

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (01)

Minutes of a Meeting held on
Thursday 6th January 2011 in
The Premier Inn Glasgow South, 80 Ballater Street
Glasgow G5 0TW

PRESENT:	Peter Daniels	Chair
	Alan Fraser	Lay Member
	Alex Imrie	Deputy Lay Member
	Councillor Willie O'Rourke	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Community Pharmacy Development Supervisor
	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

Apologies were submitted on behalf of Kenny Irvine.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The Minutes of the meetings held on Thursday 4th November 2010 **PPC[M]2010/08** and Monday 22nd November 2010 **PPC[M]2010/09** were approved as correct records.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

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

Case No: PPC/INCL07/2010

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

The Committee was asked to consider an application submitted by Mohammed Ameen and

Mohammed Rashid to provide general pharmaceutical services from premises situated at 460 Ballater Street, Glasgow G5 0QW 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 Mohammed Ameen and Mohammed Rashid 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 Mohammed Rashid ("the Applicant"), and assisted by Mr Mohammed Ameen. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr David Henry (Lloydspharmacy), Ms Lucia Piacentini (Abbey Chemists), assisted by Mr Asgher Mohammed and Mrs Rosie Beaton (Dickson Chemists) ("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 Ballater Street, Florence Street, Commercial Road, Old Rutherglen Road, Pine Place, Cumberland Street, Crown Street, Ballater Street, King's Drive, James Street, Mackeith Street, Main Street, London Road, Abercromby Street, Gallowgate, Trongate and Saltmarket.

The Committee noted that the premises were constructed and were currently operating as a general convenience store. 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.

Prior to the Applicant's presentation, the Chair advised those present that he had agreed to the inclusion of an additional piece of information submitted by the Applicant the day before the hearing. This information was in the form of a letter of

support from the Islamic Centre. The Chair felt that the contents of the letter were such that the inclusion of the information would not be detrimental to the Interested Parties. The Interested Parties had been provided with a copy of the letter and had been given time to digest its contents and incorporate any response into their presentation, prior to the commencement of the hearing.

The Applicants' Case

Mr Rashid thanked the Committee for providing him the opportunity to present his case. He advised that his application was based on several factors including: increased population in the area; an increased requirement for methadone spaces, the level of deprivation within the area, a need for extended hours and a need for a bilingual pharmacist.

Mr Rashid advised the Committee that his defined neighbourhood was:

North: River Clyde;

East: Shawfield Drive;

South: New M74 extension;

West: Bridge Street along Eglinton Street (along railway line).

The Applicant considered the River Clyde to be a natural boundary. Beyond Shawfield Drive the land use became more industrial in nature. The M74 was a physical man made boundary. Mr Rashid advised that the area to the west of the railway line was commonly called Tradeston, which was largely industrial in nature. There were increasing pockets of new housing occupied by a higher socio-economic group, compared to the relative deprivation around Gorbals itself. Tradeston residents, with their high car ownership could utilise services on Ballater Street.

To the south east of the neighbourhood lay an area commonly known as Oatlands. This area had no amenities. The residents needed to visit Hutchesontown and Gorbals for their day to day requirements. There was parkland nearby. To the west was the area known as Laurieston, which had minimal amenities, with no leisure facilities, no medical or dental provision and no post-office. These residents would also need to travel east for their day to day requirements.

Mr Rashid advised the Committee that various local organisations, such as Gorbals Healthy Living Network, Glasgow City Council, South-East Community Health Care Partnership and new Gorbals Housing association all considered Gorbals, Laurieston and Oatlands to be one neighbourhood. For this reason and those mentioned above, Mr Rashid felt his defined area, to be an accurate reflection of the neighbourhood.

He advised that the Community Health Profile for the area showed the population of the neighbourhood to be 8,204 in 2006, with new housing later being built in the Oatlands area. The population of Oatlands currently stood at 1,212 with a potential rise to 3,178 with the new housing. Furthermore additional development would take place in Laurieston with approximately 800 houses being built. The Applicant had seen plans which indicated that these developments would happen in the short term and not far into the future.

