighbourhoods received adequate pharmaceutical services from pharmacies situated outwith that particular neighbourhood, the Applicant fully agreed with this. He asserted that if West Dumbarton had been situated ten miles from Dumbarton town centre and the residents had to travel to the town centre to access pharmacy services, he would probably not have made the application. He was sure that if this was the situation then regardless of the difficulty in getting there residents would nevertheless need to travel to the town centre to access pharmacy services; however this was not the case in this instance.

In response to Mr Dykes follow up question as to whether the application was based on convenience rather than a necessity or desirability, the Applicant reminded the Committee that the legal test did not associate necessity or desirability with the pharmacy itself, but rather the question was whether it was necessary or desirable to grant the application to secure the adequate service. In his opinion, the current services were inadequate on the basis of distance to the current pharmaceutical network, therefore the application met the legal test and it was necessary and desirable to grant the application to ensure adequate services were available to the residents of the defined neighbourhood.

In response to questioning from **Mr Imrie**, the Applicant agreed that there was mix of housing stock in the defined neighbourhood.

In response to further questioning from Mr Imrie regarding services to be provided from

the proposed premises, the Applicant confirmed that he would provide all services required under the pharmacy contract, along with other services such as a collection service from the Health Centre, which the Applicant felt would benefit those patients on repeat medication who would no longer need to travel to the town centre to collect their prescription or to get it dispensed.

In response to questioning from **the Chair**, requesting clarification regarding the bus services in the area, the Applicant said he did not dispute there was a good bus service in the area. It was his opinion that you could get a bus between any two points in the Board's area. He advised that there came a point where reliance on a bus service to access pharmaceutical services rendered those services inadequate.

The Interested Parties' Case (Mr Mark Sim – Lloydspharmacy)

Mr Sim commenced his presentation by thanking the Committee for the opportunity to speak to the application.

His primary comment was that the National Appeals Panel concluded as recently as May 2009 that an additional NHS contract at the proposed premises was neither necessary nor desirable. With this thorough and robust decision made by the NAP Lloydspharmacy could not see what changes had occurred within this time to suggest that a different decision should be reached on this occasion and therefore believed that this application should once again be refused.

On the issue of neighbourhood, Lloydspharmacy was happy to agree with the neighbourhood as defined by the NAP.

Whilst there was no pharmacy within this neighbourhood the PPC were entitled to consider the provision of pharmaceutical services outwith a neighbourhood. Indeed previously the existing six pharmaceutical contractors were considered adequate to meet the needs of the neighbourhood and it was not axiomatic that every neighbourhood had a pharmacy.

Mr Sim advised that it might therefore be more appropriate to consider the town of Dumbarton as a whole or as a previous NAP defined:

“that part of the town of Dumbarton lying to the west of the A82 Stirling Road. Bellsmyre which lay to the east of the A82 was considered to be a distinct neighbourhood in its own right. The areas of Castlehill, Brucehill and Kirktonhill had small populations and had no features or facilities which were distinct from the remainder of the town of Dumbarton. The Dumbarton town centre provided all the facilities for the population of the area in terms of a neighbourhood.”

Given that its population was only 20,527 at the last census, this equated to a ratio of 3,420 persons per pharmacy which was an over provision in terms of the Scottish national average. Mr Sim suggested that no matter what neighbourhood was used it had been considered neither necessary nor desirable for an additional contract to be granted by the NAP on the two previous occasions. No mention had been made of any inadequacy of existing services, as none existed.

The attached papers and comments from residents and what appeared to be a shopkeeper did not demonstrate inadequacy of existing services but merely referred to a pharmacy being a good convenient idea. The NAP had conducted site visits on two occasions in the last four years and access had consistently been considered adequate.

Lloydspharmacy had two pharmacies in Dumbarton both conveniently sited, one adjacent to the Medical Centre and the other on the High Street. Both were fully DDA compliant and had short waiting times. They provided a methadone supervision service and had many community dosette patients which were serviced from their hub in Polmadie. There was capacity for more and waiting lists for neither. They offered free blood pressure monitoring and diabetes testing in the consultation area and were fully compliant in all aspects of the Scottish pharmacy contract. Through their Dr Thom service, Lloydspharmacy offered vaccination administration and cholesterol testing at their Station Road branch and considering deprivation, they had a relatively low number of supervised methadone patients.

As far as Mr Sim was aware, there had been no complaints about either pharmacy in terms of service provision. He believed that they had a close relationship with the medical practice and again there were no issues that he was aware of. Lloydspharmacy also offered a collection and delivery service from both pharmacies and delivered to the area under consideration by the Committee. With Kemp's on the High Street offering an oxygen service and palliative care, and Boots offering a needle exchange, Mr Sim considered that the full range of pharmaceutical services was being provided to the population of Dumbarton.

In terms of this application the proposed site for the pharmacy was small, next to a small convenience store and take-away and not exactly the hub of a community. Mr Sim questioned whether the premises were fit for purpose and found it difficult to envisage how a dispensary and consultation room could be fitted into the space. The population of Brucehill, Castlehill and Kirktonhill would still need to access Dumbarton town centre for post office, banking and weekly shopping facilities. To describe the area as a neighbourhood that was self-sufficient in its own amenities would be incorrect. There were no GP medical practices in the neighbourhood and consequently patients would need to go to Dumbarton town centre to access these. There were three regular bus services from the area to the town centre every 15 minutes with the journey taking between five and ten minutes. Mr Sim believed this to be an adequate service. There were many bus stops along the High Street giving access to all the town centre pharmacies.

In summary the application appeared to be based on a neighbourhood defined to exclude all existing pharmacies in the neighbourhood that had been defined by the NAP. The current pharmaceutical services were more than adequate and a new pharmacy would offer nothing new. For these reasons, and that it was the Applicant's duty to show inadequacy in the neighbourhood which he believed had not been shown, he respectfully asked the Committee to refuse the application as it was neither necessary nor desirable.

The Applicant Questions Mr Sim

In response to questioning by **the Applicant**, Mr Sim did not agree that the current

position where the prescription load per pharmacy was above the national average was caused by there being three pharmacies in a street where there should be only one.

In response to further questioning from the Applicant, Mr Sim confirmed that he felt that a better situation would be for one of the current pharmacies to relocate away from their current position. He clarified that while it would result in a more convenient organization of services, it would not improve the service provision. He further agreed that any relocation from the current position would not fulfill the criteria for a minor relocation.

In response to further questioning from the Applicant, Mr Sim confirmed that Lloydspharmacy's Regional Development Manager had made enquiries regarding the proposed premises with a view to relocating from the town centre. He confirmed that the premises had been discounted due to their unsuitability. He advised that this issue was not relevant to the Committee's consideration of the current application.

In response to a follow up question from the Applicant regarding the same issue, Mr Sim did not agree that this situation showed that Lloydspharmacy considered the current services to be inadequate and this was the reason they were exploring relocation from their current site.

There were no questions to Mr Sim from **Ms Conetta**.

The PPC Question Mr Sim

In response to questioning from **Mr Dykes**, Mr Sim confirmed that Lloydspharmacy attracted approximately 40% of their business from the defined neighbourhood. He did not feel the neighbourhood was under provisioned and reminded the Committee that it could take into consideration services provided to the neighbourhood by pharmacies outwith the neighbourhood.

In response to questioning from **Mr Reid**, Mr Sim confirmed that he was not aware of any complaints being made in respect of services in the area.

In response to questioning from **Mr Gillespie**, Mr Sim confirmed that in his opinion a mile was a reasonable distance to expect a patient to travel to access pharmaceutical services.

In response to questioning from **Professor McNulty**, Mr Sim confirmed that the prescription load of Lloydspharmacy branches in Dumbarton had increased slightly in the last two years.

In response to further questioning from Professor McNulty, Mr Sim confirmed that when he said there was an overprovision of services he meant across the whole of Dumbarton.

In response to further questioning from Professor McNulty regarding community pharmacy's move from volume dispensing to a more service based approach and what Lloydspharmacy were doing to embrace this shift, Mr Sim advised that Lloydspharmacy provided all core services of the pharmacy contract as well as a collection and delivery service.

In response to further questioning from Professor McNulty, Mr Sim advised that there was a sense of difference between the three areas which comprised the defined neighbourhood. He advised that Castlehill was significantly deprived, with Brucehill being less so. Kirktonhill was relatively affluent in comparison.

In response to questioning from **the Chair**, Mr Sim reiterated his belief that a population of more than 20,500 could be described as a single neighbourhood. He further confirmed that residents of Kirktonhill and Castlehill would not consider themselves to be neighbours as they belonged to different localities.

In response to further questioning from the Chair, Mr Sim advised that residents of Westcliff would find it easier to travel to the town centre rather than the proposed premises.

In response to final questioning from the Chair, Mr Sim accepted that the PPC was entitled to consider the current application afresh regardless of the NAPs two decisions to refuse similar applications.

There were no questions to Mr Sim from **Professor McKie, or Mr Imrie**.

At this point a member of the Committee asked the Chair if Mr Sim would be allowed to leave the information regarding bus routes and services in the area, to which he had referred during his presentation. The Chair asked all present if they had any objections to this, and all agreed that they had no objections. Mr Sim provided the Committee with the information.

The Interested Parties' Case (Claudia Conetta – High Street Pharmacy)

Ms Conetta thanked the Committee for allowing her to make representation today.

She advised that she understood that the previous application for a new pharmacy contract at 32a Brucehill Road had been rejected by the National Appeals Panel (May 2009).

Their findings stated:

The Panel noted that there were no pharmacies in the defined neighbourhood. There were however six existing pharmaceutical services located in Dumbarton, including Bellsmyre, which provided adequate pharmaceutical services for the town of Dumbarton and the defined neighbourhood including all core services, new pharmacy initiatives, effective collection and delivery and domiciliary services. Dumbarton was the focal centre of the area with all main shopping and services provided in the centre of the town. There was adequate parking for those with cars, and a good public transport system, both rail and bus, giving good access to those resident in the neighbourhood to pharmaceutical services. The opening of a new pharmacy at Brucehill would not improve the quality of health of the population in the short term.....The Panel took cognisance of the statistics provided by the Applicants but considered that the existing services provided did not demonstrate any evidence of inadequacy of pharmaceutical services. Dumbarton was typical of many towns in Scotland where pharmaceutical services were efficiently and

effectively provided within the town centre for its various neighbourhoods.

For the reasons set out above, the Panel considered that the existing pharmaceutical service in the neighbourhood was adequate. Accordingly, the Panel was not satisfied that the granting of the application was either 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.....it was the decision of the Panel that the appeal be upheld.

Ms Connetta and her partner's main concern was that very little appeared to have changed since the most recent application was rejected in 2009. Ironically, since that time, economic and population changes had combined to make this unnecessary application less viable than ever.

The population had decreased. 2009 figures showed the population at 17,416 compared with the figures used by the Applicant of 20,000 according to the 2001 census. In addition, Kemps Pharmacy (High Street Pharmacy) was now under new management and had two pharmacists. The reasons the NAP deemed the previous application both unnecessary and undesirable were even more compelling than before.

As the new owners of Kemps, Ms Conetta and her partner offered a more robust and comprehensive service than before. This only acted to further negate the need for any new pharmacy contract in the area. In 2009, the NAP ruled that "adequate provision of pharmaceutical service" was providing in rejecting the Brucehill application. This being the case, pharmacist provision had been strengthened and enhanced in the area thus making this persistent application more irrelevant than ever.

It was Ms Conetta's understanding that the Health Board had a duty to ensure that the pharmacy network was both robust and viable. Given the new pharmacy contract and economic climate, a fourth new pharmacy in the area would be unwise. With Bonhill, Bellsmyre, and Cardross granted over such a short period of time, further provision seemed wholly unnecessary.

Ms Conetta contended that the current six pharmacies within the Dumbarton area and the two pharmacies just outwith the area all offered fully comprehensive pharmaceutical services which were available seven days per week, 365 days per year due to the participation in rota services and emergency contact services. There was without doubt no gap in the pharmaceutical care being provided already to all areas.

Among the services currently provided by the existing network were:

- **Methadone and Buprenorphine supervision;**
- **Domiciliary oxygen therapy service;**
- **Rota services;**
- **Free prescription collection and home delivery service**
- **Free community monitored dosage systems;**
- **Supply of EHC (Emergency Hormonal Contraception) under PGD (Patient Group Direction);**
- **Advisory service to care homes;**

- **Free blood pressure monitoring, diabetes and cholesterol screening;**
- **Stoma and incontinence care supplies;**
- **Minor Ailment Service;**
- **Needle Exchange; and**
- **Smoke free services.**

There were in addition to the traditional pharmacy roles of medicine supply, advice and intervention the participation in local and national model schemes such as the Palliative Care Network and the Heart Failure Service. The Minor Ailment Service was currently provided by all pharmacies and with the introduction of CMS (Chronic Medication Service) she was able to care for the patients of Dumbarton in an even more effective manner. Past applications had been refused due to the adequacy of the existing pharmaceutical services. Ms Conetta urged the Committee to consider that these had only been strengthened and enhanced by their takeover of Kemps last May – local GPs, district nurses and patients had, and would testify to this. They had two pharmacists available for consultation and the provision of extended services, and for home visits should a patient require one, without interruption to daily service. They were a new business and had managed to keep all of the staff on at takeover despite the current economic situation. The granting of a new contract would seriously jeopardize their future and may even lead to the closure of their business with the subsequent loss of jobs and the high standards of care they provided to their patients. This would have devastating consequences for the whole community.

In addition, their pharmacy offered a free prescription collection and delivery service. Whilst not part of the pharmacy contract, this was an “extra” service requiring substantial investment. While a “life line” to some this service was available to all, free of charge.

They employed a full time delivery driver serving the wider Dumbarton area. An asset to the pharmacy, he had been providing Kemps medicines deliveries for more than ten years. A retired Police Officer with 25 years service in the area, he was a trusted and welcome visitor to their patients. He provided a reassuring and friendly presence to those many vulnerable patients he visited daily. Furthermore, the pharmacy delivered thrice daily to the area of the proposed premises and collected from the Health Centre and Alexandria three times per day. The loss of this invaluable service would be a devastating blow to all of these patients.

Ms Conetta suggested that approximately 30% of Kemps business came from the area defined by the Applicant. Their business could not absorb such losses whilst maintaining the current level of investment in services. Pharmacy had seen many cutbacks in the last few years. A new contract in an area of decreasing population did not seem wise. It made little sense for the NHS to seek to duplicate services in an area where there was no discernible need? Moreover, there would be considerable costs in duplicating such service. This did not seem prudent. Granting any new contract would serve only to undermine a successful existing provision.

With regard to the provision of supervised methadone spaces, there was no local shortage. Only the previous week the team at the joint hospital confirmed that they had no difficulty finding spaces within local pharmacies and were aware that the pharmacies were not nearing capacity.

Ms Conetta failed to see any service the Applicant could offer that was currently lacking. They had a good relationship with all the other local pharmacies.

Ms Conetta advised that Brucehill was a medium sized council estate belonging to the neighbourhood of the town of Dumbarton lying to the west of the A82 Stirling Road. The areas of Castlehill, Brucehill and Kirktonhill had small populations and no facilities or features which were distinct from the remainder of the town of Dumbarton.

Since the last application there had been no changes or new developments. There were also no plans for any local regeneration. Furthermore the most recent figures showed that the population of Dumbarton was shrinking with the trend being one of reduction. Thus as expected the number of GPs had not altered either.

Ms Conetta considered the neighbourhood to be gathering of a community which usually contained the traditional local amenities such as a post office, banks, local shops and dentists. The proposed pharmacy would be located in a tiny unit next only to a convenience store and a take away which certainly didn't constitute the hub of a neighbourhood. There were no medical services in these areas; therefore it was obvious that the people living there would have to access local amenities and medical services in the well established shopping area of Dumbarton high street.

The bus service from Brucehill to the High Street was very regular, every 10-15 minutes and of a good standard and took no longer than seven minutes from Brucehill to Kemps Pharmacy. Patients could take either the 208 First Bus, 208 McColl bus service, or the 206 First Bus. The nearest pharmacy was adjacent to the Medical Centre and was only 0.7miles from the proposed premises and 0.9 miles from Kemp Pharmacy. This did not seem an unreasonable distance for people to access services. Having walked the route in just under 13 minutes to their shop. There were certainly not unacceptable and shouldn't pose a barrier to anyone in obtaining pharmaceutical care.

Ms Conetta estimated that Kemps Pharmacy was working at 70% capacity and could comfortably accommodate a significant increase in workload, be it prescription volume or services provided.

The Applicant Questions Ms Conetta

In response to questioning from **the Applicant**, Ms Conetta confirmed that she felt the NAPs decision should stand as in her opinion; there had been no change in the area. She agreed that she did not concur with the NAPs definition of neighbourhood but reiterated that the separate communities did not need a pharmacy.

In response to further questioning from the Applicant regarding the level of deliveries she undertook to the area in which the proposed premises were situated, the Applicant advised that it depended on who asked for a delivery. Ms Conetta advised that their delivery driver was employed on a full time basis. They did not put off deliveries until the next day if they had already travelled to an area. They merely did another journey. She did not agree with the Applicant's assertion that the high level of deliveries undertaken by her pharmacy was an indication of the number of residents where access to a pharmacy

was difficult. The delivery service had started off as a pick up service to alleviate the need for patients to collect their prescription from the surgery. This had been extended into a full delivery service which allowed patients who found it less convenient to travel to the pharmacy to access their medication.

The Applicant asked Ms Conetta to clarify comments she had made during her presentation regarding viability. Ms Conetta confirmed that the viability of her pharmacy would be threatened as the new pharmacy would require population from other pharmacies to be successful. This would have an effect on other pharmacies in the area.

In response to final questioning from the Applicant regarding whether she had contacted the landlord seeking information around the premises, the Applicant confirmed that she had done this merely to find out if the Applicant had secured the lease of the premises. She further confirmed that she had offered to pay more for the lease than the Applicant. She again confirmed that this had been a blocking tactic rather than a serious proposal to open a pharmacy.

There were no questions to Ms Conetta from **Mr Sim**.

The PPC Question Ms Conetta

In response to questioning from **Professor McNulty**, Ms Conetta confirmed that at this point in time she could not say whether there was a downward trend in the volume of prescriptions dispensed from Kemps Pharmacy. They had not had ownership of the pharmacy long enough to gauge this.

In response to further questioning from Professor McNulty, Ms Conetta confirmed her assertion that her pharmacy would be threatened if an additional pharmacy contract were granted. She further confirmed that in the event of Kemps Pharmacy having to close, this would pose a problem for the community which they served. Kemps Pharmacy was a participant in the Palliative Care Network.

In response to further questioning from Professor McNulty, Ms Conetta explained that her pharmacy provided all core services for the communities which would be served by the proposed premises and also collection & delivery, MAS and supervised methadone. Public Health and Health Promotion were undertaken from the pharmacy and they also participated in associated activities such as leaflet dropping, a warfarin audit and the provision of health information to patients.

In response to final questioning from Professor McNulty regarding her definition of the neighbourhood, the Applicant advised that regardless of neighbourhood, the residents in the three hills area had access to an adequate service. They were not missing anything. She further agreed that she would include the area of Kirktonhill in her defined neighbourhood.

In response to questioning from **Mr Reid**, Ms Conetta advised that she and her partner had only recently taken ownership of Kemp Pharmacy. She had not been the owner at the time of the previous application. She further confirmed that since taking ownership, she and her partner had increased service provision, including the Heart Failure Service. Due

to having two pharmacists in the pharmacy, more time could be spent with patients. For example the attendance at the smoking cessation group had increased.

In response to questioning from **Mr Gillespie**, Ms Conetta advised that a reasonable distance for a person to travel on foot to the nearest pharmacy would be one mile, perhaps further if travelling by public transport.

In response to questioning from **Mr Dykes**, Ms Conetta advised that she was not aware why the population of Dumbarton had decreased.

In response to further questioning from Mr Dykes regarding a comment in the NAP determination as to whether a further pharmacy would improve the health of the population in the medium/long term, Ms Conetta agreed with the NAP that a further pharmacy would have little impact in the short term, but asserted that any pharmacy should be able to impact on the health of the community they served in the medium/long term.

In response to final questioning from Mr Dykes, Ms Conetta advised that she believed she and her partner made a difference to the community with the services they provided.

In response to questioning from **the Chair**, Ms Conetta advised that she had not undertaken any risk assessment exercise to ascertain how adversely affected her pharmacy would be if the application were granted. She did not anticipate that she would incur a monetary loss, but she was sure that her ability to invest in additional services and staff would be jeopardized.

There were no questions to Ms Griffiths from **Alex Imrie or Professor McKie**.

Summing Up

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

Ms Conetta advised that there were no gaps in the current service profile offered by the existing network of pharmacies providing services in and to the neighbourhood, of which Brucehill was but a part. The Applicant had not demonstrated any inadequacy in a service which could only be described as fully comprehensive. There had been no changes in the neighbourhood since the previous application for the very same location. The contract was neither necessary nor desirable. She recommended that the Pharmacy Practices Committee reject the application.

Mr Sim advised he considered that the six contractors currently in Dumbarton provided an adequate provision of services to the extended population. There was no evidence of inadequacy. The application was based purely on convenience. The PPC should refuse the application as it is neither necessary nor desirable.

The Applicant advised that a neighbourhood can be easily justifiable. The question was is the neighbourhood adequately served by bus. If the neighbourhood was a significant size, with significant deprivation, high pharmaceutical service need it was unacceptable to expect residents to use the bus to access those services, regardless of how good the public transport service was. He advised that Dumbarton town centre was no longer the

focal point of activity. The St James Retail Park, where the residents went to shop was the focal point.

The defined neighbourhood did not have access to adequate pharmaceutical services within the neighbourhood. If the public transport service was adequate, the community would not need so many community pharmacies, however community pharmacies needed to be in the community.

He advised that the Interested Parties were here to defend the bus services and say they were fair and appropriate. Unusually both had shown a commercial intent to relocation or open a pharmacy at the proposed premises. The Applicant felt they could not make the assertion that services were adequate and then pursue relocation to the defined neighbourhood.

This was a good application and the Applicant urged the Committee to grant it.

Before the applicant and interested parties left the hearing, the Chair asked Mr Semple, Mr Sim and Ms Conetta to confirm that they had had a full and fair hearing. All confirmed individually that they had.

Closed Session – Determination of Application

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:
 - Boots UK Ltd;
 - Lloydspharmacy Ltd – various addresses; and
 - High Street Pharmacy Ltd.
- 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 Lennox Herald (advert run on Friday 28th May 2010) – 20 responses was received along with a an anonymous survey with 96 responses of which 50 were unsigned;
- **The Committee noted that Pages 43 and 48 within the information pack were duplicates and therefore the number of responses received (shown at Page 36) should be amended.**
- e) - West Dunbartonshire CH(C)P – response received outwith consultation period;
- f) The following community councils:
- Dumbarton East & Central – one 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 G82.1 and G82.4;
- j) Information from West Dunbartonshire Council's Regeneration & Economic Department 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 to it, and the PPC's observation from the site visit the PPC had to decide firstly the question of the neighbourhood in which the premises to which the application related were located.

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

North: the open ground above Hawthornhill;
East: the River Leven following north;
South: the River Clyde to its meeting with the River Leven; and
West: the edge of Dumbarton.

The Committee restated their assertion that a population of over 20,000 could not be defined a single neighbourhood. The Committee reviewed their originally defined neighbourhood and agreed that it remained relevant. The rivers formed physical boundaries. The River Leven while providing access from one side to the other was

nevertheless a boundary in the Committee's opinion as it marked a difference in topography. The area to the west side was predominantly residential and for the most part relatively deprived. The exception to this being the pocket of Kirktonhill to the south-west of the defined neighbourhood which was more affluent.

The Committee agreed to retain the area of Kirktonhill within the defined neighbourhood as it was a relatively small population, and whilst the demographic and social composition of the area was different to the rest of the neighbourhood, the Committee felt it more appropriate to keep it with the population on the west side of the river.

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. In Dumbarton as a whole, there were currently six pharmacies. While the pharmacies provided the full range of pharmaceutical care services including supervised methadone, none of the pharmacies were situated in the defined neighbourhood. The Committee noted and agreed with the Applicant's arguments regarding the difficulty residents within the neighbourhood experienced in accessing current services, both in terms of public transport and the shift in focus away from the town centre. The Committee was aware that the NAP had upheld appeals made against the PPCs previous decision to grant an application for an additional pharmacy in this area on grounds including that the area was served via a typical town centre configuration where residents travelled to a central point to access services. The Committee, having conducted a site visit of the area, agreed with the Applicant's assertion that focus on the town centre had eroded in favour of the Retail Development. This shift impacted negatively on access to pharmaceutical services as part of the daily fabric of the life of residents within the defined neighbourhood. The Committee considered that the level of existing services did not ensure satisfactory access to pharmaceutical services for the significant population within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were not adequate.

The Committee considered that the level of existing services did not ensure satisfactory access to pharmaceutical services for the significant population within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were not adequate.

The Committee was aware that one of the six pharmacies was situated across the A82 in the area known as Bellsmyre (a relatively new contract). This contract had been approved in 2005 and no appeal had been received from any of the Interested Parties in the case. The Committee considered this pharmacy to be too distant from the defined neighbourhood to be pertinent to the question of adequacy in the current application.

Having determined that pharmacy services in the defined neighbourhood were not

adequate, the Committee further considered that the granting of a further contract in the area was necessary, given the extended role of pharmacy and the opportunity to provide the population with access to the wider services provided by the pharmacy contract. The demographic composition of the neighbourhood suggested the population comprised above average elements of those groups who traditionally make use of pharmacy services e.g. the elderly.

There was no evidence available to the Committee which would suggest that the granting of this contract would have a detrimental effect on the provision of pharmaceutical services in the area given their proximity to the town centre and medical facilities.

The Committee considered the comments made by the Interested Parties and from the information regarding bus services in the area, provided by Mr Sim and were of the opinion that while the public transport provision may be adequate, the cost of travelling to the town centre may be prohibitive for many residents in the defined neighbourhood given the general level of deprivation. In addition, the difficulty for some sections of the population in physically accessing public transport i.e. mothers with young children, made this mode of access less than acceptable.

The Committee noted from their site visit that the town centre of Dumbarton appeared to be in decline with many shops vacant. The focal point of the community appeared to have had shifted from the traditional town centre set-up to the local retail park, where residents went for their daily and weekly grocery shopping and other facilities. The absence of pharmaceutical services within the defined neighbourhood required residents to travel to an area they did not use as part of the daily fabric of their lives, to access services. This in the Committee's opinion was not reasonable. The Committee was aware of the Scottish Government's policy recommendation that community pharmacy lie at the heart of the community. The Committee considered that residents within the defined neighbourhood did not have access to adequate services within their neighbourhood or from an adjoining neighbourhood where they would visit to access other services.

The high level of deprivation within the neighbourhood, contributed to residents developing long term illness much earlier in their life. The Committee were therefore of an opinion that the provision of pharmaceutical services from the proposed premises would have a positive impact on improvements in residents health quality relatively quickly.

Taking all information into consideration, the Committee agreed that the population of West Dumbarton did not currently have access to adequate provision of pharmaceutical services within their neighbourhood. The granting of a further contract was therefore necessary.

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

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was necessary and desirable in order to secure adequate provision of

**Contractor
Services**

pharmaceutical services in the neighbourhood. I., It was the unanimous decision of the PPC that the application be approved.

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

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2011/07 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:

- **Boots UK Ltd, 51-53 Hairst Street, Renfrew PA4 8QU; and**

- **Angela Mackie, 290 Faifley Road, Clydebank G81 5EY.**

6. NATIONAL APPEALS PANEL DETERMINATIONS

The Committee having previously been circulated with paper 2011/08 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

Boots UK Ltd – Unit 1B, Strathkelvin Retail Park, Bishopbriggs, Glasgow G64 2TS (PPC/INCL04/2010)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to grant Boots UK Ltd's application to establish a pharmacy at the above address. As such Boot UK's name was not included in the Board's Provisional Pharmaceutical List and the file regarding this application was closed.

7. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

8. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 17th February 2011.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)

Minutes of a Meeting held on
Thursday 17th February 2011 in
The Silver Room, Smith's Hotel, 3 David Donnelly Place
Kirkintilloch G66 1DD

PRESENT:	Peter Daniels	Chair
	Mr Alex Imrie	Deputy Lay Member
	Councillor Luciano Rebecchi	Deputy Lay Member
	Mr Stewart Daniels	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	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 the application to be discussed or if they were associated with a person who had a personal interest in the application to be considered by the Committee.

ACTION

No member declared an interest in the application to be considered.

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

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

Prior to the consideration of the application, the Chair advised those present that the written submission made by the NHS GG&C Area Pharmaceutical Community Pharmacy Sub-committee would not be considered as part of the supporting documentation for the application. Due process had not been observed in the submission and as such it could not be used by the Committee and had been removed completely from the supporting papers.

Case No: PPC/INCL10/2010

Mr Ross Ferguson – 9 Alexandra Avenue, Lenzie, G66 5BG

The Committee was asked to consider an application submitted by Mr Ross Ferguson to provide general pharmaceutical services from premises situated at 9 Alexandra Avenue, Lenzie G66 5BG 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 Ferguson 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 Ross Ferguson ("the Applicant). The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd) and Mr Naveed Ahmad (Pulse 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 following: High Street, Redbrae Road, New Dyke Road, Langmuir Road, Merkland Drive, Waterside Road, Loch Road, Woodilee Village, Greenhead Avenue, Victoria Road, Alexandra Avenue, Beechmount Road, Kirkintilloch Road, Garngaber Avenue, Moncrieff Avenue, Douglas Avenue, Laurel Avenue, Kirkintilloch Road, Townhead and Catherine Street.

The Committee noted that the premises were constructed and were currently empty. The pharmacy area was not yet fitted out. The Committee had not gained access to the premises.

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 Parties and the PPC to ask questions. The Interested Parties were then asked to make their submissions one by one. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

The Applicant thanked the Committee for giving him the opportunity to present his application. He advised that he currently owned a pharmacy in Milton of Campsie around two miles from the proposed premises, which he opened over six years ago. As such he was familiar with all the surgeries in Kirkintilloch as he operated a prescription pick up and

delivery service in the area.

The said that this was an unusual application in that he was not going to define a neighbourhood so that it had no pharmacy in it, and then argue that services must be inadequate. The validity of the application was not dependent on the subjective opinion on the boundaries of the neighbourhood, but on the more important question of the adequacy of the existing service.

Mr Ferguson suggested that the premises were located in the town of Lenzie; however he believed that Lenzie was, in fact, made up of two distinct neighbourhoods. The belief was based on a number of factors.

1. The most obvious was that the town of Lenzie was split in two by the railway line with only two access routes between the two halves; one of which was so narrow that only one car could pass through at a time. He understood that it was possible that this route would be closed as it was earmarked for closure after completion of the new link road. This would leave only one access.

2. There was an obvious difference in housing type. The majority of homes in the southern half of Lenzie were built much later than the traditional sandstone villas of North Lenzie. Mr Ferguson defined his neighbourhood as:

North: the railway line;

West: the B812 trunk road;

South: by a line drawn from the B812 past the southern edge of the Gadloch through Lenzie Golf course and south of the old Lenzie hospital;

East: Joining the B819 in the east.

Until recently this was very similar to the boundary for council wards which were named South Lenzie and North Lenzie. The data zones which made up South Lenzie were: SO1001453, SO1001457, SO1001464 and SO1001467.

Mr Ferguson advised that some of the Interested Parties had questioned the very existence of the area referred to in his application as South Lenzie; however he felt that the definition of the neighbourhood was not the fundamental issue on which the application depended, even though he believed there was a neighbourhood called South Lenzie.

The Applicant advised that the existing pharmacy services provided to South Lenzie were the same as those provided to North Lenzie: the Boots Pharmacy in Lenzie, as this was the only pharmacy in Lenzie. He felt though that appearances could be deceptive. A Freedom of Information request for prescription numbers dispensed at pharmacies in the wider area showed that Boots Pharmacy in Lenzie only dispensed an annual average of 4,200 per month.

Since the population of Lenzie was around 11,000 and since the national average number of prescriptions generated per person per month is 1.1 per person, you would expect the population of Lenzie to be generating in the region of 12,000 items per month. Even allowing for demographic variation, this is more than the number being dispensed at the Boots Pharmacy, and quite clearly demonstrated that almost twice as many residents did

not have their prescriptions dispensed at Boots as do.

The Applicant questioned where these residents accessed pharmaceutical services. It was of course not possible to say for certain, but he assumed that the majority of the 2/3 of the population of Lenzie must obtain pharmaceutical services at NHS pharmacies in the neighbouring town of Kirkintilloch.

Mr Ferguson stated that according to Scottish Neighbourhood Statistics (SNS), the population of the town of Lenzie was 10,366. A reasonable estimate of the population of his proposed neighbourhood was 3,448 based on the 2009 population estimate of the four relevant data zones.

The completion of the new Woodilee housing development would increase the number of houses by 900 homes. Housebuilders Persimmon, Miller, Redrow and Cala were currently advertising four and five bedroom houses for sale on the site. Using the average occupancy rate of 2.3 people per household, the population would increase by 2,070 bringing the total Lenzie population to around 12, 436. The occupancy rate in Lenzie was higher than average at 2.7 so this was a conservative estimate.

In the proposed neighbourhood there were a variety of shops and restaurants, a part time GP surgery, a dental surgery, a library and Millersneuk Primary School, but no pharmacy.

The neighbourhood was not a deprived area. According to a World Health Organisation report, a child born in Lenzie had a life expectancy of 82 years, which was 28 years more than in the deprived, inner-city east end Glasgow area of Calton which was only eight miles away.

The Applicant reminded the Committee that lack of significant deprivation did not preclude the need for a pharmacy.

There were, in the Applicant's opinion, two significant demographic factors which must be considered when assessing the need for a local pharmaceutical service; the first was deprivation, and the second was age.

As previously mentioned, life expectancy in Lenzie was higher, so the impact of the ageing population and primary care services would increase. There were already many parts of both North and South Lenzie where the population of those above pensionable age was higher than average. This issue was going to worsen and could cause pressures on demand for healthcare services as mentioned in a study published in the BMJ (British Medical Journal). The impact could be felt more in areas like Lenzie.

Demand for future care for the elderly had been identified in Lenzie and there were plans for a Care Home, a Resource Centre and associated facilities all for older people, which might include a development of sheltered housing at the former Lenzie Hospital in south Lenzie; according to the Local Plan.

Mr Ferguson did not believe that pharmaceutical services were adequate in South Lenzie or North Lenzie. Lenzie was a relatively affluent commuter town, with low density housing, spread across a wide geographic area. The primary mode of transport for residents of

Lenzie was the car. In 2001 only 11% of households in Lenzie didn't have a car, against a Scottish average of 34%.

If you considered the "patient journey" for those residents of Lenzie who relied on their car to go about their daily business, how would they get to a pharmacy? The only community pharmacy available to the residents of South and North Lenzie in Lenzie was the small Boots, which was unfortunately located in a part of town near which it was almost impossible to park.

While there was a large car park on each side of the railway line, due to the numbers of commuters (3,000 per day), these spaces were almost always occupied. There were an additional three spaces directly outside the row of shops which included the Boots Pharmacy, but these were rarely available. The simple fact was, for a car user the Boots in Lenzie was almost impossible to park near, and this was why it was clearly not the pharmacy of choice for the vast majority of the population.

Mr Ferguson asked the Committee to consider how they used their car and asked would they ever park half a mile away from a small shop they wanted to visit? The answer most simply was no. There were no adjacent shops to make it worthwhile either as the local supermarket was a considerable distance away on the other side of the railway line.

This meant that a resident of South Lenzie or indeed any part of Lenzie would have a four mile round trip to Kirkintilloch if they wanted to access a pharmacy. This was known from the prescriptions load figures which showed that twice as many people used a pharmacy outwith Lenzie as used the pharmacy in Lenzie.

Mr Ferguson advised that "adequacy of pharmaceutical services" must be examined with due consideration to the specific needs of the population in question. In a rural area with no local facilities, residents would be likely to have a car or be a regular bus user and would be accustomed to travelling some distance to access services such as a pharmacy. This was part and parcel of rural life. In a densely populated urban area, car ownership may be low and patients would need services "on their doorstep" especially in more deprived urban areas. In less densely populated suburbs however, like Lenzie, residents used their car and they had a right to an easily accessible pharmacy within their suburb, or suburban town. This is what marked Lenzie as being unusual.

Mr Ferguson advised that if the Boots pharmacy was larger and had anything approaching adequate parking facilities, he wouldn't have made the application. As it stood, the Boots was not being used to anything like the extent that one would expect in a town the size of Lenzie. He made no criticism of the quality of staff, or level of service that Boots provided to those who could easily get to it, but the unfortunate fact remained that the existing Boots pharmacy in Lenzie did not adequately meet the needs of a town the size of Lenzie, and this inadequacy was clearly evident in the low numbers of prescriptions being dispensed at the pharmacy.

The evidence that the existing service was inadequate was compelling. The pharmaceutical service which the PPC must assess for adequacy was not the Boots in Lenzie; it was the pharmacies in Kirkintilloch which clearly constitute the existing service.

Mr Ferguson then went on to make a few comments about the location of the proposed premises, and their apparent proximity to the other pharmacy in Lenzie.

The Boots Pharmacy and the proposed premises were on the very periphery of their respective neighbourhoods. On a map, they appeared very close; however the walk from the proposed premises to the Boots was quite irrelevant to the question of the adequacy of services in the neighbourhood. Where this walk might be considered of any importance was where a patient had visited the surgery and required the dispensing of a prescription.

The “patient’s journey” showed that they would likely drive from their home to the surgery. They parked outside, or nearby. Fortunately parking on the south side of the railway line was set to improve as dedicated parking for shoppers would soon be introduced when new street parking restrictions are implemented to prevent all day commuter parking. Patients then needed to walk down a narrow lane. This would not be pleasant in dark, wet, slippery conditions in the depth of winter; with the footbridge being inaccessible to many patients such as parents with prams and the elderly. The Applicant imaged that for these vulnerable groups this journey would be one they would want to avoid. They would of course need to walk back to their car, this time up the narrow path.

In fact even if a patient hadn’t visited their GP - since the parking on the opposite side of the railway was almost non-existent – this was the journey most vehicle users would take to access the Boots Pharmacy.

This was, in the Applicant’s opinion, inadequate and he reiterated this was why residents did not use the pharmacy in any great volume.

With a pharmacy located next to the GP surgery, with adequate parking, residents of Lenzie would no longer feel the need to make a longer car journey to Kirkintilloch to access a community pharmacy. They would, at last, benefit from an adequate pharmaceutical service.

Mr Fergusson averred that the pharmacy contract was based on services which would require more time to be spent with patients via the Chronic Medical Service (CMS) and Minor Ailment Service (MAS). These services would place increased demands on the pharmacist’s time and so, to ensure that patients were able to access these services to full advantage, the addition of a pharmacy in South Lenzie would complement the work of the existing pharmacy in North Lenzie.

The Applicant advised that by dividing the population of Scotland by the number of pharmacies, you arrived at a figure of 4,500 persons to every pharmacy. This was a much abused figure at both PPC and NAP (National Appeals Panel) hearings; however the Applicant advised that the “average” figure was simply that – an average. There would be a range of circumstances which would make up this average – in some areas there would be less people per pharmacy, in some there would be more people per pharmacy. A “higher than average” number of people being served by an existing pharmacy didn’t automatically mean that services were inadequate.

In Lenzie the figure was one pharmacy per 11,000 persons and would soon be one pharmacy for 13,000. This was, according to the Applicant, an outlier and a variation from

the average. However it did not necessarily mean that services were inadequate.

If the existing pharmacy was spacious, and had car parking facilities and enough room for all the staff required to adequately meet the needs of a population of 13,000 then it could possibly be justified as providing adequate services. However this was not the case in Lenzie.

The existing pharmacy was small and had no parking nearby and this was why it had such low dispensing figures.

Pharmaceutical services in South Lenzie were inadequate. Pharmaceutical services in North Lenzie were also inadequate. The granting of the application would, in the Applicant's opinion, secure an adequate pharmaceutical service in the neighbourhood in which the proposed premises were located, and, whilst not part of the legal Test – the granting of the application would also secure an adequate pharmaceutical service in the neighbourhood adjacent to the neighbourhood in which it was located.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Tait**, the Applicant advised that some elements of the population might have difficulty using the footbridge over the railway. In further expansion he advised that he considered those above pensionable age to be elderly.

In response to questioning from **Mr Ahmad**, the Applicant advised that consideration of the type of services he would provide was not part of the legal test; however he intended to provide all core services required under the pharmacy contract and also some new services similar to those provided from his other pharmacy in Milton of Campsie.

The PPC Question the Applicant

In response to questioning from **Dr Johnson**, the Applicant confirmed that he would provide a collection and delivery service from the proposed premises. He advised that he had already established a good relationship with the GP practices in Kirkintilloch.