Mr Rashid then went on to advise that the deprivation statistics for the neighbourhood

were staggering and that a new pharmacy contract should be awarded to assist in solving the problems. SIMD (Scottish Index of Multiple Deprivation) figures showed that most of the area was in the 5% most deprived in most domains. A selection of statistics from the Community Health Profile showed that half the households contained single parents; more were out of work and on long term benefit. Nearly half the population smoked, drug related problems were five times higher than average, with alcohol related problems three times higher than average, and teenage pregnancy twice the national average. Life expectancy was lower and the vast majority of residents did not have a car. In the Applicant's opinion this suggested a requirement for additional services.

Mr Rashid advised that the provision of some important services was poor in the area. As an example he cited that nearly half the population of the neighbourhood smoked, but current pharmacies had very low numbers of patients on their NRT (nicotine replacement therapy) programmes. He further advised that in an area where 1 in 5 adults died from smoking related illness, low uptake of such a service did not help the health situation. In his opinion, this demonstrated inadequacy in the current level of service.

Some 40% of residents in the area had long term life limiting conditions, yet Boots in Crown Street only offered two of the five long term services; Lloydspharmacy in Crown Street only offered one of the services. He advised that the uptake for the heart failure service was low in both existing pharmacies and both pharmacies were amongst the lowest performers in the South-East CHP (information gained from Heart Failure Team).

Mr Rashid advised that he had conducted a survey which had shown that many people in the area were unaware of MAS (Minor Ailment Service). Those who did know of the service complained that current pharmacies were too busy, the waiting times too long and they felt embarrassed hanging about.

Mr Rashid advised that he intended to provide and actively promote all Health Board approved Long Term services, together with MAS, PHS (Public Health Service) and CMS (Chronic Medication Service).

Mr Rashid then went on to speak about access to services and said, whilst it was incorrect to say the two pharmacies in Crown Street were inaccessible, it was equally unfair to say they were easily accessible. The Pharmacies were not visible from any of the surrounding main roads, and they were located in a residential scheme where no buses travelled. Mr Rashid reminded the Committee of the low level of car ownership and the high level of single parent households and those suffering from long term illness and suggested that this large vulnerable group would certainly have some difficulty accessing the pharmacies in Crown Street. As such, Mr Rashid considered access to be partially poor with some degree of inaccessibility.

Mr Rashid was mindful that a pharmacy contract could not be granted solely on the basis of inaccessibility, but suggested that this factor be taken into consideration along with a range of other factors in the award of a new contract. Mr Rashid went on to speak about the other factors.

Mr Rashid's impression was that that there were some 150 methadone patients between the two current pharmacies in Crown Street, causing public insecurity. As a result the

Health Board had opened a facility at Florence Street Clinic where 30 patients were supervised by a technician five days per week. Mr Rashid suggested that the fact Florence Street was open was in itself a demonstration of the problems with methadone dispensing/supervision in the area.

He further cited that there was a shortage of methadone spaces in the G5 post-code area; a situation which was unique to Glasgow and that a Health Board survey had showed that patients with G5 postcodes had their prescriptions dispensed outwith their neighbourhood. This, in Mr Rashid's opinion proved inadequacy.

He advised that methadone caused social problems. The two pharmacies in Crown Street were situated relatively close to each other on the busiest shopping street in the area. This resulted in a concentration of a high number of clients around one place, leading to drug issues and crime. Mr Rashid felt that the Florence Street clinic had not solved any of the problems on Crown Street. The public remained insecure and it had certainly not solved the problem of shortage of methadone spaces in the area.

He advised that shoppers were intimidated by methadone patients waiting for their daily dose, with some patients not wishing to attend pharmacies in Crown Street as they feared exposure and temptation to illegal drugs which they might be offered there. Other patients didn't want to attend these pharmacies as they feared physical assault from the patients loitering outside.

The Applicant averred that the Police had been involved in this situation for nearly ten years and in response considered that drug dealing was taking place as too many drug users were gathering in one area. The close proximity of the two pharmacies meant more patients were targeted by dealers. He further explained that the current pharmacies restricted their times of methadone dispensing which encouraged loitering and drug dealing, a situation which the police had confirmed added to an already difficult situation.

He advised that Lloyds pharmacy employed a full-time security guard to manage their patients within their premises. The nearby library facilities were abused and used to sell and take drugs, to an extent where the toilets were now under lock and key.

He further advised that residents were cautious in using the ATM (Automated Transaction Machine) where patients lingered. He advised that a fixed CCTV camera had been installed, which mostly covered the area around Boots, however this had a blind spot where patients gathered and so Police operated mobile CCTV units, they regularly dispersed crowds and they employed high visibility and plain clothed officers. In Mr Rashid's opinion these were only temporary measures and couldn't be continued on an indefinite basis as there were just too many patients gathering in one place.

The Applicant advised that both the current pharmacies operated a restricted methadone service. Neither of them provided methadone dispensing at the same times as their other dispensing services. Mr Rashid saw this as being inadequate. He reminded the Committee that the police had cited the restricted timings of methadone dispensing as a contributory factor to the loitering, drug-dealing and insecurity on Crown Street.

The Applicant wished to provide extended opening hours in line with the GP

practices within Gorbals Health Centre. The proposed opening hours were: Monday – 9.00am – 9.00pm; Tuesday & Wednesday - 9.00am – 6.00pm; Thursday – 8.00am – 8.00pm; Friday – 8.00am – 6.00pm; Saturday – 9.00am – 1.00pm; Sunday – Closed. Methadone dispensing would be available during these times without restriction.

He advised that the area of Oatlands had an increasing population. Currently there were 1,212 residents, with a projected increase to 3,178 in the future. In addition the neighbouring area of Laurieston was due to be regenerated with an increase of 800 homes in the foreseeable future. The Applicant advised that the area was one of serious deprivation and the proposed pharmacy's extended hours meant that there would be a high use of MAS, CMS, PHS and other long term services which the Applicant intended to actively promote. The Applicant further advised that they would allow methadone patients who currently travelled outwith the G5 post-code area (approximately 50) to return to their neighbourhood. The proposed pharmacy would be situated on the main road, and would attract patients from the Central Mosque (over 7,000 worshippers worshippers attended weekly) who would require a bilingual pharmacist, which the Applicant intended to provide throughout opening times.

Mr Rashid advised that ISD (Information Statistics Division) had provided statistics showing that in the last ten years there had been a 17% increase in prescription output from GPs in the G5 post-code area. The average number of items dispensed by the pharmacies in G5 was 50% higher than the Glasgow average.

The Applicant concluded that the high prescription load of existing pharmacies meant they would suffer a negligible impact by the opening of a new pharmacy.

The Applicant then went on to address the objections submitted by some of the Interested Parties.

In relation to the objection submitted by Dickson Pharmacy, Mr Rashid pointed out that contrary to Mr Dickson's assertion that the population had been decreasing steadily due to renovation and refurbishment of high rise buildings, the Scottish Neighbourhood Statistics showed a steady increase in population over the long-term. He further advised that he found it difficult to understand Mr Dickson's assertion that the new residents in the area were primarily students and young professionals. Mr Rashid pointed to the SIMD figures for G5 which showed that it was in the 5% most deprived of all data zones in Scotland. Finally, in relation to Mr Dickson's submission, Mr Rashid advised the Committee that it was methadone services within the defined neighbourhood which were under scrutiny and not those within a one mile radius of the proposed premises.

In relation to the objection submitted by Lloydspharmacy, Mr Rashid took exception to their assertion that the area was already well served by existing pharmacies. He pointed to the unmet need for methadone dispensing, and the poor uptake of NRT and MAS. He further advised that the existing network was too busy with dispensing business to attend to the long-term services. Finally, in relation to Lloydspharmacy's objection, Mr Rashid pointed to the lack of access to methadone services and to long-term services which demonstrated that access to services was poor.

Mr Rashid added that in summary, a new pharmacy was necessary now because:

- The area was seriously deprived;
- Current services to vulnerable groups were poor. The area required actively targeted services, by willing participants, with the time available not all taken up by dispensing;
- The Applicant would offer all long-term services which were not currently fully provided by the existing network;
- The Applicant considered there to be partially poor access and some degree of inaccessibility. The proposed pharmacy would be on a main road, with better access, and would improve the distribution of pharmaceutical services in the neighbourhood
- There was inadequate provision of methadone services both in the immediate area and the wider vicinity. A new pharmacy would increase the number of methadone places. Current methadone clients would be dispersed between the three pharmacies, relieving problems around Crown Street. Patients from the G5 post-code area could return to their neighbourhood and the Applicant intended to employ a pharmacist independent prescriber, specialising in substance misuse.
- The Applicant would use a private consultation area with a separate entrance solely for methadone patients;
- There would be savings to the NHS by the closure of Florence Street clinic, if the Health Board so wished;
- A bilingual pharmacist would be available for minority communities;
- There was an increase in housing and population with the current development of Oatlands and further regeneration of Laurieston;
- The increased new housing in Tradeston was also attracting patients to this neighbourhood, as this was the nearest shopping area to them;
- The Applicant intended to open the pharmacy in line with the extended hours of local GPs and provide dispensing services throughout their opening times, without restriction; and
- A new pharmacy would free up time to existing pharmacies to improve their services and help reduce deprivation in the area.

Mr Rashid concluded his presentation.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Henry**, the Applicant clarified that his pharmacy would provide several services not already provided by the existing network, including: an increase in methadone places, no restriction on times of methadone dispensing, extended opening hours in line with GPs, reduction in problems associated with Crown Street, all Long-Term Services not currently provided e.g. Keep Well, Diabetes, Falls, a full-time bi-lingual pharmacist and provision of services to the area of Oatlands.

In response to further questioning from Mr Henry around the history of the issues experienced in Crown Street, the Applicant was not aware that restrictions on dispensing of methadone had been placed on the existing network as a means of managing the methadone clients to allow their presence in the area to be spread across the day and not concentrated at one time.

In response to further questioning from Mr Henry, regarding the Health Board's methadone facility operating from Florence Street Clinic, the Applicant advised that in his

opinion the facility had not addressed the underlying issues. There had been an increase in methadone clients, which required further pharmaceutical input. Some of the methadone clients were forced to travel outwith the G5 area to have their methadone dispensed. Florence Street had not addressed this issue as it had not created any new spaces, but merely moved stable patients from the pharmacies in Crown Street. The general public continued to raise concerns over the number of methadone users in the area. Mr Rashid wished to work with the existing network to remedy these issues.

In response to further questioning from Mr Henry regarding the weight of public opinion against his application, the Applicant advised that there had been eight objections submitted by the public regarding his application. Two of these had provided no firm reason for their objection and the other six related to methadone. He advised that most of these summarised the public perception of the issues in Crown Street. The Applicant considered these responses to be more about the existing pharmacies' management of their methadone clients and less about the new pharmacy. He considered that the current pharmacies had failed to communicate the message that the methadone programme did benefit clients, but the physicality in Crown Street had its own issues. He considered the objectors/commentators were concerned that the issues of Crown Street could be replicated in Ballater Street; however he felt these concerns were unfounded. The Applicant didn't blame the existing network for not fulfilling their obligations under the programme but did question why methadone clients congregated in front of the pharmacies and not other places in the area, which led to a negative public perception.

In response to final questioning from Mr Henry regarding the regeneration of Laurieston and Tradeston and whether this would be of more benefit to the existing network than the proposed pharmacy, the Applicant advised that it didn't matter where the regeneration took place. The area was defined as one neighbourhood; therefore it was irrelevant how people were dispersed within that neighbourhood.

In response to questioning from **Miss Piacentini**, the Applicant accepted that Abbey Chemists was only a 15 minute walk away from the proposed premises, however he averred that it was the services within the defined neighbourhood that were under scrutiny and this area had excluded Abbey Chemists at Trongate. He further averred that the only reasons patients travelled outwith the area to other pharmacies such as Abbey was due to the current inadequacy of services within the G5 area.

In response to final questioning from Miss Piacentini regarding whether he felt that those visiting the mosque had more need for a bi-lingual pharmacist closer to their place of residence rather than at their place of worship, the Applicant pointed to the CHP Profile for the area which showed that the neighbourhood had a minority ethnic population 43% above the Scottish average. In view of the high number, the Applicant felt they should have access to such services.

In response to questioning from **Mrs Beaton**, the Applicant confirmed that the proposed pharmacy would open in line with the extended opening hours offered by the GPs in Gorbals Health Centre. He further confirmed that methadone dispensing would be available during these opening times without restriction. He did not agree that this was a risky strategy given the client group involved. He advised that the pharmacy was situated on a main road, which would minimise problems and he further pointed out that the police

view was that many of the problems experienced in Crown Street were due to the restrictions placed on dispensing times.