In response to further questioning from Dr Johnson, the Applicant accepted that this would mean him working outwith his defined neighbourhood. He advised that the GP surgery next to the proposed premises was a branch surgery of a main practice located in Kirkintilloch. The branch surgery was used mainly to accommodate urgent appointments; however the prescriptions would be generated from the Kirkintilloch practice.

In response to final questioning regarding the implication made in his presentation that Boots Pharmacy did not provide many additional services, the Applicant advised that his pharmacy in Milton of Campsie offered most of the additional services. It would be his intention to replicate this model in the proposed premises.

In response to questioning from **Mr MacIntyre** regarding the south boundary to his neighbourhood, the Applicant advised that this was his defined boundary and not the Council's. The Council's boundary had been slightly different. He had drawn a line just beyond the Gadloch taking in Lenzie Golf Course, but not including Gadloch Avenue. He

had not done this to alienate the residents in this area, but merely because of the golf course.

In response to further questioning from Mr MacIntyre, the Applicant reiterated his assertion that the railway line was a boundary and not only to those living alongside it. He pointed to the fact that there were only two access routes across the railway, and one of these was due for closure. He further advised that he did not know the date for this. Some residents had expressed objections to the plans and the intended date of closure was not known as yet. When advised that the Member was seeking to establish if there was a possibility this change would happen, the Applicant advised that there was a good possibility.

In response to final questioning from Mr MacIntyre, the Applicant advised that works to increase the number of car parking spaces on the south side of the railway would be undertaken as part of the overall schedule of works being undertaken in relation to the new road.

In response to questioning from **Mr Thomson**, the Applicant advised that he didn't agree that the works to increase the number of car parking spaces weakened his case that access to the Boots Pharmacy was currently inadequate. He advised that this would only be the case if the spaces were available for general use, but they would mostly be used by commuters. In addition, in relation to the proposed increase in population, the number of additional spaces was relatively low. He further confirmed that he had not looked at the parking situation at the weekend when there was no commuter traffic.

In response to further questioning from Mr Thomson, the Applicant confirmed that the Woodilee housing development was outwith his defined neighbourhood but reiterated that the total population of Lenzie as a whole would increase which would result in an increase in the demand for services across the whole area.

In response to further questioning from Mr Thomson, the Applicant advised that he was not aware of the body of opinion expressed by the residents of Gadloch if they were excluded from South Lenzie.

In response to final questioning from Mr Thomson, the Applicant was not aware whether all pharmacies in Kirkintilloch operated a collection and delivery service to Lenzie.

In response to questioning from **Mr Stewart Daniels**, the Applicant estimated the population of his neighbourhood to be in the region of 3,448.

In response to further questioning by Mr Stewart Daniels, the Applicant advised that the size of the proposed premises was approximately 700 sq ft. He felt this to be a sufficient space to easily convert into a community pharmacy.

In response to questioning from **Councillor Rebecchi** regarding the pharmacies in Kirkintilloch and whether they delivered prescriptions, the Applicant advised that the majority of them would operate such a system.

In response to further questioning from Councillor Rebecchi regarding the proposal to close one of the access roads over the railway, the Applicant advised that he did not know

when this was going to happen.

In response to further questioning from Councillor Rebecchi, regarding the proposed development of houses in the area and whether the current economic downturn would affect this, the Applicant advised that the housebuilders already had planning permission for the total build. Work was underway and houses had been sold.

In response to final questioning from Councillor Rebecchi regarding the surgery adjacent to the proposed premise, the applicant advised that he had heard that the practice was planning to extend their service provision from the branch surgery. It was likely that they would increase the hours of opening and would make this a more permanent surgery.

In response to questioning from **the Chair** regarding whether he felt there would be a cutoff point in terms of time, where a person would rather put up with inadequate parking in order to save themselves a longer trip into a nearby town to access services, the Applicant advised that at the moment residents in Lenzie had little choice but to travel into Kirkintilloch to access services due to the lack of parking facilities adjacent to the pharmacy in Lenzie. He did not feel there was a threshold, but felt that if there was a necessity to travel further to access services because of some impediment then residents would be inclined to do this as they had no choice.

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

Mr Tait advised that he was not sure there were such areas as North Lenzie and South Lenzie. He agreed the development of Woodilee Hospital would result in an increase in the population; however this would only replace the population which had left the area since the last census. He reminded the Committee that Lenzie was a commuter town with little service provision within it. He agreed with the Applicant's assertion that an element of the population did not use Boots Pharmacy in Lenzie and averred that this was due to the location of the GP surgeries being in the neighbouring town of Kirkintilloch. Most prescriptions continued to be dispensed from pharmacies close to the surgeries.

He advised that the population in Lenzie had been decreasing since 2001. It was now approximately 10,000. The area lay in the top ten least deprived areas according to the Scottish Index of Multiple Deprivation statistics. In addition, the area lay in the top ten areas for income and health. Around 80% of the population owned more than one car and a significant proportion owned three or four.

He advised the Committee that the settlement of Kirkintilloch and Lenzie had a population of 30,000 according to the 2001 census. The population of the settlement currently lay in the region of 26,500. The vast majority of residents within the settlement accessed service provision in Kirkintilloch. Mr Tait had never been keen on defining a neighbourhood with 20,000 residents, however in this instance it was clear that residents within Lenzie need to travel to Kirkintilloch to access most of the service provision they required as part of their daily lives. The boundaries between the two areas were easily crossed and in this instance it seemed reasonable to define the neighbourhood as the settlement of Kirkintilloch and Lenzie. The settlement was self sufficient and residents did

not need to travel outwith the settlement to access any services.

He advised that parking in the area of Lenzie was not good. As such the population would chose to access services elsewhere or park in side streets to allow them to avail themselves of the limited services available in the area. Most of the interaction with other areas was undertaken by car and access to other services outwith Lenzie was also by car.

The Boots Pharmacy in Lenzie operated a collection and delivery service, monitored dosage trays, MAS, methadone and CMS. The pharmacy was convenient for some people and others would chose to go elsewhere as it was more important for them to access service provision where they accessed other services.

He advised that adequacy was not a matter of raw numbers or statistics. The population of Lenzie was fairly affluent. There was a significant population around the age of 60, which was not, in his opinion, elderly. The area was not deprived in any way. The population had easy access to cars and was not income deprived, so those who did not have access to a car could easily pay for a taxi. There was no real evidence of inadequacy.

He advised that the surgery adjacent to the proposed premises operated on a part-time basis and provided limited services. In his opinion, the current pharmacies in the settlement area of Kirkintilloch and Lenzie had capacity to take on more services and patients. There was therefore no current inadequacy and the existing pharmacies were well placed to accommodate any additional demand generated by the new housing developments.

The Applicant Questions Mr Tait

In response to questioning by **the Applicant**, Mr Tait confirmed that the surgery adjacent to the proposed premises operated three days per week.

In response to further questioning from the Applicant, Mr Tait advised that it was awkward to define the neighbourhood in which the Boots Pharmacy was situated. The town of Lenzie had a more affluent demographic than nearby Kirkintilloch even though there were relatively few areas of deprivation in Kirkintilloch and these were towards the north end of the town. He did not feel there was any significant difference between the areas of Lenzie and Kirkintilloch. He did not feel the railway line could be described as an impediment to services access.

In response to further questioning from the Applicant regarding whether the residents of Kirkintilloch and Lenzie would consider themselves neighbours, Mr Tait advised that they accessed their day to day services from the same place. People might travel into this area from different neighbourhoods, but the demographics were relatively the same.

In response to further questioning from the Applicant regarding the proposed changes to parking, Mr Tait advised that these plans were some time away and in his opinion, the restrictions wouldn't prevent people from parking in the side streets.

In response to further questioning from the Applicant, Mr Tait advised that he did not agree

that the population of Lenzie was such that it needed more than one pharmacy. He advised that if a pharmacy dispensed a high volume of prescriptions and was properly resourced with staff and facilities to accommodate this, then no inadequacy existed.

In response to final questioning from the Applicant regarding comments made by him at a previous NAP hearing where Mr Tait stated that a population of between 6,000 and 7,000 needed more than one pharmacy, Mr Tait advised that a completely different set of circumstances prevailed in this case.

There were no questions to Mr Tait from **Mr Ahmad**.

The PPC Question Mr Tait

In response to questioning from **Mr Stewart Daniels**, Mr Tait advised that he was not aware how many prescriptions were generated from the surgery adjacent to the proposed premises. He thought most would be generated from the main surgery in Kirkintilloch and not from the branch surgery itself.

In response to questioning from **Mr Thomson** regarding the layout of the pharmacy in Lenzie and whether it could accommodate any increase in demand from the increased population, Mr Tait advised that Boots UK Ltd were continually reviewing their properties. The Lenzie branch was currently under review.

In response to further questioning from Mr Thomson, Mr Tait advised that the pharmacy consultation room was not often used.

In response to questioning from **Mr MacIntyre**, Mr Tait reiterated his view that the railway line was not a boundary because most residents in Lenzie had access to a car and moved about the area freely. Those with no access to a car were sufficiently able to access services by taxi. Moving about the area was not an issue.

In response to further questioning from Mr MacIntyre regarding access to the Boots pharmacy on foot, Mr Tait advised that there were three access points across the railway. While the route using East Garngaber Road was not used as much, due to the construction of the new trunk road, the other two access points were used. The footbridge was only used by a small proportion of the population.

In response to questioning from **Dr Johnson**, Mr Tait advised that Boots undertook some delivery into South Lenzie, however much of the population left the area during the day to go to work and were able to access services outwith the area.

In response to questioning from **Mr Imrie**, Mr Tait advised that the buses run through the area approximately every 20 minutes.

In response to questioning from **the Chair**, Mr Tait advised that parking in the side streets was, in his opinion, relatively easy if parking for a short period of time.

In response to further questioning from the Chair regarding the potential parking restrictions, Mr Tait advised that he was not aware of the timescale for implementing these

restrictions.

In response to further questioning from the Chair regarding his definition of neighbourhood, Mr Tait advised that he felt the neighbourhood to be the settlement of Kirkintilloch and Lenzie. He was of the opinion that there was little difference between the two areas and they were not easily distinguishable except for the local authority signs placed between the two areas.

In response to final questioning from the Chair, Mr Tait advised that a resident of the area described as South Lenzie would never say they were from South Lenzie. They would describe themselves as a resident of Lenzie.

There were no questions to Mr Tait from **Councillor Rebecchi**.

The Interested Parties' Case (Mr Naveed Ahmad – Pulse Pharmacy)

Mr Ahmad advised that he agreed that the town of Lenzie was split by the railway line but that this did not necessarily mean it split the people of Lenzie into belonging to two different neighbourhoods. Mr Ahmad knew people from Lenzie and they didn't consider themselves as being from either North or South Lenzie but from Lenzie.

He advised that the amenities in Lenzie were used by everybody. The neighbourhoods contained the same class of people, and houses were of a similar build.

Mr Ahmad did not feel there was inadequate pharmaceutical provision in the area of the proposed premises. Boots Pharmacy served the community as well as the six current pharmacies in Kirkintilloch. The Applicant didn't appear to be bringing anything new to the area and Boots Pharmacy already provided all services required by the residents in the area. In addition other services were already covered by the other pharmacies including Palliative Care.

He did not agree that the increased population expected from the new housing developments would generate such a demand for services that the existing network would be unable to cope. He accepted that not all of this population would access services from the Boots Pharmacy; however the expected residents would be unlikely to be those elements of the population who traditionally accessed pharmacy services regularly.

Mr Ahmad advised that the population was required to travel outwith the neighbourhood to access other services. If they were able to make this journey for food, banking and other services they would also have access to pharmaceutical services.

He advised the Committee that there was rarely an occasion where his staff couldn't meet the needs of a patient. They strived to offer the best service they could and he felt the people of Lenzie, as a whole, were well taken care of.

The Applicant Questions Mr Ahmad

In response to questioning from **the Applicant**, Mr Ahmad agreed that his pharmacy was approximately three miles from the proposed premises. He further confirmed that in

serving the population of Lenzie he was operating outwith his own neighbourhood.

There were no questions to Mr Ahmad from **Mr Tait**.

The PPC Question Mr Ahmad

In response to questioning from **Mr Imrie**, Mr Ahmad advised that on the rare occasion where he experienced problems in obtaining medication for a patient, he relied on the co-operation of other pharmacies in the area. Mr Ahmad advised that he had built a solid relationship with the other pharmacies.

In response to questioning from **Dr Johnson**, Mr Ahmad advised that his pharmacy delivered to a wide geographical area which stretched further than Lenzie. He delivered to the west end for patients who had moved out of the area, but had retained their GP in Kirkintilloch. He advised there was no real barrier to where he would deliver.

In response to questioning from **Mr MacIntyre**, Mr Ahmad advised that he delivered oxygen to Lenzie and also some monitored dosage systems.

There were no questions to Mr Ahmad from **Mr Thomson, Mr Stewart Daniels, Councillor Rebecchi or the Chair**

Summing Up

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

Mr Tait advised that the issue of neighbourhood was complex. He advised that a neighbourhood did not need to contain a pharmacy for the provision of services to be adequate. Even taking into consideration the increased population from the new housing developments, this would only redress the population which had left the area since the last census. Pharmaceutical services were adequate.

Mr Ahmad advised that Mr Ferguson had created a neighbourhood or divide in a community which was wholly seen as Lenzie. He advised that socially there was little deprivation in the area. Lenzie as a whole in the past and at present had been served efficiently and thoroughly by the current pharmacy contractors and Mr Ahmad personally had no doubts that this service would continue in the future. He believed that the granting of the application was neither necessary nor desirable.

The Applicant advised that South Lenzie was a distinct neighbourhood, however as he had explained his application was based on the inadequacies of the current service which forced people to travel to Kirkintilloch to access pharmacy services. This was borne out by the prescription numbers. As a result this inadequacy existed in both South Lenzie and Lenzie.

The population of Lenzie was so large as to be well outwith the norm to be served by just one pharmacy and with the population due to grow by about 25%, the inequity of access would only get worse. His proposed premises were located in an area where parking improvements were to be made and next door to a GP surgery. Granting this application

would ensure adequate pharmacy services in the neighbourhood of South Lenzie and ensure the town was ready to meet the challenges of the ageing population and deliver the new elements of the pharmacy contract.

He advised that the application had the support of the Community Council, the CHP and the local MP.

Before the applicant and interested parties left the hearing, the Chair asked Mr Ferguson, Mr Tait and Mr Ahmad to confirm that they had had a full and fair hearing. All confirmed individually that they had.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy Ltd – various addresses;
 - Pulse Pharmacy – 10 Newdyke Road; and
 - Bannerman's Pharmacy – 75 Merkland Drive.
- b) 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:

- c) - The Kirkintilloch Herald (advert run on Wednesday 21st July 2010) – no responses were received;
- d) - East Dunbartonshire CH(C)P – response received outwith consultation period;
- e) The following community councils:
 - Kirkintilloch Community Council – no response received;
 - Lenzie Community Council – one response received; and
 - Waterside Community Council – no response received.

The Committee also considered;-

- f) The location of the nearest existing pharmaceutical services;
- g) The location of the nearest existing medical services. The Committee noted that the branch surgery adjacent to the Applicant's proposed premises had not plotted on the map provided within the Committee's papers (Page 30). This was due to a technical error with the mapping software. Mrs Glen confirmed the location of the surgery, along with the days and hours during which it was open;
- h) Demographic information regarding post code sectors G66.1, G66.4 and G66.5. The Committee noted the typographical error on Page 28 and that the figure of working persons within the post-code should be 95.6%;
- j) Information from East Dunbartonshire Council's Roads and Neighbourhood Services Department and Department of Development & Regeneration 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 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, and the Interested Parties, in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

North: Boghead/Gallowhill Road, crossing Kirkintilloch Road and continuing along open land at Sports Centre to meet Kirkintilloch Link Road;

East: Kirkintilloch Link Road, following the road south to its meeting with Burnbrae Road;

South: Burnbrae Road following west on to Stepps Road, crossing Stepps Road to include Gadloch View and Gadloch Avenue. Moving north across Lenzie Golf Course continuing west along Crosshill Road from junction with Victoria Road; and

West: Crosshill Road to its meeting with Boghead Road.

In the Committee's opinion Boghead/Gallowhill Road marked the delineation between Lenzie and Kirkintilloch. Residents beyond this would not consider themselves resident of Lenzie. The Kirkintilloch Link Road was a major new boundary running the length of the neighbourhood. The South boundary took into consideration local opinion and desirability of residents to be associated with Lenzie. Crosshill Road marked the delineation between open ground and farmland.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined by the PPC there was one pharmacy with an additional six pharmacies operating within the adjacent settlement of Kirkintilloch. These pharmacies provided the full range of pharmaceutical care services including supervised methadone, needle exchange and domiciliary oxygen. The Committee considered that the level of existing services did ensure satisfactory access to pharmaceutical services for the significant population within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments regarding the proposed parking restrictions being brought in to the area and considered that these might well have the same detrimental effect to the area adjacent to his proposed premises, as it would to the area beside Boots Pharmacy.

The Committee agreed that the new housing development might result in an increase in population within the area. They were confident however that the existing network was well placed to accommodate any demand that might be generated. The likely residents would be mobile, relatively young and of good health. They would move towards Kirkintilloch or Robroyston for their everyday services.

The Committee noted that the pharmacy provided all core services required under the Pharmacy Contract, along with some of the supplementary services such as methadone supervision.

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate.

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

In accordance with the statutory procedure the Chemist Contractor Member of the Committee Alasdair MacIntyre left the room during the decision process:

DECIDED/-

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

**Contractor
Services
Supervisor**

The Chemist Contractor Member of the Committee Alasdair MacIntyre rejoined the meeting at this stage.

3. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

4. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 3rd March 2011.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (05)

Minutes of a Meeting held on
Thursday 3rd March 2011 in
The Glynhill Hotel, Paisley Road
Renfrew PA4 8XB

PRESENT:	Peter Daniels Mr William Reid Mrs Catherine Anderton Professor Howard McNulty Mr Colin Fergusson Mr Kenny Irvine	Chair Deputy Lay Member Deputy Lay Member Deputy Non Contractor Pharmacist Member Contractor Pharmacist Member Deputy Contractor Pharmacist Member
IN ATTENDANCE:	Dale Cochran Janine Glen Elaine Paton	Contracts Supervisor – Community Pharmacy Development Contracts Manager – Community Pharmacy Development Development Pharmacist - Community Pharmacy Development

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

ACTION

No member declared an interest in the application to be considered.

1. APOLOGIES

Apologies were submitted on behalf of Councillor William O'Rourke.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minutes of the meeting held on Thursday 20th January 2011 PPC[M]2011/03 were approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes, which were not already included in the Agenda.

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

Case No: PPC/INCL11/2010

Kazim Gulzar Ltd – 10 Cromdale Road, Port Glasgow PA14 6LP

The Committee was asked to consider an application submitted by Kazim Gulzar Ltd to provide general pharmaceutical services from premises situated at 10 Cromdale Road, Port Glasgow PA14 6LP 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 Kazim Gulzar 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 Kazim Gulzar ("the Applicant). The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Matthew Cox (Lloydspharmacy) and Mr John Boyle (David Wyse Pharmacy Ltd), assisted by Mr Cian Lombard. ("The Interested Parties").

The Chair asked those persons assisting to confirm that they were not appearing as a Counsel, Solicitor or Advocate. Mr Lombard confirmed that he was not.

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 following:

The Committee noted that the premises were constructed and were currently empty. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had viewed them in their entirety.

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 Parties and the PPC to ask questions. The Interested Parties were then asked to make their submissions one by one. After each submission, there

followed the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

The Applicant thanked the Committee for allowing him to present his case for the establishment of a pharmacy at 10 Cromdale Road, Port Glasgow.

He advised that he had been a pharmacist for nearly six years and had previously managed pharmacies for other companies.

Mr Gulzar advised the Committee that in his view community pharmacy had a lot to offer the general public and his aim was to help this happened where there was a possibility. In the current climate where the wait for a GP appointment could range from 1-2 weeks there had never been a more appropriate time for pharmacy to take a more direct approach. To fulfill the demand for face to face timely advice and for pharmacists to be the first port of call to patients, eliminating that need to wait for a GP appointment. In this situation it was possible for the Minor Ailment Service to be utilized by the pharmacist for example. The pharmacist was in a position to aid the workload of GPs in providing minor ailments, chronic medication service, smoking cessation and medication reviews. All services that both aide the NHS overall and benefit the general public.