In response to further questioning from Mrs Beaton regarding this issue, the Applicant did not agree that providing extended hours would merely move the problems currently associated with Crown Street to his pharmacy. He believed that many of the problems were due to the physical layout of Crown Street with its amenities being in close proximity to the existing pharmacies. He advised that there would be no opportunities or incentives for methadone clients to linger outside the proposed pharmacy.

In response to final questioning from Mrs Beaton on why he had equated the low uptake of long term condition services to inadequacy, the Applicant advised that 40% of the population of the area suffered from some type of long term condition. As such the existing pharmacies should be working to engage with this element of the population and provide them with services. The low uptake of services suggested this was not being done.

The PPC Question the Applicant

In response to questioning from **Mr Fergusson**, the Applicant confirmed that he had not drawn up plans for the proposed pharmacy as yet. He intended to provide a separate entrance for methadone clients. In response to Mr Fergusson's assertion that a representative within the premises had advised the Committee that the premises would be split to accommodate the proposed pharmacy, the Applicant confirmed that he had the option of taking over the entire premises.

In response to further questioning from Mr Fergusson, the Applicant confirmed that he had carried out the survey regarding MAS. He further confirmed that the survey had involved 40 – 50 patients.

In response to further questioning from Mr Fergusson regarding the arrangement for long term condition services and how patients were referred to pharmacies and often didn't attend, the Applicant advised that he would actively engage with the public to ensure a higher uptake of services.

In response to final questioning from Mr Fergusson regarding how he would manage his methadone clients, the Applicant confirmed that there would be two pharmacists in the proposed pharmacy. One of which would be dedicated to the management of methadone services. This along with the separate entrance would allow the Applicant to benefit patients within six months of opening.

In response to questioning from **Councillor O'Rourke** regarding whether he felt a separate entrance for methadone clients would stigmatise them, the Applicant advised that there was documentary evidence to suggest such an arrangement was beneficial.

In response to final questioning from Councillor O'Rourke regarding how he would tackle patients loitering outside his pharmacy, the Applicant advised that he did not think this would be a problem at the proposed pharmacy. He reiterated that the issues on Crown Street were, in his opinion, caused primarily by the physical layout of the area. The

existence of other amenities such as off-license, grocers and library encouraged patients to loiter. The area where the proposed pharmacy would be situated did not have such amenities, and in the Applicant's opinion there would be no incentive for any patient to loiter in the vicinity of the pharmacy after they had availed themselves of the service.

In response to questioning from **Mr Thomson**, the Applicant confirmed that his pharmacists would speak Punjabi, Urdu and Arabic.

In response to further questioning from Mr Thomson regarding whether he had had any interaction with the local community council or Resident's Association, the Applicant advised that he had been in contact with both groups. He had advised them that he would be providing methadone services from the proposed premises if his application were successful. He advised that while the groups might not be entirely welcoming of the situation, they were aware that the services had to be provided. Mr Rashid advised that he envisaged providing approximately 60 methadone spaces and had no maximum number in mind.

In response to questioning from **Mr Fraser**, the Applicant did not agree that those residents living in Tradeston and Laurieston would need to pass the existing pharmacies to get to the proposed pharmacy.

In response to questioning from **Dr Johnson**, the Applicant agreed that there would be no compulsion on the part of the current methadone patients to move from their current pharmacy to the new pharmacy on Ballater Street, if the application were granted. He did not agree that his numbers were based on conjecture and pointed out that once granted the new pharmacy would provide patients with a further choice. Market forces would then come in to play to address the unmet need of methadone patients in the area. A certain proportion of those currently using pharmacies in Crown Street would move to the new pharmacy and thus the fears of the general public would be allayed.

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

The Interested Parties' Case (Mr David Henry – Lloydspharmacy)

Mr Henry commenced his presentation by thanking the Committee for allowing Lloydspharmacy to express their opinion regarding the application. He then proceeded to voice Lloydspharmacy's opinion in more detail using the legal test of necessity and desirability.