He advised that the proposed site for the pharmacy was 10 Cromdale Road, Port. Glasgow
The opening hours of pharmacy were to be:

Monday – Friday:	0800 – 1800
Saturday:	0900 – 1700
Sunday:	CLOSED

There was currently no pharmacy within the neighbourhood which offered patients the option of these opening times. The Applicant questioned what a patient would do who could only get an early appointment with a subsequent prescription needing dispensed, or what happened to patients who worked and where an early visit to a pharmacy was the only opportunity they may have. The proposed pharmacy would cater for such situations. Also the hours of opening reflected the opening hours of the local health centre where a prescription needed dispensed urgently before 9.00am. This couldn't be done anywhere else in the area.

The Applicant then went on to describe his boundary. At this point the Applicant asked if he could circulate a map of his neighbourhood, which the Chair allowed as the map had already been circulated to the Interested Parties as part of the Applicant's supplementary information.

North: railway line running parallel and in between both Greenock Road and Glasgow Road;
East: Briary Lane onto the fields running south behind Bute Avenue, Arran Avenue and Sandray Avenue continuing west around the residential area;
West: the grounds of Port Glasgow Golf Club that lay west of Montrose Avenue, Glenside Road onto Devol Road to the junction where it joined Dubbs Road

onto the greenery that Ardmore Road cut through onto Clune Brae until the railway line that run east towards Glasgow.

The population in the proposed neighbourhood was near 10,000. 20% of the population was children and 20.11% were pensioners. This information had been taken from Scottish Neighbourhood Statistics and used datazones: S01004025 – S01004041.

He advised that Port Glasgow was commonly referred to in two parts. The “upper part” and the “lower part”. The “upper part” which was the entire proposed neighbourhood was self sufficient in that there was a post office, banking facilities, a Co-op, a pharmacy, schooling at both primary and secondary levels, fast food facilities, newsagents and a health centre. There was little need for residents within this area to travel to “lower” Port Glasgow on a daily basis. He advised that while this neighbourhood may not be the neighbourhood that was ultimately agreed upon by the Committee, it was the neighbourhood that was being served by the current pharmaceutical network.

Currently there was one pharmacy within the defined neighbourhood serving all 10,000, where the national average per pharmacy was 4,400. In the Applicant’s opinion this workload put pressure on providing an adequate service. Prescription figures from Lloydspharmacy would no doubt reflect this. In the instance where the neighbourhood was expanded to include both “lower” and “upper” Port Glasgow, the population was nearly 16,000 as indicated on the SCROL website and would see the proposed pharmacy viable and necessary in ensuring an adequate pharmacy provision as each of the four pharmacies would be serving roughly 4,000 of the population. The addition of an additional pharmacy would not affect the viability of Lloydspharmacy. The propose pharmacy would offer a desirable spread of pharmacies in the wider area.

Mr Gulzar then went on to describe what he saw as the negative attributes of the current pharmacy provision within the neighbourhood.

He advised that when visiting Lloydspharmacy by car, it was difficult to find a parking space despite there being space outside the pharmacy. He felt this was perhaps due to the other shops contributing to the busy nature of the area surrounding Dubbs Road.

Furthermore there was no choice available to patients. Lloydspharmacy was the only pharmacy in the defined neighbourhood. The next nearest pharmacy was situated in “lower” Port Glasgow and was 2.1 miles and over a 40 minute walk away.

He advised that the opening hours were not as flexible as they could perhaps have been. In addition, the distance for those living in Bardrainey was difficult for those with disabilities and those with small children to access easily in case of urgency. Google Directions showed that it would take at least 12 – 15 minutes one way to get to Dubbs Road, walking from Bardrainey and this was for someone who was fit and healthy. This was not to mention the steep declines and inclines in the return journey.

To illustrate his point the Applicant asked if he could circulate photos he had taken of the hills and pavements in the defined neighbourhood. The Chair agreed that these could be handed round and the Interested Parties did not object.

In terms of the pharmacies in the “lower” part of Port Glasgow, the Applicant advised that the prescription figures would clearly reflect that both pharmacies were very busy. In his opinion, the more busy a pharmacy would be the closer it was to reaching its prescription dispensing potential and the less time was spent on services such as smoking cessation, medicines review, reviews on healthy lifestyles. He was aware that there were two pharmacies on duty in the David Wyse branch on Fore Street, but in his opinion the pharmacy was still busy and would find it difficult to find time to spend with patients. He advised that all three current pharmacies were coping with a high prescription load and an additional pharmacy would only help with this. It would allow the current pharmacies to take on more dosette boxes, offer more methadone spaces and provide every other service available relieving the strain that was causing an inadequate pharmacy provision.

The Applicant turned his attention to the health statistics with the Port Glasgow area which showed that some of the data zones ranked as low as 323/6505 (S01004039) on the SIMD. He advised that the greater the deprivation, the poorer the health and the greater the need for local level intervention to improve health outcomes and promote health. He advised that Lloydspharmacy and the other two pharmacies in “lower” Port Glasgow were not coping with the demand for such services due to the high prescription load.

Another statistic that showed the inadequacy in local level intervention was looking at the number of women smoking at their antenatal booking visit. 42.3% of women were found to be smoking. This was more than double the national average which was 19.6%. The Applicant advised that it had been mentioned many times that the single greatest intervention to improve overall health outcomes was smoking cessation. He questioned whether the defined neighbourhood received an adequate service.

He suggested that inadequacy in local level intervention could also be seen in the statistics that highlighted only 15.6% of women were breast feeding at 6-8 weeks where the national average was 36%. In the “Better Health Better Care” strategy document the government had set a minimum of 30% by 2010. Hospital admissions for alcohol misuse was sitting at more than double the national average, while hospital admissions for drug abuse were sitting at more than five times the national average.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Boyle**, the Applicant confirmed that in his opinion the two David Wyse Pharmacies were providing services to a population of approximately 6,000

In response to further questioning from Mr Boyle, the Applicant confirmed that he had established his travel times from the defined neighbourhood to Dubbs Road and the Town Centre, from Google directions.

In response to final questioning from Mr Boyle, the Applicant confirmed that the railway line mentioned in his presentation was the one behind the main road.

In response to questioning from **Mr Cox**, the Applicant agreed that the responses received by the Health Board during the public consultation process were clear in that they did not have any issues with the current pharmaceutical provision. He further confirmed that he

had a petition and letters from other elements of the population who clearly supported the application. He had not submitted these as part of this application as there had been no time.

In response to further questioning from Mr Cox, the Applicant confirmed that it was his view that you could not have an overprovision of pharmacy services in an area where the population was large.

In response to further questioning from Mr Cox around the relationship between prescription load and the ability of the pharmacy to engage with other services, the Applicant advised that in his opinion a pharmacy which dispensed a large volume of prescriptions would find it difficult to devote time to other services.

The PPC Question the Applicant

In response to questioning from **Professor McNulty**, the Applicant confirmed that his neighbourhood was ostensibly the area commonly referred to as “upper” Port Glasgow. There was one pharmacy currently in the area.

In response to further questioning from Professor McNulty regarding whether a pharmacy in Cromdale Avenue would serve residents in Parkhill Avenue, the Applicant advised that he had noticed that lots of residents within the defined neighbourhood currently accessed services from Lloydspharmacy. It was therefore difficult to say whether they would move to use the new pharmacy if the application were granted. He felt that Lloydspharmacy served the neighbourhood but not fully. He considered someone living on Arran Avenue may continue to utilize services from Dubbs Road. In terms of residents living in Orinsay Avenue he advised that they would be more likely to walk across Kilmacolm Road and access the new pharmacy. There were footpaths through to Cromdale Avenue from this area.

In response to further questioning from Professor McNulty seeking how he would define the crucial inadequacies in the area, the Applicant advised that the current spread of pharmacies in the area was not adequate. If someone in the area was looking for, say, paracetamol or indigestion remedies, they needed to travel to Dubbs Road or the town centre to access this. This was inadequate. People currently had to walk a significant distance to access services, along considerable inclines/declines. This was not adequate for parents with small children or the elderly. Statistics showed that there was not enough hand on provision.

In response to questioning from **Mrs Anderton**, the Applicant confirmed that his proposed premises were situated in the area of Bardrainney. Slaemuir Avenue was part of this area. There were bus services from Bardrainney to the town centre, most of these run along Malaig Road.

In response to final questioning from Mrs Anderton, the Applicant confirmed that he could not quantify the exact population of the area known as Bardrainney.

In response to questioning from **Mr Reid**, the Applicant confirmed that his pharmacy would open more hours than those currently offered in the area. He further confirmed that the

parking at the proposed premises was better to that in the vicinity of the current pharmaceutical network.

In response to further questioning from Mr Reid, the Applicant explained that the pharmacy contract was changing the face of community pharmacy, moving it away from the traditional volume dispensing model to a model more focused on service provision. The current network was not coping with this shift as the existing pharmacies dispensed too high a volume of prescriptions to allow them to devote time to dealing with patients. This was, in the Applicant's opinion inadequate in terms of service provision.

In response to further questioning from Mr Reid around how the Applicant would improve the uptake of the smoking cessation service, the Applicant advised that his pharmacy would result in a decrease in workload for the other pharmacies in the vicinity thus allowing them more time to devote to meeting their targets. In terms of where he would draw clients from, the Applicant envisaged that he would draw most of his patient base from the upper part of Port Glasgow.

In response to questioning from **Mr Fergusson**, the Applicant advised that he was not 100% convinced that the ACT (Accredited Checking Technician) role freed up pharmacist time to allow them to devote to patients. In the Applicant's opinion, the Pharmacist was still needed to undertake the final check and he didn't feel this role would solve the issues completely.

In response to questioning from **Mr Irvine**, the Applicant clarified that his west boundary was separate from the town centre. He advised that he had used Clune Road because of the steep declines. He advised that residents of Port Glasgow very rarely walked this route due to the steepness of the hill and this was why he had used this as a boundary.

In response to further questioning from Mr Irvine, the Applicant confirmed that Lloydspharmacy offered a collection and delivery service and that it would be his intention to offer this service from the proposed premises if the application were granted.

In response to a suggestion from Mr Irvine, that his case had been based on the ineffectiveness of the smoking cessation service, the Applicant agreed that many of the issues relating to uptake of services were national issues and not confined to the defined neighbourhood, however he could only look at his neighbourhood and use national averages, deprivation and health statistics to show the services were not being optimised.

In response to final questioning from Mr Irvine, the Applicant advised that even though his application had met with negative response from an element of the population; he had received positive response as well. A further pharmacy would provide adequate services and the residents in the vicinity of Cromdale Road would be positive about this development if the Applicant had been able to speak to them.

In response to questioning from **the Chair**, the Applicant confirmed that he had said in his opening statement that a GP appointment could take between 1 and 2 weeks. He further confirmed that he was aware of the 48 hour commitment made by GP practices that a patients would be seen by a member of the Primary Care Team within this timescale, however he clarified that he had been talking about a patient who had opted to see a

particular GP.

In response to further questioning from the Chair regarding the terms “upper” and “lower” Port Glasgow, the Applicant confirmed that these were terms commonly used by the residents in the area. This was where he had learned of the terms. Current residents defined the town in terms of “upper” and “lower”.

In response to further questioning from the Chair regarding how the Applicant knew that a further pharmacy was required in the area to “reduce the strain” on the current network, the Applicant advised that he had spoken to people who had told him about current waiting times. He pointed to the health statistics which clearly showed that time was not being spent combating illness and the volume of dispensing showed that the current network was not focused on service provision.

In response to final questioning from the Chair regarding the failure of the smoking cessation service and whether the current pharmacies were to blame for this, the Applicant advised that pharmacy was the first point of call for many patients. He pointed to the statistic that 42% of pregnant women smoked in the area. In his opinion, community pharmacists were key people in the provision of this service. Patients were referred to the pharmacy from GPs, from practice nurses. He was clear that when community pharmacies were busy they did not have the energy or time to counsel patients. It was known fact that properly counseled patients stood a much better chance of quitting than those who weren't.

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

The Interested Parties' Case (Mr John Boyle – David Wyse Ltd)

Mr Boyle advised that wished to clarify that in terms of the Applicant's neighbourhood, residents living at Parkhill Avenue would not be likely to travel to Cromdale Avenue to access services. Residents in this area would be more likely to travel to the town centre. He advised that both of his pharmacies were well placed to meet the demands placed upon them. There was enough staff to cope with business. He further advised that most residents traveled to the town centre by either bus or car. Most residents traveled to Greenock for their weekly shopping.

His pharmacies provided a full collection and delivery service and he had two drivers who collected prescriptions from Greenock.

He advised that there were two pharmacists on hand at any time of day in the Fore Street branch and one in John Wood Street making it possible to offer many different services to the community.

His pharmacies provided monitored dosage systems on behalf of 250 patients with no limit on patient numbers. His pharmacies were currently taking part in a pilot scheme to provide assessment of new and existing MDS patients.

He further advised that methadone supervision was provided from both shops with the John Wood Street branch investing in a “methameasure” methadone pump to improve the

services for drug users. Needle Exchange was provided in John Wood Street, thus allowing greater numbers of patients' access to drug treatment services.

Other services offered were:

- Minor Ailment Service;
- Chronic Medication Service;
- Weight Management Service;
- Heart Failure project provided in store, and where required by home visit;
- An Active Smoking Cessation Service;
- Emergency Hormonal Contraception;
- Cholesterol Testing;
- Diabetes and Glucose Monitoring;
- Health Start Vitamins Scheme; and
- Blood Pressure Monitoring.

Mr Boyle advised that his pharmacies participated in awareness days and offered space for careers in store to promote their activities and reach out to new patients in Inverclyde.

He reminded the Committee that there had been five previous applications for premises in Port Glasgow. All applications had been refused, along with two appeals considered by the National Appeals Panel.

He advised that he objected to the application for the following reasons:

- A large proportion of the population in the Applicant's defined neighbourhood would find it much easier to travel to the existing pharmacies than to travel to Cromdale Road.
- the pharmacies in Port Glasgow had already demonstrated on previous occasions in the recent past that the existing services were fully adequate – the Pharmacy Practice Committee had refused to grant earlier applications.
- There was a collection and delivery service for the proposed neighbourhood.
- It was clear from the letters received prior to the hearing that the local population nearest to Cromdale Road was actually against the proposed pharmacy. This simply confirmed what the customers using David Wyse Ltd were saying.

For the above reasons Mr Boyle believed that the application to open a pharmacy at 10 Cromdale Road was neither necessary nor desirable and that the application should be refused.

The Applicant Questions Mr Boyle

In response to questioning by **the Applicant**, Mr Boyle confirmed that most community pharmacies offered a collection and delivery service. While this might not be the best for the patient, it was nevertheless what most people did.

In response to final questioning from the Applicant, Mr Boyle confirmed that a resident in Parkhill Avenue would travel to the town centre rather than to Dubbs Road. This direction

of travels was natural for them as they caught the bus into town to do other shopping.

There were no questions to Mr Boyle from **Mr Cox**.

The PPC Question Mr Boyle

In response to questioning from **Mr Irvine**, Mr Boyle defined his neighbourhood as Kilmacolm Road, A761 at the roundabout, and Auchinbothie Road.

In response to questioning from **Mr Irvine**, Mr Boyle agreed that with this definition his pharmacies were outwith the neighborhood; however he confirmed that his pharmacies provided services to a significant number of patients from this neighbourhood nevertheless. He has not able to quantify this, but he knew it to be significant.

In response to questioning from **Mr Fergusson**, Mr Boyle agreed that collection and delivery was not a substitution for face to face contact with a pharmacist, however he offered this service.

In response to further questioning from Mr Fergusson, Mr Boyle confirmed that his pharmacies did not have boundary for patients with MDS trays. While he recognised that stress could increase the rate of clinical governance errors in these types of activities, he was confident that he had sufficient staff to carry out the tasks for patients in a safe and secure manner.

In response to final questioning from Mr Fergusson regarding the development of electronic transfer of prescriptions, Mr Boyle agreed that this would have an effect on the already established route of patient – GP – prescription.

In response to questioning from **Mr Reid**, Mr Boyle advised that he did not know what effect the new contract would have on his pharmacies, if it were granted.

In response to questioning from **Professor McNulty**, Mr Boyle agreed that in terms of prescriptions, the appropriate definition of the neighbourhood would be the whole of Port Glasgow. GPs saw patients from the entire area. He further confirmed that those resident south of the A761 would be unlikely to travel to Cromdale Road to access services. He further confirmed that taking his defined neighbourhood into consideration Lloydspharmacy was the only pharmacy in that area.

In response to further questioning from Professor McNulty regarding the Applicant's proposed opening hours, Mr Boyle advised that he did not see a need for a community pharmacy to open at 8,00am. The first GP appointment might be offered at 8,00am, but there was little need for a pharmacy at this time. He advised that if there was demand for such extended opening hours, his pharmacies would offer them.

In response to further questioning from Professor McNulty, Mr Boyle confirmed that the consulting rooms in both his pharmacies were well used. His pharmacists devoted time to public health activities. He further confirmed that if he felt his staff was under stress and unable to devote time to service provision, he would increase the number of staff in the pharmacy.

In response to final questioning from Professor McNulty, Mr Boyle advised that if the application were granted, any impact on his pharmacies would be negative. His current staffing was based on the amount of business each pharmacy currently undertook. Any negative impact on this could result in staffing being reviewed.

In response to questioning from **the Chair**, Mr Boyle advised that he had heard the terms “upper” and “lower” Port Glasgow. While he recognized the Chair’s point that how people referred to an area could sometimes help to define it, he felt that perhaps people in the Bardrainey area would refer to “upper” Port Glasgow, but for the most part residents of Port Glasgow would say they were from Port Glasgow regardless of where they lived in the town.

In response to further questioning from the Chair, Mr Boyle agreed that he had defined a relatively small area as his neighbourhood. He had been looking more at which residents would travel to the proposed premises. He had a strong feeling that this neighbourhood was already adequately served by the current pharmacies. He agreed that this would still be the case if the town centre was included in the definition of neighbourhood. His pharmacies offered a first class service to the town of Port Glasgow.

There were no questions to Mr Boyle from **Mrs Paton** or **Mrs Anderton**.

The Interested Parties’ Case (Mr Matthew Cox - Lloydspharmacy)

Mr Cox advised that he agreed with all points raised by Mr Boyle and wished to expand on a few of the issues.

He advised that in terms of neighbourhood he had asked more than one member of staff in the Dubbs Road branch about neighbourhood. Upper Port Glasgow had been mentioned as an area and therefore there were two scenarios. For some there was interplay with the town centre and some defined their area in more local terms. Regardless of which scenario was in play, the service provision offered by the current pharmacies was adequate.

He advised that as part of the public consultation exercise, responses had been received from the Slaemuir Tenants and Residents Association who didn’t support the application. In addition a petition had been submitted to the Health Board raising concerns about potential vandalism and anti-social behavior.

In terms of ease of access for prescriptions, Mr Cox advised that there was a very reliable bus service operating in the neighbourhood. Buses stopped on Bogleston Road frequently which was in an ideal position for access to Lloydspharmacy.

He advised that the Health Board would be aware that Lloydspharmacy were moving to a double unit next door to the current Dubbs Road branch. This would happen in May 2011 and would provide more space and opportunities for involvement in more services. It was therefore difficult to argue that Lloydspharmacy were not responding to the needs of the community.

Mr Cox further advised that Lloydspharmacy had the capacity to undertake other services. Currently the pharmacy was involved in EHC, MAS, CMS, Supervised Methadone and Smoke Free. If there were health needs in the area, services would be available.

He advised that he was not aware of any complaints regarding service provision in the area. He believed the area was adequately served. Lloydspharmacy employed an extra pharmacist twice per week and he would submit that the current services were adequate to meet the needs of the patients in the area. He advised that the Applicant had not proved the legal test and that together with David Wyse Pharmacies; Lloydspharmacy provided an excellent high level of adequate provision of pharmaceutical service to patients.

There were no questions to Mr Cox from **the Applicant** or **Mr Boyle**.

The PPC Question Mr Cox

In response to questioning from **Professor McNulty**, Mr Cox confirmed that there was an argument to suggest that Port Glasgow could be defined in terms of two small areas. He did not feel that this would affect outcome of application as if the smaller definition was adopted by the Committee they could still consider services outwith the neighbourhood in the wider area of Port Glasgow.

In response to Professor McNulty's expansion of this question, Mr Cox advised that there was an argument to suggest that if the smaller definition was taken, those residents in the streets immediately adjacent to Cromdale Road would find it more convenient to visit the proposed premises than the other pharmacies in the current network, but this was not true for those residents to the south of the area. There would be no added benefit.

In response to further questioning from Professor McNulty, Mr Cox advised that Lloydspharmacy would be happy to respond if there was a need for a pharmacy to open at 8.00am, however he did not think there was any express need for this service.

In response to further questioning from Professor McNulty regarding staffing within the pharmacy, Mr Cox advised that Lloydspharmacy on Dubbs Road was a well used pharmacy which was staffed according to the requirements from the patients.

In response to final questioning from Professor McNulty, Mr Cox advised that taking into consideration the comments made regarding the application, he did not feel there would be detrimental effect on Lloydspharmacy.

In response to questioning from **Mrs Anderton**, Mr Cox advised that he did not know at this point whether there would be a need to increase staffing when the pharmacy moved. At present the staffing levels reflected the level of business within the pharmacy. The move would provide the business with opportunities to increase storage and ease space constraints.

In response to further questioning from Mrs Anderton, Mr Cox advised that the move would provide opportunities for the pharmacy to take part in more services, however he was confident that the pharmacy currently offered a wide range of services and provided

them well. He did not think there was much more the pharmacy could become involved in.

In response to further questioning from Mrs Anderton, Mr Cox confirmed that the uptake of services in the branch was relatively good. At present there were approximately 50 methadone clients, CMS was healthy and there was capacity to deliver more services.

In response to further questioning from Mrs Anderton, Mr Cox confirmed that the pharmacy didn't have a delivery van, but that delivery of a prescription could be arranged if someone needed it.

In response to questioning from **Mr Reid**, Mr Cox confirmed that on moving the unit would be double the size of the current space.

In response to questioning from **Mr Irvine**, Mr Cox confirmed that some MDS trays were still done in the pharmacy. He further confirmed that the pharmacy might be able to take on more MDS patients after the relocation.

In response to further questioning from Mr Irvine regarding neighbourhood, Mr Cox confirmed that he was happy to accept the smaller definition of neighbourhood. He further confirmed that in his opinion there would be approximately 6,000 people in this neighbourhood.

In response to further questioning from Mr Irvine, Mr Cox advised that there was a second pharmacist on duty at Dubbs Road two days per week depending on demand.

In response to final questioning from Mr Irvine, Mr Cox advised that he was not aware of the uptake of Smoke Free services in the Dubbs Road branch.

In response to questioning from **the Chair**, Mr Cox confirmed that in his opinion the developments advised by Inverclyde Council which would see additional housing built in the area, would not significantly affect the levels of service.

In response to a follow up question from Mrs Anderton, Mr Cox confirmed that Parkhill Avenue would be situated in the north of Port Glasgow and not the south.

There were no questions to Mr Cox from **Mrs Paton or Mr Fergusson**.

Summing Up

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

Mr Cox advised that the Applicant had not produced any evidence, but had rather put forward a perception of inadequacy. The onus was on the Applicant to show an inadequacy in pharmaceutical services in the neighbourhood. Mr Cox did not believe there was any inadequacy. He asked the Committee to refuse the application.

Mr Boyle advised that he objected to the application for the following reasons:

A large proportion of the population in the proposed neighbourhood would find it much

easier to travel to the existing pharmacies than to travel to Cromdale Road.

The pharmacies in Port Glasgow had already demonstrated on previous occasions in the recent past that the existing services were fully adequate. The Pharmacy Practices Committee having refused to grant earlier applications. Since 2003 there had been five previous applications and two appeals.

There was a collection and delivery service for the proposed neighbourhood.

It was clear from the letters received prior to the hearing that the local population nearest to Cromdale Road was actually against the proposed pharmacy. This simply confirmed what his customers had been saying.

For the above reasons he believed that the application to open a pharmacy at 10 Cromdale Road was neither necessary nor desirable and that the application should be refused.

The Applicant advised that there was poor health statistics in Port Glasgow. The current pharmacy provision was not adequately improving these health outcomes and the addition of another pharmacy would reduce the strain on the current pharmacies and allow them to help and fill the inadequacy and improve the overall health of Port Glasgow.

In summary, with the Lloydspharmacy being distant from areas in “upper” Port Glasgow and the health of Port Glasgow suffering due to the inadequate service provided by the current pharmacy provision the addition of the proposed pharmacy was justifiably necessary.

Before the applicant and interested parties left the hearing, the Chair asked Mr Gulzar, Mr Boyle and Mr Cox to confirm that they had had a full and fair hearing. All confirmed individually that they had.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - David Wyse Ltd – various addresses;
 - Lloydspharmacy Ltd – 2/4 Dubbs Road, Port Glasgow PA14

- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy 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 Greenock Telegraph (advert run on Monday 4th October 2010) – two responses were received;
- e) - Inverclyde CH(C)P – one response was received supported by a petition with 297 signatures;
- f) The following community councils:
 - Port Glasgow/Central West – no response received; and
 - Port Glasgow Ward 3 – no response received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- j) Demographic information regarding post code sectors PA14.5 and PA14.6 (part of);
- k) Information from Inverclyde Council's Regeneration and Environment Department regarding future plans for development within the area;
- l) NHS Greater Glasgow and Clyde plans for future development of services; and
- m) Patterns of public transport in the area surrounding the Applicant's proposed premises.

DECISION

Having considered the evidence presented to it, and the PPC's observation from the site visit, 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, and the Interested Parties, in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

North: the River Clyde;

East: Park Hill, Park Farm to Kilmacolm Road behind the residential area at High Auchinleck through Mid Auchinleck, crossing Port Glasgow golf course to the east of Devol Road;

South: Turning north across Dougliehill Road, including Dougliehill Place and Dougliehill Terrace to Glenhuntly Terrace and Glenhuntly Road, following the open ground to Highholm Avenue to Shore Street; and

West: the area at Tesco Superstore to the roundabout on the A8 trunk road to the River Clyde.

In the Committee's opinion the River was a substantial physical boundary. The south and east boundaries, demarked the separation of residential and open ground, with steep physical inclines and declines. The eastern boundary marked the separation of open field and residential settlements.

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 three pharmacies. These pharmacies provided the full range of pharmaceutical care services including supervised methadone, needle exchange and domiciliary oxygen. The Committee considered that the level of existing services did ensure satisfactory access to pharmaceutical services for the significant population within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments regarding the current level of dispensing and how he felt this prevented the current network from addressing the move towards a more service based approach. The Committee did not share this view and contended that a high prescription volume did not necessarily mean that other services suffered, especially where the community pharmacy had installed adequate staffing to meet the demand from patients.

The Committee noted that Lloydspharmacy were in the process of moving to bigger premises which would open up opportunities for the company in terms of capacity and storage. In addition, the Committee recognized the improvements made by David Wyse since previous applications for this area had been heard.

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Colin Fergusson and Kenny Irvine left the room during 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 Colin Fergusson and Kenny Irvine rejoined the meeting at this stage.

**Contractor
Services
Supervisor**

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2011/12 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- Angela Mackie, 3 Budhill Avenue, Glasgow G32

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 14th March 2011.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
 Minutes of a Meeting held on
 Monday 14 March 2011 in
 Kings Park Hotel, Mill Street, Rutherglen
 Glasgow G73 2PX

PRESENT:	Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Mr Alex Imrie	Deputy Lay Member
	Councilor Luciano Rebecchi	Deputy Lay Member
	Professor Howard McNulty	Non Contractor Pharmacist Member
	Mr Kenny Irvine	Deputy Contractor Pharmacist Member
 IN ATTENDANCE:		
	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead - Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development (Items 1 – 3 only)

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

ACTION

No member declared an interest in the application to be considered.

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minutes of the meeting held on Thursday 10 February 2011 PPC[M]2011/03 were approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

Code of Conduct for NHS Board Members

The Chair distributed copies of the Code of Conduct for NHS Board Members to members of the Committee. He explained that this document was being provided to all Health Board Members as a reminder of the conduct expected of them. The Chair advised that members of the Board's standing committee's were also expected to adhere to the provisions contained in the Code.

In addition, the Code of Conduct would be incorporated into the Information Pack for new members, so that any member joining the Committee would be clear on the expectations placed upon them.

Mrs Glen advised that a copy of the Code would be sent to all members not in attendance at the meeting.

**Contractor
Services
Supervisor**

Following the discussion of this agenda item, Mrs Glen left the meeting.

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

Case No: PPC/INCL12/2010

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

The Committee was asked to consider an application submitted by Kyle Square Ltd to provide general pharmaceutical services from premises situated at Unit 5, 151 Western Road, Whitlawburn, Cambuslang, Glasgow G72 8PE 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 Kyle Square 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."

Prior to the meeting commencement, letters were submitted to Board officers by Ms Burns from; Councilor Brian McKenna, Martha McLeod, chairperson, Cathkin Braes Tenant Management Co-operative and Ms Maureen McNeil (member of the public). She requested the Committee consider these for tabling at the meeting. Additionally, the Board had received a letter from South Lanarkshire CHP outwith the consultation time limit. After consideration by the Committee Chair, all letters were accepted for tabling and copies were distributed to the Applicant, interested parties and Committee prior to the hearing commencement.

The Applicant was represented in person by Mr David Dryden ("the Applicant") assisted by Mr Michael Balmer. The Interested Parties who had submitted written representations during the

consultation period and who had chosen to attend the oral hearing were: Ms Nicola Burns (Burns Pharmacy), assisted by Mrs Carol Burns; Mr Martin Green (M&D Green Dispensing Chemist Ltd); Mr Alasdair MacIntyre (Burnside Pharmacy); Mr Stephen McDermott (Leslie Chemist) and Mr Stephen Dickson (Dickson Chemist) (“the Interested Parties”).

The Chair asked those persons assisting to confirm that they were not appearing as a Counsel, Solicitor or Advocate. Mr Balmer and Mrs Burns confirmed that they were not.

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 following: Mill Street, Blairbeth Road, Cathkin Bypass, East Kilbride Road, Greenlees Road, Easter Greenlees Road, Cairns Road, Vicarland Road, Greenlees Road, Western Road, Whitlawburn Road, Western Road, Greenlees Road, Grenville Drive, Stewarton Drive, Greenlees Road, Main Street, Dukes Road, A749, East Kilbride Road, Western Road, East Kilbride Road, Cathkin Bypass, and Fernhill Road.

The Committee noted that the premises were constructed and were empty. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had viewed them in their entirety.

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 Parties and the PPC to ask questions. The Interested Parties were then asked to make their submissions one by one. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant’s Case

The Applicant stated that he was here to discuss the need for a pharmacy in Whitlawburn, specifically this application. He did not think it was a good use of time to talk about any previous submitted applications. In making his reasons clear for this statement he said:

- All applications should be heard afresh and in their own right.
- The changes to the community pharmacy contract since the last hearing indicated that the application of the Legal Test would now be different.
- Unsuccessful applications were the result of an applicant failing to demonstrate inadequacy, this did not prove current services were inadequate.
- The Pharmaceutical Regulations were amended in 2009 and are again about to be revised. Mr Dryden believed that this was a clear indication that the Scottish Government no longer believed the 2009 Regulations were fit for purpose.
- Applications can be granted in locations where previous applications were rejected. He gave a few examples: Fergusson Pharmacy, Petershill Road; Lloyds Pharmacy, Drumsagard and the recent application in Howwood.

Mr Dryden said that he would be able to prove beyond doubt, that the neighbourhood did not have an adequate provision of pharmacy services.

The Applicant said the neighbourhood could be simply defined as the area known as Whitlawburn. A neighbourhood, which had existed for as long as he could remember and one

where he had attended secondary school. This was a neighbourhood of high socio-economic deprivation, social exclusion and one of isolation.

He said that this neighbourhood was aligned with Cambuslang and had joined in a physical sense during recent years by erosion of the green belt.

The neighbourhood was defined as:

- North: the playing fields and open ground were a boundary and barrier between Whitlawburn and Cambuslang, compounded by the steep incline. This green expanse marked a point of social divide;**
- East: Greenlees Road, beyond which is Kirkhill with more modern private housing;**
- South: The picket fence, which separated the social housing of Whitlawburn from the private, modern housing development of Lomond View**
- West: A749, which separated Rutherglen from Cambuslang and Springhall from Whitlawburn.**

Mr Dryden recognised that Whitlawburn did not have all the services that might be expected within a neighbourhood but it did have: a bookmakers, pub, supermarket, a choice of child care, youth clubs, dance classes, zumba, Credit Union, Job Center Outreach programs, a range of takeaways, a café, a 5 a-side football pitch, a mother and toddlers group, Asian women's and senior citizens groups. He added that you could even become a radio presenter in Whitlawburn. He accepted the neighbourhood could benefit from more services and that this was the point, a lack of services was not an argument to reject a contract application but the most compelling reason to grant this application so that the neighbourhood may have a pharmacy of its own.

He said that when Whitlawburn was first constructed, there were no amenities but it was still a neighbourhood. Local co-operatives, tenant's groups and private investment had helped to enhance the quality of life there but he added that there was still more services to be provided.

He stated that the neighbourhood was defined by 'common sense'. He accepted that the interested parties may define a different neighbourhood but he pointed out that there were some 3,000 residents living in Whitlawburn and it was the consideration of their needs that was central to this hearing. The services that currently existed did so because residents used them as part of their daily lives. They could place a bet, buy a pint, cigarettes and alcohol within their neighbourhood but they had to travel outwith the neighbourhood, probably by public transport, to access NHS healthcare. He therefore believed that Whitlawburn was the very type of neighbourhood that the modern community pharmacy contract was designed to serve.

He said that the Minor Ailments Service should allow for easier access to medicines and NHS healthcare, particularly for those that need this service the most; i.e. people living in deprivation. However, most residents the Applicant had spoken to did not even know what the Minor Ailments Service was. For those that did, this was a service not available within Whitlawburn.

To clarify what he meant about minor ailments he gave some examples: chickenpox, head

lice and allergies. He asked; Should a mother have to walk to the edge of the neighbourhood, wait for a bus, bundle their children on board to make a special trip to Cambuslang Main Street in order to access this service?

The Applicant stated that the Public Health Service was to help maintain good health and to encourage improved health. Again, he questioned the use and impact of the service in Whitlawburn, a neighbourhood of 3,000 people in one of the most deprived areas of South Lanarkshire.

Mr Dryden reiterated that residents of Whitlawburn accessed the majority of their services from within the neighbourhood on a day to day basis but had to go outside, from some services which should be available from the neighbourhood. He asked; If Councilors' ran their surgeries in Whitlawburn, the Job Centre and Credit Union outreach were there, why should pharmacy not be provide from within the neighbourhood?

He believed that Whitlawburn residents were unlikely to travel to Braemar Road in Cathkin for pharmacy services as this was a different neighbourhood, in a different part of the town, separated by a dual carriageway, the Cathkin bypass. Furthermore, for most residents of Whitlawburn, Braemar Road was over a mile away. He said there was a real issue of territorialism between these neighbourhoods, which had been highlighted by Councilor McColl.

Furthermore, paths between Whitlawburn and Cathkin were not gritted in bad weather and there were fewer services in Cathkin than in Whitlawburn. He said there was almost no flow of human traffic between these neighbourhoods as evidenced by the petition submitted by Ms Burns, which accounted for less than 2% of the Whitlawburn population. He did however; accept there were a limited number of residents that use the pharmacy. This was often because they had no option, they needed pharmacy services. When patients reach this point, he believed the Public Health Service was already playing catch-up. He said the NHS should not be waiting for people to become patients before acting. Pharmacists should be encouraged to be at the heart of a community, promoting better health from within.

Cambuslang Main Street is the main hub for a much larger area that covers: Cambuslang, East Greenlees, Kirkhill, Vicarland, the Circuit, Westburn, Hallside, Halfway, Flemington etc. Cambuslang has a population of some 25,000, so naturally the main street has the main services. However, he suggested this was too large for one neighbourhood and therefore it must accepted there are separate neighbourhoods within Cambuslang.

He recognised that residents of Whitlawburn would have to access services in Cambuslang Main Street from time to time but believed this was not visited on a daily basis. By example, he stated that he lives in Cambuslang but had only used the services of Main Street twice in the past year. Once when getting his passport renewed and the other when obtaining foreign currency. He said that accessing services was not easy. He had to drive part of the way, park and then walk to Main Street as car parking was notoriously difficult.

Mr Dryden said that residents from Whitlawburn had to make a special trip to Cambuslang Main Street to obtain pharmaceutical services and this should not require a special trip. He believed this was something that should be accessible daily by residents with ease. This was particularly important for those who needed them the most and the only way the Public Health

Service would flourish. He asked; How can we expect smoking rates go down in Whitlawburn when residents can buy cigarettes but need to deviate from their daily life to obtain smoking cessation support from a pharmacy?

The Applicant said that the introduction of the Chronic Medication Service had seen community pharmacists take a far active role in making sure patients get the most out of their long-term medicines.

Referring to his Spittal Pharmacy he said, that he had invited patients to attend for medication review. For many patients this would have been impossible not so long ago: they were not able to travel to pharmacies and had to have their prescriptions delivered. He said that patients did not like having to rely on a delivery service; they wanted to visit a pharmacy to collect their medicines, in their own time and community as part of their routine, with dignity. He believed the same would be the case in Whitlawburn with may more patients having the opportunity to access the new pharmacy, a pharmacist, the Chronic Medication Service and therefore receiving the full benefit of their long-term medicines.

Mr Dryden said that with the event of the Chronic Medication Service, delivery services were becoming increasingly inadequate. If we are to maximise the benefits of the long-term medicines whilst minimising side effects and wastage, then there needs to be face to face contact between a patient and a community pharmacist.

He stated that it was not just the new services that patients were not able to access in Whitlawburn. Last December, his pharmacy in Spittal was asked by the Board's Community Pharmacy Development Team to deliver a compliance aid to a patient living in Rosebank Tower on Cambuslang Main Street. Apparently, the NHS had tried to obtain this service from one of the local pharmacies on Cambuslang Main Street but they were unable to respond as they were at full capacity. He asked, if the local pharmacies cannot provide this service to elderly residents within their close proximity, what about those who live over a mile away in Whitlawburn?

The Applicant said that since making this application, he has again been contacted by the NHS and by GP surgeries unable to find pharmacies willing to deliver compliance aids to patients. His pharmacy now delivers to a number of patients in Whitlawburn but he believed that it should not take a pharmacy based some two miles away to meet this demand. Clearly he said this example supported his argument that pharmacy services to the neighbourhood were inadequate.

He stated that inclement weather disrupts treatment programmes like methadone maintenance and smoking cessation. Accessing pharmacies from Whitlawburn becomes almost impossible with dangerous journeys on foot and the difficulties passing of the steep 200ft incline between Whitlawburn and Cambuslang Main Street. He said he understood these problems as he had to make deliveries to Whitlawburn on foot during the recent periods of severe weather. He asked: Even when the weather is fair, is it fair to ask patients to travel these distances, to face these inclines on a daily basis when evidence shows that patients are more stable on substitution programmes when they do not have to travel significant distances for treatment?

Mr Dryden stated we should always look to reduce barriers to accessing healthcare and posed the questions; What are the barriers? What are the negatives? Would the granting of this

contract de-stabilise the network of existing pharmacies? He referred to his recent experience in the opening of his Spittal Pharmacy and therefore saw no reason that it would. He added that within one month of opening this pharmacy, he had withdrawn his application for an Essential Small Pharmacy as he was already too busy to qualify. Since opening this pharmacy, he had taken on more staff, now had a car for collection and deliveries and will be joined by a pre-registration pharmacist within a few months. He also advised that he was having discussions with the Council regarding the possibility of building an extension to the rear of the premises so as to increase capacity. In addition, he was able to pay the rent and rates on the Whitlawburn premises this year at the time of the worst economic climate for a generation. His pharmacy was in Spittal, with a population of 1,600, which was an area smaller than Cathkin where Burns pharmacy was located.

He noted that the residents of Burnside had a choice of two pharmacies, Cambuslang Main Street had three and they all seemed to be doing fine. He said that these were long established pharmacies and if a new pharmacy in Whitlawburn were to open, he did not expect it would affect their ability to serve the residents of their respective neighbourhoods.

The Applicant stated that he had conducted himself with integrity throughout the application process. He had made himself available to residents, co-operatives, the Community Council, the media, councilors, GPs and the MSP. Representatives from the other pharmacies were able to attend the 'Open Night' in Whitlawburn and indeed, representatives from Burns Pharmacy attended. Although he noted that they did not participate on the night, he said that they had the opportunity to ask questions. He believed it was important to have had this public meeting, in such a transparent manner. He advised that all consultation information that he obtained has been included in his submission along with the public engagement petition provided by the resident named as 'Mrs D'.