Mr Henry advised that in the opinion of Lloydspharmacy the neighbourhood as described in the original application already had two existing pharmacies approximately 0.5 miles from the proposed site. Furthermore the adjacent neighbourhood of Bridgeton had two pharmacies again, approximately 0.5 miles away. All four existing contracts provide all the pharmaceutical services available and although Lloydspharmacy in Gorbals did not currently have a consultation area it was included in a refit programme for later this year. After this there would be a consultation/care room. Both Lloydspharmacy and Dickson's provided a collection and delivery service, and both Lloydspharmacy and Boots in Gorbals provided a unique methadone service to the neighbourhood.

Mr Henry advised that any restriction to the times during which methadone could be dispensed in the area was partly outwith the control of the company, this being a previously agreed solution to what was a local and unique issue.

Mr Henry argued therefore that a new pharmacy contract was not necessary in this neighbourhood.

Mr Henry then went on to speak about desirability. He advised that the original application stated that the residents around the Applicant's proposed site did not use the services of the Gorbals and Oatlands. Mr Henry questioned then why these residents would require an additional pharmacy.

Finally Mr Henry advised that the extraordinary weight of public opinion against the granting of a new contract would suggest that it is absolutely not desirable in this neighbourhood.

In conclusion, Mr Henry advised that there were two existing pharmacies in the described neighbourhood which delivered all pharmaceutical services. The Applicant had failed to provide evidence of inadequacy and had failed to demonstrate any need or want for a new contract and therefore Mr Henry asked on behalf of Lloydspharmacy that the application be refused.

The Applicant Questions Mr Henry

In response to questioning by **the Applicant**, Mr Henry confirmed that he was aware why the Florence Street facility had been developed. He did not agree that the facility had fulfilled its aims or allayed the fears of the general public; however he did not feel that this was the fault of the existing pharmacies in the area.

In response to further questioning by the Applicant, Mr Henry advised that he was unaware whether Lloydspharmacy at the Gorbals would not dispense methadone for a patient who presented at the pharmacy at 5.45pm. He further confirmed that Lloydspharmacy employed a security guard in the Gorbals premises to secure stock and staff. He did not feel that this was a situation unique to Gorbals and was aware that other pharmacies employed similar personnel.

In response to further questioning by the Applicant, Mr Henry advised that all long-term condition services were referred services relying on patients being referred by third parties. Community pharmacies relied on the patients engaging with the process to ensure success. He did not know what view the CHP would take to the apparent low uptake of NRT and MAS within the area.

In response to further questioning by the Applicant regarding refit of premises, Mr Henry confirmed that a refit was due for the Gorbals premises later in the year. He did not accept that Lloydspharmacy had continually made such statements in previous applications, with no progress.

In response to final questioning by the Applicant, Mr Henry did not agree that methadone patients were forced to travel outwith the G5 area to access services. Mr Henry

suggested that most of those who travelled outwith the area did so through choice, not wishing to avail themselves of the service in the area of their residence. He did not feel there was any harm in the numbers of methadone patients travelling outwith the area.

There were no questions to Mr Henry from **Ms Piacentini** or **Mrs Beaton**.

The PPC Question Mr Henry

In response to questioning from **Dr Johnson**, Mr Henry advised that he was unaware how many methadone patients lost their daily dose due to non or late attendance at the community pharmacy.

In response to further questioning from Dr Johnson regarding the management of methadone patients, Mr Henry suggested that the practice of restricting the times during which methadone can be dispensed from the Gorbals pharmacies was a historical situation, which perhaps had been introduced to allow structure to the process and ensure patients were attending the pharmacy between set times.

In response to questioning from **Mr Fraser**, Mr Henry advised that Lloydspharmacy do not deliver methadone to clients as it has to be supervised.

In response to questioning from **Mr Thomson**, regarding the restriction on times for dispensing methadone, Mr Henry advised that as far as he was aware these restrictions were still in place. Mr Thomson clarified that these restrictions should have been lifted over a year ago.

In response to questioning from **Mr Imrie**, Mr Henry advised that he was not aware what percentage of methadone patients did not attend for their daily supervised dose.

There were no questions to Mr Henry from **the Chair, Mr Fergusson or Councillor O'Rourke**.