Mr Dryden said he was encouraged by the response received from patients, politicians and the representatives of the people, who had asked their questions, had become involved in the process. He believed the voices of Whitlawburn were therefore saying "yes" to this application and the fact that outwith Whitlawburn there was disagreement, just served as evidence that Whitlawburn was a separate neighbourhood.

He ended by saying, the neighbourhood was self-defining and he had presented clear evidence that these residents did not have an adequate access to pharmaceutical services. He asked the Committee for the opportunity to become a part of this community and to begin the task of securing an adequate provision of pharmacy services within a neighbourhood that needed it and wanted it.

The Interested Parties Questions the Applicant

In response to questioning from **Ms Burns**, the Applicant said that data zones did not match with the neighbourhood of Whitlawburn, two did but there were others that overlapped more affluent areas.

In response to further questioning from Ms Burns she asked the Applicant if he was aware that these two data zones only made up 2/3rds of the Whitlawburn population. The Applicant stated that data zones were only one way at looking at a neighbourhood, in general terms.

In response to further questioning from Ms Burns, the Applicant said that the Whitlawburn residents did not find Burns Pharmacy easily accessible to walk to.

In response to further questioning from Ms Burns, the Applicant said he was not clear what percentage of prescriptions dispensed by Burns Pharmacy related to the residents of Whitlawburn. Ms Burns had quoted 30% but in previous applications 25% and 40% had been quoted.

In response to final questioning from Ms Burns, the Applicant said that he would possibly offer a Needle Exchange service if the need was identified but as this was a regulated service, it would be dependant on the Health Board approving it.

In response to questioning from **Mr Green**, the Applicant said he was aware there were new Pharmaceutical Regulations coming into force in April 2011 but the application today was being considered under the current Regulations.

In response to further questioning from Mr Green, the Applicant stated that he had not instigated the petition included within his submission. He considered that petitions were not demonstrative. This petition had been produced by a resident and he had not had any control over it. He had only included this in his submission because he believed that he should submit all information.

In response to further questioning from Mr Green, the Applicant advised that 20 residents had attended his open evening. He considered that most residents thought that the pharmacy would open as a matter of course.

In response to further questioning from Mr Green, the Applicant advised there were no primary schools in his neighbourhood and the children needed to walk to school.

In response to further questioning from Mr Green concerning the omission of bus services from his submission, the Applicant advised that services ran on the edge and in the middle of the neighbourhood. He said the frequency of the bus services to Whitlawburn was good but was insufficient to get to a pharmacy. He also advised that the frequency was an indication of poor access within the neighbourhood.

In response to further questioning from Mr Green, the Applicant agreed that you would need to go outside Whitlawburn to access schools, churches, and places of employment.

In response to further questioning from Mr Green, the Applicant said that neighbourhood residents would visit the Whitlawburn pub and shop daily.

In response to final questioning from Mr Green, the Applicant advised that based on his experience with his Spittal Pharmacy, he intended to open the new pharmacy at 8:30am on a daily basis as this seemed to be what patients wanted.

In response to questioning from **Mr Macintyre**, the Applicant explained that he had not focused on the pharmacy services offered by the two Burnside pharmacies and the five in Rutherglen as he did not believe they directly served the neighbourhood. He said that he was aware that some residents however, did use the Cathkin pharmacy.

In response to questioning from Mr Macintyre as to where neighbourhood residents undertook their weekly shopping, the Applicant said the local Nisa store was quite large and it was possible to do a weekly shopping there.

In response to questioning from Mr Macintyre as to where the other supermarkets were, the Applicant advised: Morrisons in Cambuslang; small Tesco in Burnside and M&S in East Kilbride.

In response to questioning from Mr Macintyre, the Applicant said that residents did not have to go outside the neighbourhood for their weekly shop. He was aware Tesco offered home deliveries but had refused to deliver within Whitlawburn.

In response to questioning from Mr Macintyre about residents access to banking and Post Office services, the Applicant said that he did his banking on-line, and suggested that people did not have to go to the Post Office every day.

In response to questioning from Mr Macintyre, the Applicant stated that not all his Kyle Square Pharmacy patients visited the pharmacy everyday.

In response to questioning from Mr Macintyre, the Applicant said he was aware there was a Post Office in Cathkin but he understood that it did not offer the full range of postal services for example, they had no passport service.

In response to questioning from Mr Macintyre, the Applicant advised that his pharmacy would offer prescription delivery services, if requested.

In response to questioning from Mr Macintyre about schools the neighbourhood children would likely to attend, the Applicant advised: West Coats and Loch Primary School and Cathkin High and Trinity Secondary Schools.,

In response to questioning from Mr Macintyre, the Applicant clarified that it was not that people could not walk to Burns Pharmacy, it was that they did not walk. To do so would therefore take them out of their daily routine.

In response to questioning from Mr Macintyre, the Applicant stated that he believed that people should not need to have to make a special trip, to visit a pharmacy.

In response to questioning from Mr Macintyre concerning the Whitlawburn petition with 34 signatures and open evening with 20 attendees, the Applicant confirmed that the evening and had been advertised by posters and flyers. These had been provided to the Whitlawburn Resource Centre who distributed them on his behalf.

In response to questioning from Mr Macintyre, the Applicant believed the relative low resident turn out at the evening meeting was due to their misunderstanding of the contract application process. They had just assumed the pharmacy was opening.

In response to questioning from Mr Macintyre, the Applicant advised that the lack of path gritting he referred to were the paths that lay between Whitlawburn and Cathkin. The paths

within both areas were maintained.

In response to final questioning from Mr Macintyre, the Applicant said he did not agree that this winter's bad weather was unusual; he said that the last two winters had been severe and he therefore believed this demanded consideration when reviewing a contract application.

In response to questioning from **Mr McDermott** regarding the availability of services within Whitlawburn, the Applicant said there was a supermarket and a Dental Practice was soon to open next door to the proposed premises.

In response to further questioning from Mr McDermott, the Applicant advised that the proposed pharmacy would open early in the morning opening.

In response to further questioning from Mr McDermott, the Applicant said that car parking in Cambuslang Main Street was very difficult. He was unaware of car parking behind Leslie Chemists but did know there was parking on the other side of Main Street.

In response to questioning from **Mr Dickson** concerning Spittal Pharmacy applying for ESP status, the Applicant advised that this application was eventually withdrawn by himself as the level of dispensing activity meant that it was not eligible.

In response to further questioning from Mr Dickson in respect of Spittal Pharmacy, the Applicant advised that this pharmacy was viable within a neighbourhood of 1,600 residents His patients came from: Croftfoot; the Castlemilk area but mostly Spittal.

In response to further questioning from Mr Dickson, the Applicant advised that he had spoken to the local Women's Guild and had provided blood pressure checking for teachers at an event in the Spittal Primary School as examples of the promotion services within that neighbourhood.

In response to further questioning from Mr Dickson, the Applicant advised that a member of the Board's Community Pharmacy Development Team, who had undertaken a patient's medication review, had asked him to provide a compliance aid service as the local GP had been unsuccessful securing a pharmacy for this service.

In response to further questioning from Mr Dickson, the Applicant advised that he estimated that 10 to 15% of his Spittal business related to the compliance aid service.

In response to further questioning from Mr Dickson regarding the distance to Burns Pharmacy and the Primary Schools, the Applicant said he believed they were of a similar distance.

In response to final questioning from Mr Dickson, the Applicant said he did not believe the capacity of pharmaceutical services to Whitlawburn was an issue but accessibility to them was.

The PPC Question the Applicant

In response to questioning from **Mr Irvine**, the Applicant defined a neighbourhood as an area

where neighbours essentially live. Where two people living at each end of the neighbourhood share the same name for the collective area. He said it was the people and not any physical boundaries that make a neighbourhood.

In response to further questioning from Mr Irvine, the Applicant said he understood the distance from his proposed premises to Burns Pharmacy was 850 meters but he had not checked this with the AA Route Planner.

In response to further questioning from Mr Irvine regarding the defined northern boundary, the Applicant explained the playing fields and the open ground was a barrier to access because of the steep hill.

In response to further questioning from Mr Irvine regarding the possible success of this application, the Applicant said he did not think Burns Pharmacy would close. If it did, Cathkin residents would be in a similar situation to those that Whitlawburn residents were currently in.

In response to further questioning from Mr Irvine regarding the high unemployment in Whitlawburn, the Applicant said he did not know where these residents obtained their benefits; perhaps it was the Job Centre Outreach.

In response to final questioning from Mr Irvine regarding inadequacy, the Applicant confirmed that it was the distance that residents of Whitlawburn residents needed to travel, which was prohibitive.

In response to questioning from **Mr Imrie**, the Applicant advised that 20% of Whitlawburn residents were in sheltered housing for the elderly.

In response to further questioning from Mr Imrie, the Applicant said there was a high level of footfall particularly around the supermarket and the softball play area behind it.

In response to questioning from **Professor McKie** referring to the Committee's site visit early that morning, the Applicant advised that the fast food outlets opened at lunchtime and the hairdressers a little later. Units 2 and 3, was where the new Dental Practice was planned.

In response to further questioning from Professor McKie, the Applicant said that as far as he knew the buses going off Western Road went into Main Road Cambuslang.

In response to further questioning from Professor McKie, the Applicant advised that he believed that patients received a good service from other pharmacies -they were just not located in Whitlawburn.

In response to final questioning from Professor McKie regarding the apparent counter productive result of his public consultation, the Applicant believed this was because they had not understand how an NHS Contract was awarded. He thought that if they had understood better, they would have come forward in much larger numbers.

In response to questioning from **Professor McNulty** about changes in the neighbourhood since the last 2008 National Appeals Panel hearing, the Applicant said: there were more residents; Chronic Medication Service was not in existence at that time; Long Term

medicines required a face to face discussion between patient and pharmacist; the Public Health Service development and the Emergency Hormonal service. He said he believed that the neighbourhood was now more disadvantaged than it was at that time.

In response to further questioning from Professor McNulty, the Applicant confirmed that new housing had been built on the site of the old school and that access to these properties was from within Whitlawburn.

In response to further questioning from Professor McNulty regarding the estate to the south of Whitlawburn, the Applicant said that he did not believe these residents saw themselves as part of Whitlawburn. The estate access, Lomond Road was not within Whitlawburn and there were no connecting footpaths between the two areas.

In response to further questioning from Professor McNulty, the Applicant thought that the residents of Lomond View may get their prescriptions dispensed at Burns' Pharmacy but others may not know that this pharmacy exists.

In response to further questioning from Professor McNulty, the Applicant said that the people living in Holmills would probably get a bus from Greenlees Road; there was a bus stop south of Western Road.

In response to further questioning from Professor McNulty, the Applicant advised that the population data suggested that there were high numbers of elderly and young living with in Whitlawburn.

In response to final questioning from Professor McNulty, the Applicant said that the area may have a lower proportion of elderly patients but the statistics were out of date, it had increased health needs and did not have doctor services.

In response to questioning from **Councilor Rebecchi**, the Applicant advised that there were between 400 to 500 elderly residents living in his defined neighbourhood.

In response to further questioning from Councilor Rebecchi regarding the distance to the nearest primary school, the Applicant estimated this to be about a half a mile.

In response to further questioning from Councilor Rebecchi, the Applicant advised that a 5-a-side football park had recently opened, there was also dance and zumba available but there was no sports centre.

In response to further questioning from Councilor Rebecchi, the Applicant said he estimated that there was approximately one request a fortnight from medical practices for compliance aids.. He went on to say that he was unsure if it was a doctor or one of the practice staff who made these requests.

In response to final questioning from Councilor Rebecchi regarding the change to opening hours at his Spittal Pharmacy, once it had opened and the current application,, the Applicant said he would try to commit to the hours included within his application but he would need to take into consideration the views of the general public. Proposed opening hours may

therefore need to change. He added that a Sunday service would be considered if there was demand.

There were no questions to the Applicant from **Mr Gillespie** or the **Chair**.

The Interested Parties' Case (Ms Nicola Burns – Burns Pharmacy)

Ms Burns opened by saying that she wished to object to the granting of this application for inclusion in the pharmaceutical list.

She advised that the granting of an application should only be made if the Board was satisfied that the provision of services at the premises was necessary or desirable in order to secure adequate provision of services within the neighbourhood in which the premises were located. She then went on to provide the criteria she had used to arrive at her decision.

Ms Burns defined the neighbourhood for the purpose of the application as:

North: B762, Dukes Road along Cambuslang Main Street (A724)

East: B759 Greenlees Road

South: East Kilbride Road proceeding westwards to its junction with Dukes Road

She said that this neighbourhood had previously been considered by both the Pharmacy Practices Committee and the National Appeal Panel at previous applications. The roads identified were significant arterial roads which defined a neighbourhood fit for all purposes, encapsulating a wealth of amenities.

In commenting about the neighbourhood proposed by the Applicant, she said she would firstly like to provide more accurate data as to the population in his defined neighbourhood. She noted that the Applicant has taken figures from a Census conducted 10 years ago, rather than using such out of data information, she said that he had made attempts to identify more up-to-date population figures.

Ms Burns said that within the Applicant's neighbourhood, there were only two complete data zones. South Lanarkshire Council Statistics published in mid 2009 identified a combined population for these zones of 1,652.

In addition, she said there were three areas, one to the south where there were 100 new built houses and to the south east and north where there was a further 375 houses. This information was taken from the Lanarkshire Valuation Joint Board and gives a total figure of 475 houses. To provide an estimate of population for this housing, this figure was then multiplied by the South Lanarkshire Council average persons per household of 2.27 to provide a total figure of 1,078 persons. This added to the populations from the data zones provides a total population figure of 2,730.

She said that she believed that this provided a more up-to-date population count when compared with that of the Applicants. Indeed, when comparing this with the 2001 figures there has been a 4.8% reduction in the population.

Furthermore, she said that the Applicant had referred to the new build of Cathkin Rise. Within the development's phase one only 76 houses have been built and not 80 he had suggested.

She said that the Applicant had then multiplied this figure by an arbitrary inflated figure of 3 and not the South Lanarkshire Council figure of 2.27 to arrive at his increased population. She suggested that the expected increase in persons for this first phase would in fact only be 170 persons, giving a total population upon completion of that phase of Cathkin Rise to be 2,900.

She said that she found the criteria used by the Applicant on deciding his neighbourhood to be quite confusing. Whilst the Applicant excludes some areas, by example Lomond View and the original village of Cambuslang because of differing housing stock, there were clear differences of housing stock within his own defined neighbourhood.

She said that had demonstrated that the area could not be defined by data zones and went on to express an opinion of there being a real lack of amenities within the area. In her opinion, Whitlawburn was therefore not justifiable as a neighbourhood.

Ms Burns said that within her defined neighbourhood there were four pharmacies and two GP practices. Two additional pharmacies, including the Burns Pharmacy, were marginally outside the boundary. These provided a full and comprehensive range of core and enhanced services.

In addition to the Core Services of: Acute Medication Service; Chronic Medication Service, Minor Ailment and Public Health Service, she said that the Burns Pharmacy also offered: Methadone/Buprenorphine Supervision; Compliance Aids; Stoma Supplies; Prescription collection and delivery service and the local initiatives such as Heart Failure Service and Falls prevention service.

She said that this pharmacy was also equipped with a consultation room and a second partitioned area which was used for private consultation. Contrary to what has been reported by the Applicant, there have never been any issues regarding pram or wheelchair access. She said that she believed the pharmacy was well equipped for the recent advances in the pharmacy contract, which she too was embracing. She said that she had found the Chronic Medication Service to be most rewarding and believed these services were paramount to any well served community. She added that her pharmacy had trained competent staff that provided a personal service to customers.

Ms Burns advised that she had taken over ownership of Burns Pharmacy in July 2010. She said that since taking over she had increased opening hours, extended the collection service, increased staffing levels and employed a delivery driver. She also advised that she intended undertaking Independent Prescribing training in order to increase the services she could offer, further. She added that she was passionate about maintaining and developing the role of Burns Pharmacy within the community.

In respect of the additional services provided by the network of five pharmacies that currently provided services to this neighbourhood, she advised these were: Needle Exchange; Oxygen and Independent Prescribing, which were available between 9am to 6pm on a week day and 9am to 5:30pm on a Saturday.

She therefore stated that she believed that there was no inadequacy in the pharmaceutical service provision within the neighbourhood.

Ms Burns explained that the prescription volume for Burns Pharmacy came principally from three areas namely: Cathkin; Springhall and Whitlawburn. She said that the most recent data from South Lanarkshire Council indicated that since the last application in 2008, there had been a decrease in the population within these areas of around 2% overall and for data zones of Whitlawburn North and South this amounted to a 2.8% decrease. The small predicted rise in population of 170 following the completion of Cathkin Rise Phase 1, when distributed between all pharmacies who service that area, would equate to roughly an estimated increase of just over one item per day. She added, there have been no further new building plans granted since the previous application.

She restated that Burns Pharmacy was a low dispensing pharmacy which operated far from its potential capacity. The increased staff meant that the pharmacy could efficiently operate at double its current prescription volume level and she wished the Committee to note that she had never refused any request to provide the compliance aid service.

Ms Burns stated that this was the fourth application in recent years. With the population decreasing since the last application and services increasing she saw no reason why a new pharmacy would be necessary.

Furthermore, she said that she could not accept the granting of this application would be desirable. She accepted that it might be convenient to have a pharmacy on your doorstep but in real terms, this simply was unrealistic when securing adequate provision of services within a neighbourhood. Burns Pharmacy was located approximately 850 yards by foot from the proposed site. She said that this was an 8 to 10 minute walk over flat ground, a purpose built walkway, a staggered pedestrian crossing, with good lighting, suitable for prams and wheelchairs. She said that she believed that an 8 to 10 minute walk to the nearest pharmacy was entirely reasonable.

She said that she believed the three pharmacies in Cambuslang and two in Burnside were also in walking distance of Whitlawburn for these residents. She said there were adequate and frequent bus services operating from the neighbourhood to these areas. In fact, she said there were three buses an hour to Cambuslang and one very 10 minutes from Cathkin roundabout to Burnside. She reminded the Committee that the bus service was free to those over 60 years old and those qualifying disabled people, which she said accounted for a sizable proportion of the Whitlawburn population.

Referring to the amenities available within Whitlawburn she said there were few. There was: a food store; bookmakers; pub; soft play area and two fast food restaurants. The residents therefore regularly had to travel to access a range of other services for example: GP practice; church; school; supermarket; bank; post office; optical services and Job Centre. She said that in Braemar Road, as well as the Burns Pharmacy there was a Post Office, supermarket, hairdressers, bookmakers and newsagent. It was therefore likely that residents of the community of Whitlawburn would still need to travel to access these services even if the pharmacy contract was granted. She suggested this again would bring into question the viability of a new contract in Whitlawburn. She added that a number of businesses had closed in recent years near the proposed site and it was her understanding that this was most likely due to a lack of trade.

Ms Burns said that the Applicant suggests that there is a level of desirability for this application based on public support. He had submitted a petition with 34 signatures, which amounted to approximately 1% of his estimated population. Whereas, she said that she had submitted 510 public signatures of support of which, 51 came from Whitlawburn residents. Since submitting this information she advised that total signatures had now increased to 566, which included a further 5 signatures from Whitlawburn bringing this up to a total of 56 residents. She believed the Applicant's submission statement that Whitlawburn residents were '*all in favour*' is clearly not the case.

Ms Burns also questioned the basis on how the Applicant had undertaken his petition, her petition, had been simply left on the counter of her pharmacy for patients sign if they wished.

She advised that she had attended the Applicants 'Open Night' where she counted 9 members of the general public. She suggested to the committee that this was hardly a '*good representation*' as quoted by the Applicant.

Referring again to the letters of support received by the Applicant, she said that they seem to be based around convenience and not necessity. None of these residents said that they could not access a pharmacy. Indeed she said that the letter from MSP James Kelly gives his reason for support as '*to promote investment and jobs*', which are clearly not the grounds for awarding a pharmacy contract. She added that after extensive campaigning, she did not see any public demand or even interest in this potential new service, which suggested to her that this was due to a current adequate provision of pharmaceutical service.

Ms Burns advised that such was the strength support for her pharmacy that she had received copies of some letters which had been sent direct to the Health Board. These were unfortunately received outwith the consultation period and therefore not included in the paperwork. Prior to the meeting commencement she had requested these letters be tabled, which the Committee had agreed to. She then summarise the context of these letters:

- Cathkin Braes Tenant Management Co-operative
"Our concern is that the population of these areas is unlikely to be enough to support two pharmacies and would be extremely worried if there was any possibility that we might lose the shop in Braemar Road"
- Councilor Brian McKenna
"I have always fully appreciated the excellent relationship the pharmacy has with all those who use the facility. I would hope that any decision your Committee makes will ensure the long term viability of Burns Pharmacy will not be compromised."
- Customer, Mrs McNeil
"I do not understand why after three years this is once again being considered, surely all the original points put forward which stopped the initial proposal still stand."
- Dr Smith, North Avenue Surgery
"There are at least 6 other pharmacies in our practice area as recognised by GG&C Health Board and I am unaware of a need for a further pharmacy in the area. No one has indicated a desire for another pharmacy."

These letters were additional to the several others from existing customers who showed no desire for another pharmacy and concern for a possible loss of the service already being provided. These she advocated, provided evidence of an existing adequate service provision.

Ms Burns stated that since the application had been made there had been a series of reports in the Rutherglen Reformer, the local newspaper. Although she said that she understood the aim was to engage with and inform the public, the style of these articles she believed were misleading. They repeatedly use such terms as “*rivals*” and “*battle*” and she felt that this had misrepresented pharmacy to the public as merely a competitive enterprise, not as a network of care, working together to provide a complete range of services to the community. She added that she believed this article also showed a lack of respect for the process in place to grant applications.

Referring back to the Applicants ‘Open Night’, she said that she was concerned by a statement made by Mr Dryden when asked by a member of the public why other pharmacies might object. He replied, “*It’s like a McDonalds opening across the road from a Burger King, it basically comes down to business ethics.*” She said that to compare a pharmacy and the process of objection to that of a fast food restaurant shows either a gross misunderstanding of the process or intent to mislead the public. By drawing this comparison the Applicant shows a total lack of respect for his peers and has painted a warped picture of pharmacy in the public eye. I find it difficult to understand how a contract could be awarded to someone who so flippantly dismisses the process undertaken to award such contracts.

Ms Burns stated that as this was the fourth application in recent years. Her staff has had to endure long periods of stress and uncertainty about the future of their workplace and indeed their own positions. She too said that she has shared this stress and anxiety over the future of her pharmacy. A position worsened by uninvited approaches made by the reporter from the Rutherglen Reformer and in addition, an intimidating letter from West Whitlawburn Housing Co-operative, which read “*You would be wise to validate information with us first. If you fail to do so, we will take legal action against you.*”

She said that her most recent dispensing figures show that 32% of her prescriptions dispensed at Burns Pharmacy were from the Whitlawburn area. The loss of these prescriptions could be extremely detrimental and could seriously affect the viability of Burns Pharmacy. A situation which has been highlighted in previous applications and one she suspected was the main reasons for their rejection.

She explained that viability risk to Burns Pharmacy was considerably greater for this application due to the fact the pharmacy was now under new ownership. She had purchased this pharmacy from Carol Burns, her mother, last July and she said that it was common knowledge that the acquiring of an existing pharmacy contract incurs considerable cost. As such, she advised that her business plan assumed the current level of trade in order to keep up with repayments. A 30% loss of turnover would, without any shadow of doubt, jeopardise its future. Whilst taking on any new business inherently involves risk, a successful approval of this application would likely result in the loss of this business during her first year of trade. A loss of a pharmacy that her mother had built up over the last twenty years and a loss to the community for which it had served for over forty years. The granting of this application would therefore, most definitely have negative effects on exiting services within the neighbourhood.

Ms Burns ended her presentation by adding that she wished to follow in her mother footsteps by providing the same caring service, providing a personal and professional point of contact for health issues whilst continuing to embrace positive change in pharmacy for the next 20

years. She therefore asked the Committee to reject this application.

The Applicant Questions Ms Burns

In response to questioning by **the Applicant**, Ms Burns confirmed that she had the same definition of the neighbourhood as Mr Macintyre and confirmed that her pharmacy was located outside the neighbourhood.

In response to further questioning from the Applicant about the time it took to walk to her pharmacy, Ms Burns said she accept that some people walked quicker than others so the estimated 8 minute walk was an average.

In response to further questioning from the Applicant, Ms Burns she advised that Councilor Brian McKenna's letter of support to Burns Pharmacy was sent direct to the Board. She added that other councilors had found it difficult to comment as the application was outside their wards.

In response to further questioning from the Applicant regarding the press reports, Ms Burns advised that she had not contacted the newspaper editors to challenge their articles.

In response to further questioning from the Applicant as to the bearings of the *Rutherglen Reformer* reports at this hearing, Ms Burns said that she was concerned at their use of the word 'battle', which suggested her peers were rivals. Professionally, she found this offensive but realised it would have no influence on the hearing of this application. She added that she was not aware of any other papers using this term in similar reports.

In response to further questioning from the Applicant, Ms Burns said that it was a fact that there was an adequacy of service provision and therefore some patients would need to walk to a pharmacy. The populations of Cathkin and Whitlawburn areas were not of sufficient size to support two pharmacies.

In response to further questioning from the Applicant about the population which her pharmacy supported, Ms Burns advised this covered Cathkin, Springhall and Whitlawburn areas and amounted to approximately 5,000 people. She said this was the most up-to-date population information, which reflected the demolition activities in Cathkin and that the population of Springhall had decreased.

In response to final questioning from the Applicant, Ms Burns advised the named for her neighbourhood was Cambuslang.

The Interested Parties Questions Ms Burns

In response to questioning from **Mr Green**, Ms Burns advised that there were three buses an hour into Cambuslang and one every ten minutes into Burnside.

In response to further questioning from Mr Green, Ms Burns confirmed that population was considered by the National Appeal Panel at their last Whitlawburn hearing and that the population numbers had not changed since that time.

The Chair adjourned the hearing to consider a question from Mr Green to Ms Burns regarding the *Rutherglen Reporter*. The hearing recommenced after 10 minutes and the Chair advised that the question was outwith the consideration of the Committee and would not be allowed. Mr Green accepted this ruling.

In response to questioning from **Mr Macintyre** concerning the capacity of her pharmacy to increase prescription dispensing, Ms Burns confirmed she had the capacity to double her dispensing activity and was keen to expand her NHS services.

In response to questioning from **Mr McDermott**, Ms Burns advised that she currently delivered to Whitlawburn patients and had never refused pharmacy services to anyone.

In response to questioning from **Mr Dickson** about the financial impact on her pharmacy if 30% prescription dispensing to Whitlawburn was lost, Ms Burns said she believed there was a real risk that it would make the pharmacy unviable.

The PPC Question Ms Burns

In response to questioning from **Professor McNulty**, Ms Burns confirmed that her pharmacy was outwith the defined neighbourhood and she needed to collect prescriptions from GP practices as they were not located close by.

In response to further questioning from Professor McNulty, Ms Burns confirmed that her neighbourhood of Cathkin, Springhall & Whitlawburn did not have a medical practice and that the pharmacy was viable.

In response to further questioning from Professor McNulty in respect of the services she provided to Whitlawburn residents, Ms Burns said that she provided all NHS services, which included drug addiction and smoking cessation.

In response to final questioning from Professor McNulty about the public's concerns that a pharmacy in Whitlawburn would attract drug addicts into the area, Ms Burns said that the provision to this client group was done very discreetly in her premises and therefore she saw no problems.

In response to questioning from **Professor McKie**, Ms Burns said that if a contract was granted and Burns Pharmacy closed, it would generally be more difficult for the people of Cathkin to travel than those of Whitlawburn because of the higher proportion of elderly patients.. She added, the residents of Whitlawburn would still have to travel outwith the area to access other services.

In response to further questioning from Professor McKie, Ms Burns advised that Cathkin was no more affluent than Whitlawburn and both had similar levels of car ownership.

In response to questioning from **Mr Imrie**, Ms Burns advised that her pharmacy did not offer Palliative Care or Needle Exchange services, She explained that these services were limited because of funding and were only offered by certain pharmacies.

In response to questioning from **Mr Irvine**, Ms Burns confirmed that she had examined two months figures and both indicated 32% of prescriptions were dispensed to Whitlawburn patients.

In response to further questioning from Mr Irvine, Ms Burns advised that Whitlawburn patients usually walked to her pharmacy using the purpose built foot paths.

In response to further questioning from Mr Irvine about the numbers of smoking cessation patients she has, Ms Burns advised that she had 20 patients.

In response to final questioning from Mr Irvine, Ms Burns advised that the pharmacy had under her ownership extended its hours as they were no longer closed at lunchtime.

There were no questions to Ms Burns from **Mr Gillespie, Councilor Rebecchi** and the **Chair**.

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

Mr Green said that he would firstly define what he believed to be the neighbourhood, which was the same definition of neighbourhood as he had offered in the applications submitted by: Accutree Ltd in January 2006; Jennifer Kelly in July 2007; Arlene McLean & Claudia Conetta in December 2007 for the same address.

North: Dukes Road onto Glasgow Road and Main Street Cambuslang
East: Greenlees Road (B759) to its junction with East Kilbride Road in the South and,
West: Along East Kilbride Road back to its junctions with Dukes Road

Mr Green said that all the boundaries he had defined were major arterial roads that defined an area of residential development to the South of Cambuslang town centre. An area, which he said contains houses of varying style, age and residents of varying social-economic status.

He said that virtually all essential services are provide from within the neighbourhood; pharmacies; doctors, dentists, opticians, schools, banks, a whole range of shops, places to eat worship and work. It can, and should be considered as a 'neighbourhood for all purposes'.

He referred to the Applicants definition of neighbourhood and stated that without question they defined the area known as Whitlawburn but they have not provided any information to suggest that this is in fact a neighbourhood. In fact, within the twenty pages that they have submitted to define Whitlawburn, they make one pertinent point under 2.2. "*Like the majority of housing developments constructed to re-house the population being relocated from inner city areas in the post war years*". Whitlawburn has however, very basic services and the residents use and access almost all amenities within the larger neighbourhood which he had defined and in fact beyond, if they so choose.

He said that Whitlawburn can be well defined and as the Applicant had ably demonstrated, however by his own evidence, it cannot be considered a neighbourhood. It is a community within a neighbourhood, just in the same way that Springhall, High Burnside, Kirkhill and

Greenlees are all definable communities on the south side of Cambuslang but he advocated they were not neighbourhoods in their own right.

Mr Green said that he has extracted information from the Scottish Neighbourhood Statistics website to establish population statistics but as the Applicant had pointed out, the data zones for the area do not give a good fit for Whitlawburn. Some data zones encroach on Kirkhill, Springhall, Langlea and even into Burnside, which again suggest to him that Whitlawburn was not a neighbourhood itself.

He said that for his defined neighbourhood, he extracted a reasonable fit using 9 data zones from the mid-year estimates for 2009, which identified a population of 7,852. Within this neighbourhood, there were four pharmacies: three in Cambuslang and one in Burnside. He noted that there were two immediately outside the neighbourhood, another in Burnside and one in Cathkin. In total, six pharmacies providing for population within the neighbourhood which therefore averages as one pharmacy for every 1,300 of the population.

Additionally, he said that there were further pharmacies in Rutherglen, where the majority of doctors were based. Pharmacies were also located in Halfway, Fernhill and even at short distance up to East Kilbride Road to the Kingsgate Retail Park.

In his view, the neighbourhood was not just adequately provided for but there was a wealth of choice available.

Referring to the Applicants defined neighbourhood, he said that he examined statistical information for that area also. Whitlawburn had three data zones, which lie entirely within and a further two data zones, which extended predominantly into the areas of Kirkhill and Springhall. He said that again using the 2009 mid year estimates for the three data zones, this gave a population of 2,172. An estimate of the portion of the other two data zones increased the population to around 2,500 to 2,600. He added that the Census information was now 10 years out of date and was no longer relevant.

Mr Green said that perhaps the most interesting figures from the Scottish Neighbourhood Statistics website were the numbers of residents in the older ranges. From the three data zones entirely within Whitlawburn represented 2,172 individuals, there were: 156 over 65; 96 over 70; 58 over 75 and 30 over 80. He said that the Applicant gave a fleeting mention of this and state it "*may reflect higher rates of all-cause mortality*" in his submission. He said that he would suggest that is was down to the housing type, which was of low purchase or rental value, which was more amenable for young families, single mums and generally young people trying to get a start in the property market by purchase or rent.

He said that Whitlawburn's population had a high percentage of younger residents and very small numbers of elderly. Having been working in pharmacy for over 20 years, he said from his experience that the vast majority of the workload through his pharmacies was generated by the elderly.

Furthermore, he said that he believed a young population was perfectly able to make the short walk across to Burns Pharmacy and certainly able to hop on one of the frequent buses which runs through and by Whitlawburn as they probably do routinely as part of their daily life.

Mr Green said that the applicant had stated that “*the seven pharmacies in the consultation area appear to be providing a full range of services*”. He reiterated that Whitlawburn had basic services with very few amenities and as such residents needed to frequently access other areas as part of their daily routine; not just to access a pharmacy. The populations of Whitlawburn was a young population and perfectly able to exercise the wide choice of pharmacies available to them.

The final point he wished to make was that Burns Pharmacy existed just on the other side of the East Kilbride Road. Having now considered this application on three previous occasions at both PPC and National Appeal, a total six previous hearings, it has been recognised that dispensing volume at Burns Pharmacy was not high. The stark reality was that there was not enough demand in this South of Cambuslang to support an additional pharmacy. He accepted that the committee may have a view that it would be preferable for a pharmacy to be sited in Whitlawburn however, this was not a network review and we are not being tasked with determining where we like a pharmacy placed. We are tasked with determining the adequacy of pharmaceutical services in the neighbourhood and he said he would maintain that services were not just adequate but abundant and to introduce a further pharmacy may jeopardise the future of both of them.

The Applicant Questions Mr Green

In response to questioning from **the Applicant** regarding the East Kilbride Kingsgate Retail Park, Mr Green estimated that it was approximately 2 miles away from Whitlawburn and he said that he believed the speed limit on the dual carriageway was 60 miles per hour. He also advised that prescriptions could not be dispensed at the Retail Park because it did not have a pharmacy.

In response to further questioning from the Applicant, Mr Green advised that Whitlawburn was a deprived area.

In response to further questioning from the Applicant, Mr Green advised that the population of his defined neighbourhood was 7,852 and he did not find it unusual that there were three railway stations within this neighbourhood.

In response to further questioning from the Applicant, Mr Green stated that a distance of 1.7 miles travelled within a neighbourhood was a reasonable. He further stated that it was for the Committee to define the neighbourhood.

In response to further questioning from the Applicant, Mr Green advised that the Committee had to define a neighbourhood in the common sense of the word and that should be a neighbourhood for all purposes.

In response to further questioning from the Applicant, Mr Green advised that it was Mr Dickson who had withdrawn a pharmacy contract application in 2006.

In response to further questioning from the Applicant, Mr Green advised that his Dukes Road Pharmacy did not have a consultation room and he saw no need for it. In his other pharmacies that did have consultation rooms, it was their experience that these rooms were

rarely used. Confidential consultations for example for patients seeking Emergency Hormonal Contraception were usually undertaken within the screened area and his methadone patients had no problem receiving services from this area.

In response to final questioning from the Applicant, Mr Green said that he was not aware that some of the patients who previously went to his Dukes Road Pharmacy were now using the services of the Kyle Square Pharmacy to secure discrete methadone supervision.

There were no questions to Mr Green from **Ms Burns, Mr Macintyre, Mr McDermott or Mr Dickson.**

The PPC Question Mr Green

In response to questioning from **Mr Irvine** Mr Green advised that two of his pharmacies offered collection and delivery services to Whitlawburn. He reported that this did not represent a significant number of patients

In response to questioning from **Professor McNulty**, Mr Green advised that the residents of Burnside might not call themselves neighbours of residents of Whitlawburn but in his mind they were.

In response to further questioning from Professor McNulty, Mr Green advised his two pharmacies were in different neighbourhoods. Dukes Road was in this neighbourhood, which he would call South Cambuslang the other was in Fernhill which was part of a different neighbourhood. He confirmed that the residents of Whitlawburn received the full range of pharmaceutical services from these pharmacies.

In response to questioning from **Councilor Rebecchi**, Mr Green advised that he owned a number of pharmacies that did have consultation rooms and he was of the view that this was not necessary as often, patients were inhibited by the room.

There were no questions to Mr Green from **Mr Imrie, Professor McKie, Mr Gillespie or the Chair**

The Interested Parties' Case (Mr Alasdair Macintyre – Burnside Pharmacy)

Mr Macintyre thanked the committee for the opportunity to put forward his case. He said that he would firstly define the neighbourhood, discuss the pharmaceutical services provided to the neighbourhood and then give reasons why the current pharmaceutical services were adequate.

He said that he agreed with the neighbourhood previously defined by Mr Green.

He explained that the major arterial roads that surround this neighbourhood formed natural boundaries around the residential development which lies to the South of Cambuslang town centre. Although the properties within this neighbourhood varied in terms of age, style and socioeconomic grouping, they all share essential services and facilities most of which were located in the town centre.

Referring to past applications made in Whitlawburn, he said that he had noted that a number of neighbourhoods had been proposed for the Applicant's premises and adjacent to it.. A northern boundary of the railway line, crossing east to west had been suggested but as there are so many crossing points you would hardly know it was there. Similarly the open ground that the Applicant proposes as his northern boundary is virtually invisible for those travelling around the area either by foot, bus or by car and therefore should not be accepted as a barrier.

He believed that Whitlawburn was in fact a small community within a larger neighbourhood. The population, as part of their daily lives, access: schools, churches, shops, banks, library, leisure facilities, pharmacies and GP practices etc that were to be found within the larger neighbourhood. Outwith this neighbourhood, the centers of Burnside and Rutherglen were both within easy reach for this population; hence they also accessed services in these areas. Conversely residents of Rutherglen and Cambuslang use the facilities of the Resource Centre in Whitlawburn for the fitness classes and weight watchers, for example.

Mr Macintyre went on to discuss the existing provision of pharmaceutical services to the neighbourhood. There were four pharmacies namely, Dukes Road, Boots and the two branches of Leslies Chemist. Immediately on the border of the neighbourhood was Burns Pharmacy to the south and Burnside Pharmacy to the north. Pharmaceutical services are also provided from a further five pharmacies in Rutherglen. Every pharmacy provides the Core and the majority of Additional Services as listed in the Board's Pharmaceutical List. Some specific services however, were only provided by a small number of pharmacies which tended to be those where there were limited financial resources and therefore the Board specified which pharmacies could provide them. He said he believed that from his original objection letter, the Committee's tour of the area and visits to pharmacies today, information provided by Board officers, the Committee would be satisfied as to the full and comprehensive range of services currently being provided in the defined neighbourhood.

He asked; If there were no gaps in pharmaceutical service provision, what was the case being made by the Applicant? He answered by saying he believed it to be one of access.

Mr Macintyre then focused his discussion on the Applicant's neighbourhood of Whitlawburn. He said, this application was based on the fact that most of the pharmacies were located at the northern edge and beyond of the neighbourhood. To access these pharmacies, patients would need to either: drive, take a bus or walk. Drive time was about 5 minutes. Bus services were every 10 minutes on the East Kilbride Road with a further three buses an hour on Western Road. He said that delivery services were available from the majority of pharmacies for those patients who might want them. This was a valuable service to housebound patients even if they were located right next to a pharmacy. He noted the Applicant also intended to provide this service. In walking, he accepted that walking down the hill and back from Burnside or Cambuslang was not an option for all patients.

He said he would now turn his attention to Burns Pharmacy, which sat immediately adjacent to the southern end of this neighbourhood and next to Whitlawburn. Although not within his neighbourhood, the pharmacy was within easy walking distance of Whitlawburn and currently provides services to this area.

For Whitlawburn residents to get to the pharmacy on foot, he said they need to cross the

A749 East Kilbride Road via a staggered pedestrian crossing. Although the A749 was an arterial road, this did not act as a barrier due to the pedestrian crossing, which was used easily to get to the bus stops, which were on either side of the road. Whitlawburn patients accessing Burns Pharmacy for prescriptions currently crossed the road. Customers visiting the shops and Post Office next to this pharmacy also cross the road. As did the children of Cathkin High School, twice a day. Further down the A749, although there were no marked crossings, at least twice a day pupils can be seen crossing to and from Cathkin High School, also Loch and St Anthony's Primary Schools.

Mr Macintyre believed that it was therefore clear that the residents in the south of the neighbourhood, which included Whitlawburn, could easily gain access to pharmaceutical services either on foot, public transport or by car. Therefore in terms of the access to current pharmaceutical services to the defined neighbourhood, they were adequate.

In considering the probable changes within the neighbourhood that might affect the committee's decision, he said that Barrett Homes were building on the site of the former Cathkin High School. The Applicant had stated that in the first phase of the development, 80 new homes would become available. But he questioned, whether the existing pharmaceutical services in the area could easily cope with the increased population or would another pharmacy be necessary or desirable?

In respect of Burns Pharmacy, he said that this was a low intensity pharmacy which could easily cope with increase demand. There was capacity to increase prescription numbers by a significant percentage without any loss of service to its current patients. He asked the Committee to consider the pharmacy's current prescription activity as evidence of this point. He believed that the pharmacy would therefore cope even if every new resident used the pharmacy's services, it would still have the capacity for more. He said however, that he suspected that it would be unlikely that the residents who would be attracted to this development would be high users of pharmaceutical services.

In respect of the other ten pharmacies providing current services to this neighbourhood, he said that the sheer numbers and choices of pharmacies available to these new residents from the existing network would mean that the network would easily cope with the first and subsequent phases of this development. In fact he said that he believed that Burns Pharmacy alone could meet the pharmaceutical needs of the whole development never mind the addition of the other ten pharmacies.

He said that the Applicant had raised the issue that Whitlawburn suffers from higher than average deprivation. Furthermore, within in his submission he compared Whitlawburn to Fernhill which had a pharmacy. The inference being made, he believed was that because both areas suffered from high deprivation, they both should have a pharmacy. He accepted that areas of high deprivation tended to be higher users of pharmaceutical services however, in the case of the Fernhill residents; they previously had a long walk to their nearest pharmacy before the local one was opened. He also suspected that there were other factors which had influenced the Committee's decision when the contract was awarded. This was not the situation in Whitlawburn where its residents could easily gain access to Burns Pharmacy after a short walk from their homes. It was also apparent that as increased capacity existed, any increased demand on pharmaceutical services due to deprivation was already being met by the existing pharmacies.

Mr Macintyre said that in reading the residents support letters submitted by the Applicant, he could understand their desire to have the convenience of a pharmacy with a shorter walk than the one they currently had. He could also understand the desire to regenerate the Whitlawburn shopping center by bringing in investment and jobs however, he pointed out that these were not acceptable reasons when considering an award of a NHS Pharmacy Contract.

He ended by saying pharmaceutical services to the defined neighbourhood, which included the area known as Whitlawburn, were adequate and there was also an existing capacity to meet future increased demand, he asked the Committee to reject the application.

The Applicant Questions Mr Macintyre

In response to questioning from **the Applicant**, Mr Macintyre advised that he did not get a lot of prescriptions from Whitlawburn patients however; he did regularly see some when they visited the supermarket, which was close by. He suspected the reason why he did not see more of these patients was because there were potentially eleven pharmacies that patients could access services from.

In response to further questioning from the Applicant, Mr Macintyre believed the principal pharmacy for Whitlawburn was Burns Pharmacy.

In response to further questioning from the Applicant, Mr Macintyre advised that his pharmacy was not in the neighbourhood that he had defined and nor was there a Post Office in this neighbourhood.

In response to further questioning from the Applicant regarding what bridges the socio-economic divide, Mr Macintyre stated that it was the people accessing the shared facilities and services.

In response to further questioning from the Applicant, Mr Macintyre confirmed that he provided methadone services to Whitlawburn residents, stating that some patients did not like accessing this service from their own area.

In response to further questioning from the Applicant, Mr Macintyre confirmed that he did not use his consultation room for methadone services as patients did not like it as it delayed them, it was however available if they wished.

In response to final questioning from the Applicant, Mr Macintyre did not see any problem with their being three train stations within his defined neighbourhood.

There were no questions to Mr Green from **Ms Burns, Mr Green, Mr McDermott or Mr Dickson**.

The PPC Question Mr Macintyre

In response to questioning from **Professor McNulty**, regarding the active West Whitlawburn Housing Co-operative and their response that Whitlawburn was a defined neighbourhood, Mr McIntyre said he was aware it was an active organisation but added that did not make the

area a neighbourhood.

In response to questioning from **Mr Irvine**, Mr Macintyre advised that he provided both weekly and monthly delivery services to Whitlawburn patients but this was not a significant number.

There were no questions to Mr Macintyre from **Mr Imrie, Professor McKie, Councilor Rebecchi, Mr Gillespie or the Chair**

The Interested Parties' Case (Mr Stephen McDermott – Leslie Chemist)

Mr McDermott asked, is Whitlawburn a neighbourhood? He answered saying, no it was an area within a wider neighbourhood. He illustrated this by pointing out that it had no amenities for all purposes by example, it had no: schools, banks, GPs, dentists, library, church or supermarket. These amenities were however, available outwith this proposed neighbourhood, which he Whitlawburn population could easily access by either foot, car or public transport.

He said that the granting of an application must be considered in relation to the Pharmaceutical Regulations:

“An application shall be granted if the Board of NHS Trust is satisfied that the provision of services at the premises is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located”.

Mr McDermott said that the provision of pharmaceutical services to the Community of Whitlawburn were more than adequately covered by the existing network of pharmacies, which provided the following services: palliative care scheme, Chronic Medication Service, methadone supervision, needle exchange, oxygen therapy, Nicotine Replacement Therapy, stoma, Heart Failure Services, head lice, compliance aids, medication reviews, Minor Ailment Service, emergency hormonal contraception, Home Falls support initiative, service provision during public holidays over festive periods and prescription collection & delivery services to the Whitlawburn area.

He suggested that if the contract were granted, he believed it would be on the grounds of convenience rather than it being necessary. Referring to the letter from Clare McColl from South Lanarkshire, he said that she had said that a new pharmacy would make life easier, which therefore supported his opinion.

The Applicant Questions Mr McDermott

In response to questioning from **the Applicant**, Mr McDermott stated that he did not agree that Whitlawburn was a neighbourhood.

In response to further questioning from the Applicant, Mr McDermott agreed that there was a social divide within his defined neighbourhood.

In response to further questioning from the Applicant, Mr McDermott accepted that his pharmacy was the furthest away from Whitlawburn but there was good bus services which patients used to get to his pharmacy.

In response to further questioning from the Applicant, Mr McDermott stated that he believed that residents of Stewarton Drive were in the same neighbourhood as Whitlawburn residents because they shared the same doctors, pharmacies and other services.

In response to further questioning from the Applicant regarding the provision of methadone services within his pharmacy, Mr McDermott advised that all new patients were given the choice of receiving services in either the consultation room or screened area. He did not believe that using the consultation room itself stigmatises these patients.

In response to further questioning from the Applicant, Mr McDermott advised that he had 10 patients receiving methadone services who lived in Whitlawburn. There were no residents from Stewarton Drive receiving these services from his pharmacy.

In response to further questioning from the Applicant, Mr McDermott stated that he believed it was acceptable for patients to travel one mile everyday to receive services.

In response to final questioning from the Applicant, Mr McDermott said that it was his opinion that Whitlawburn residents visited the Cambuslang Main Street everyday for services.

There were no questions to Mr McDermott from **Ms Burns, Mr Green, Mr Macintyre, or Mr Dickson.**

The PPC Question Mr McDermott

In response to questioning from **Mr Irvine** regarding his defined neighbourhood, Mr McDermott confirmed that it was as defined earlier by Mr Green.

In response to further questioning from Mr Irvine, Mr McDermott advised that there were two pharmacists on duty in his pharmacy on most days with the exception of a Saturday.

There were no questions to Mr McDermott from **Mr Imrie, Professor McKie, Professor McNulty, Councilor Rebecchi, Mr Gillespie or the Chair.**

The Interested Parties' Case (Mr Stephen Dickson – Dickson Chemist)

Mr Dickson said that his presentation would be more informal than those of the other interested parties.

He said that his pharmacy was in Rutherglen and a family business, which he was taking-over from his father. He had moved house to Cambuslang six years ago. Whilst walking his dog through Holmhill park, he had come across Whitlawburn. He saw the high rise flats and was aware of the high numbers of elderly population and immediately made an application to the Board to open a pharmacy within Whitlawburn.

After submitting the application, he started to look closer at the statistics with due diligence and identified that there was an average population of 1,500 for each of the pharmacies in the area. This made him suspect that it was borderline as to whether an additional pharmacy could be viable. He saw that there were plenty of pharmacies in the area, which were not

necessarily at the preferred locations. He therefore decided to subsequently withdraw his application.

Mr Dickson said that he could understand that the residents of Whitlawburn wanted a pharmacy on their doorsteps but they were currently extremely well served with services, which he understood in being a resident of the area.

He said that he had recently asked his neighbours where they got their prescriptions dispensed. They said; Dukes Road Pharmacy, Burnside Pharmacy, Melville Chemist and Leslie Chemist.

Mr Dickson said he was a member of the local Church of Scotland, which was located in the Cambuslang Main Street. He asked there, some of the members of the congregation what pharmacies they used and again they named various pharmacies across the whole Cambuslang area.

He said that if he wanted; a bank, he goes to Burnside; a newspaper, the Nisa store in Whitlawburn - but not his weekly shop; a post office he would go to Cambuslang Main Street where there was adequate parking accessible behind Leslie's Chemist.

From his point of view he believed that the pharmaceutical services within the area were completely adequate. A further pharmacy could de-stabilise the network and therefore he asked the Committee to reject the application.

The Applicant Questions Mr Dickson

In response to questioning from **the Applicant** regarding his Whitlawburn contract application, Mr Dickson said that he had got as far as having the lease agreed in writing before withdrawing the application as he realised the pharmacy would not be viable.

In response to further questioning from the Applicant, Mr Dickson thought that the Applicant had delivered leaflets to the entire neighbourhood.

In response to further questioning from the Applicant, Mr Dickson advised that the people he knew who lived in Whitlawburn all had cars and he did not believe having a pharmacy on Western Road would make any difference to them.

The Interested Parties Questions Mr Dickson

In response to questioning from **Ms Burns**, Mr Dickson advised that he had withdrawn his contract application because there were a lot of pharmacies already in the neighborhood and if he had been successful, he believed the pharmacy would not have been viable.

There were no questions to Mr Dickson from **Mr Green, Mr Macintyre, or Mr McDermott**.

The PPC Question Mr Dickson

In response to questioning from **Professor McNulty** regarding prescription activity to Whitlawburn patients, Mr Dickson advised that his pharmacy was in Mitchell Way,

Rutherglen. He had reviewed prescriptions numbers from the general Whitlawburn area and found that his pharmacy had delivered 38 prescriptions to Whitlawburn in the .last month

In response to questioning from **Mr Imrie**, Mr Dickson said he accepted that the elderly population was growing but the pharmacy could cope. He also advised that the growth in the Chronic Medication Service was slow.

In response to questioning from **Mr Irvine** regarding the definition of his neighbourhood, Mr Dickson advised that it was, as defined by Mr Green.

There were no questions to Mr Dickson from **Professor McKie, Councilor Rebecchi, Mr Gillespie or the Chair.**

Summing Up

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

Mr Dickson requested that the Committee did not grant this application.

Mr McDermott believed that the application was neither necessary nor desirable as there existed adequate services and therefore the application should not be granted.

Mr Macintyre said he believed that Whitlawburn was a small community within a bigger neighbourhood from which it derived practically all of its services and facilities. The neighbourhood that he had defined could be considered as a neighbourhood for all purposes.

He said that the Applicant had questioned the adequacy of existing pharmaceutical provision within the area of Whitlawburn, located to the south of his proposed neighbourhood. He had put forward a case based on the socio-economic nature of the area suggesting that this population were higher than average users of pharmaceutical services. He also pointed out the house building works that have begun, which will result in a modest increase in population.

Mr Macintyre believed that he had demonstrated to the Committee that the current network of pharmacies serving his neighbourhood and in particular to the Whitlawburn area. This was a network that included: Burns Pharmacy situated immediately adjacent to and within easy walking distance of Whitlawburn; the four pharmacies at the northern end of his neighbourhood along with the further six pharmacies located past this northern boundary.

He stated that this network provided adequate services to the Whitlawburn area in terms of: NHS Pharmaceutical services; patient's ability to access them; of the increased pharmaceutical needs of a more deprived area as highlighted by the capacity available within the network.

In respect of the increase in the population due to the planned building developments, he said the pharmaceutical need of this population could be easily be met by the existing low intensity pharmacy immediately adjacent to the Whitlawburn area and the further 10 community pharmacies which patients currently accessed in this area.

He therefore asked the Committee therefore to conclude that the granting of this contract was not necessary in order to secure adequate provision of pharmaceutical services in the neighbourhood.

He also asked the Committee to conclude that since capacity existed to cope with significant increases in population and demand for pharmaceutical services, that the granting of this contract was not desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in the future.

Mr Green said there was an abundant choice of pharmacies available to the population of Whitlawburn. From the age profile of the area, he did not expect pharmacies were seeing many patients or demand from Whitlawburn, which was different from initial impressions of this area. He believed that Whitlawburn was not a neighbourhood but merely a community within a neighbourhood. Access to services were good and therefore he requested that the Committee reject this application

Ms Burns said that it had been shown that whilst the population of Whitlawburn had decreased since the last application, services had increased. I was also shown that there was no real public support for a new pharmacy. She said that she had no doubt of the destabilising affect the granting of this application would have on current services and the real risk to both the viability of her own pharmacy and that of a new contract, if awarded. An opinion that was shared by the National Appeal Panel in 2007 and the Pharmacy Practices Committee in 2008. For these reasons she asked the Committee to reject this application

The Applicant said that the Legal Test required the Committee to determine the granting of a contact was necessary or desirable in order to secure adequate provision of the pharmaceutical services within the neighbourhood where the premises were located.

He advised that the premises were located in Whitlawburn and the people of the area would tell you that they lived in Whitlawburn. He believed that they would not extend the Whitlawburn boundaries, which can be considered in equivalent terms in respect of housing, income or health. They would therefore not seek to include those who were not their neighbours. They would tell you that Whitlawburn was where they and their neighbours lived and would describe its boundaries as I have done today.

Whitlawburn was a neighbourhood that did not have a pharmacy of its own. It had a fragmented, sporadic access to pharmacy services from a number of outlying pharmacies, all of which were too remote and too far removed from daily routines to have the positive impact that was required.

He said that to suggest that the finances of other pharmacies should prevent Whitlawburn Pharmacy from opening is without foundation and is unfair on these people. The support letters for Burns Pharmacy demonstrates a community of Cathkin scared that their pharmacy would close. He did not accept responsibility for that.

He said that all the other pharmacies advised that they dispense prescriptions to the residents of Whitlawburn, which confirmed the fragmentation services to his neighbourhood that he had spoken about. It also proved that he would not be in direct competition with any one pharmacy.

The Applicant said that he had shown that existing pharmacies were not able to provide the core components of the contract in or to Whitlawburn including, the provision of compliance aids to the most vulnerable members of this neighbourhood.

He accepted that the other pharmacies provided good services in their own neighbourhoods but they do not provide these services within Whitlawburn because of a range of factors such as distance involved, low car ownership, topography and direction of travel.

He said that he had devoted his time and energy with the aim of improving this neighbourhood and had secured the largest unit available, which was the one closest to the parking spaces. He expected his plans for fitting-out the unit would result in a pharmacy of magnificent standards. The facility and these services represented a vital investment in a neighbourhood needing more services.

He believed this application provided an opportunity to shape a new, healthier future in Whitlawburn opening up next door to a brand new dental practice. Pharmacy, as a whole, should take its place at the forefront of such advancements, demonstrating the ability of the profession to affect positive change in neighbourhoods such as Whitlawburn. Isolation and social exclusion hangs over Whitlawburn and the Board has this opportunity to address this.

He advised that his business plan looked solid and finances had already been agreed with the bank. He had staff in position for the various roles. He was ready and determined because he knew what the pharmacy would do for the community. A focal point where patients were able to stabilise their routines and progress through programmes of rehabilitation, whether that was methadone or Nicotine Replacement Therapy. A place where patients can access healthcare, advice, support, encouragement, diagnosis and treatment, all in their own environment, their own neighbourhood.

He asked the Committee to give him the opportunity to turn this work, research and preparation into practice. He asked they consider the voices of the people living in Whitlawburn. He said that he had given them a forum to debate and a platform to express their views. He therefore added that it was essential for ongoing engagement with the public that this unique insight was given full consideration. He asked the Committee to help him make a permanent and positive contribution to healthcare and social wellbeing in this neighbourhood of Whitlawburn.

Before the applicant and interested parties left the hearing, the Chair asked Mr Dryden, Ms Burns, Mr Green, Mr Macintyre, Mr McDermott and Mr Dickson to confirm that they had had a full and fair hearing. All confirmed individually that they had.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Burns Pharmacy – 10 Braemar Road;
 - Leslie Chemist – 222 and 108 Main Street;
 - Dukes Road Pharmacy – Dukes Road;
 - Burnside Pharmacy – 273 Stonelaw Road
 - Your Local Boots Pharmacy – Cambuslang Gate; and
 - Melville Chemist – 38 Fernhill Road
- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);
- c) The Greater Glasgow & Clyde Area Pharmaceutical (Community Pharmacy Sub-Committee)

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

- d) - Glaswegian Newspaper (advert run on Wednesday 3 November 2010) – no responses were received within the statutory timeframe;
- e) - South Lanarkshire CHP – a response received outwith consultation period;
- f) The following community councils:
 - Cambuslang Community Council – no response received;
 - Burnside Community Council – one response received;
 - Halfway Community Council – no response received; and
 - Rutherglen Community Council – no response received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services.
- i) Demographic information regarding post code sectors G72.7, G72.8 and G73.5.
- j) Information from South Lanarkshire Council's Planning and Building Standards Services – Cambuslang/Rutherglen Area regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) The pattern of public transport in the area surrounding the Applicant's proposed premises.

DECISION

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

The Committee considered the various neighbourhoods put forward by the Applicant, and the Interested Parties, in relation to the application and also the National Appeals Panel decision made on 16 September 2008. After fully considering the different neighbourhoods proposed, the Committee decided that the neighbourhood should be defined as follows:

North: The open land running between Langlea Road and Greenlees Road (B759), south of Langlea Grove and Grenville Drive;

East: Greenlees Road (B759) running south;

South: Junction of Greenlees Road (B759) with the Glasgow Road (A749); and

West: Travelling north along the Glasgow/East Kilbride Road (A749) and Langlea Road, and then turning east over open land.

The Committee considered the area north of the open space demarked housing of a different age, style and socio-economic standing from that within Whitlawburn. In this area laid the principal residential area of Cambuslang and its Main Street, which the Committee agreed was in a different neighbourhood. The open space northerly boundary was a natural boundary and so were the east and west boundaries, running south, which were both major arterial roads. The defined neighbourhood for Whitlawburn was recognised by South Lanarkshire Council and features within their 2008-2011 Strategic Housing Investment Plan.

The Committee accepted that Whitlawburn residents would need to obtain some services outwith the neighbourhood. There was easy access to the Burns Pharmacy which was relatively close and an acceptable walking distance away and there was good public transport services.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood, as defined by the PPC, there was no pharmacy however there was one pharmacy operating adjacent to the south westerly part of the neighbourhood. This pharmacy provided the full range of pharmaceutical care services including supervised methadone. In addition to this pharmacy, there were four other pharmacies providing services to this neighbourhood, which included the Additional Services of needle exchange, oxygen and palliative care. The Committee considered that the level of existing services did ensure satisfactory access to pharmaceutical services by the population within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services within the neighbourhood were adequate.

The Committee agreed that the new housing development might result in an increase in population within the area. They were confident however that the existing network was well placed to accommodate any demand that might be generated and that these new residents were expected to move towards Cambuslang or Burnside for their everyday services.

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate.

The Committee supported the concerns made by the NAP at their last hearing that a new pharmacy in Whitlawburn might create a destabilising affect on the adequate provision of pharmaceutical services within the defined neighbourhood. A destabilisation, which might also affect the viability of either the new pharmacy or the Burns Pharmacy.

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 Irvine left the room during the decision process:

DECIDED/-

By a majority, 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 decision of the PPC that the application be refused.

The Chemist Contractor Member of the Committee Mr Irvine rejoined the meeting at this stage.

5. ANY OTHER COMPETENT BUSINESS

The Chair advised the Committee that this had been the last meeting, which Professor McKie would attend as he was standing down from his role of PPC Lay member. In addition, the Chair also advised that Mr William Reid had now also stood-down from his position as Deputy Lay member. On behalf of the Committee, he wished to expressed his thanks and appreciation for their services, which they had provided to the Health Board over the last 20 years.

6. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 7 April 2011.

The meeting commenced at 9.30am and concluded at 5.40pm

**Contractor
Services
Supervisor**