The Interested Parties' Case (Ms Lucia Piacentini – Abbey Chemist)

Ms Piacentini advised the Committee that Abbey Chemist had been located in an adjoining neighbourhood in the City Centre approximately 15 minutes walk away, for the past 20 years.

The pharmacy provided a full range of pharmaceutical services including the dispensing of NHS and private prescriptions, Minor Ailment Service, the Chronic Medication Service, Palliative Care, Emergency Hormonal Contraception, C-Card condom provision, Smoke-Free smoking cessation service, weekly dosettes, prescription ordering and delivery, Injection Equipment Provision (needle exchange) and methadone/suboxone dispensing and supervision.

In relation to methadone the pharmacy was not at maximum capacity, operating at approximately 80%. In recognition of the substitution activity the pharmacy was involved in it recently underwent an extensive refurbishment to improve the pharmaceutical care provided and, as a result had improved both methadone supervision and needle exchange

areas within the shop.

Ms Piacentini advised that approximately 10% of Abbey Chemist's customers lived in the G5 area and this included both substitution and non-substitution prescribing. Abbey Chemists' customers chose to use the pharmacy because of its convenient location in the city centre, or in the case of methadone patients, a desire to receive methadone at a pharmacy slightly further afield from their homes.

The Applicant Questions Ms Piacentini

In response to questioning from **the Applicant**, Ms Piacentini advised that it was not relevant to this particular application whether the owner of Abbey Chemist had shown any interest in applying for a pharmacy contract in the G5 area.

There were no questions to Ms Piacentini from **Mr Henry** or **Mrs Beaton**.

The PPC Question Ms Piacentini

In response to questioning from **Dr Johnson**, Ms Piacentini advised that she could not comment on the potential reasons why Boots had not sent a representative to the hearing.

There were no questions to Ms Piacentini from **the Chair, Mr Fraser, Mr Thomson, Mr Imrie, Councillor O'Rourke** or **Mr Fergusson**.

The Interested Parties' Case (Mrs Rosie Beaton – Dickson Chemist)

Mrs Beaton commenced her presentation by advising that she would like to concur with the previous speakers and their objections to this application.

She advised that the existing pharmaceutical services were currently well provided by the two pharmacies in close proximity to the proposed site. Gorbals residents did not seem to require any further services.

Pharmacies further afield like Dickson Chemists in Bridgeton also currently provided a comprehensive collection and delivery service to patient of Gorbals Health Centre who lived within the Gorbals or Oatlands area or who lived outwith the immediate area. These services encompassed all aspects of the contract.

Mrs Beaton advised that there seemed to be a suggestion that methadone services were currently not being adequately catered for. She advised that if there proved to be an urgent need, spaces could be very quickly found with a phone round to local existing pharmacies. It was her opinion that a further pharmacy was not needed in order to fulfil the needs of local clients.

Newer pharmaceutical services such as CMS would undoubtedly be supported well by the local pharmacies in the area and did not seem to feature in the Applicant's reasons for a new contract being issued.

She advised that taking into account the prevalence of diabetes, coronary heart disease

and higher than Scottish average smoking and alcohol related illnesses and hospitalisations, these factors were the real areas for concern in this part of Glasgow and would assuredly have more focus when the full effects of the Chronic Medication Service were realised. Again, the current pharmacies were well positioned to embrace this.

The Applicant Questions Mrs Beaton

In response to questioning from **the Applicant**, Mrs. Beaton agreed that Dickson Chemist was situated outwith the defined neighbourhood. She reiterated however that patients from the neighbourhood travelled to her pharmacy for services.

In response to further questioning from the Applicant, Mrs Beaton did not agree that methadone patients travelling outwith the neighbourhood for services was evidence of an unmet need. She advised that there were many reasons why methadone patients might wish to travel outwith the area to avail themselves of services, including family reasons. She advised that there was a high chance that the methadone patients were exercising choice in leaving the neighbourhood.

In response to final questioning from the Applicant, Mrs Beaton reiterated that she did not feel there was a shortage of methadone spaces in the neighbourhood. She was confident that the CAT (Community Addiction Team) would have no problem placing methadone patients within the neighbourhood or in surrounding neighbourhoods.

There were no questions to Mrs Beaton from **Mr Henry** or **Ms Piacentini**.

The PPC Question Mrs Beaton

In response to questioning from **Dr Johnson** regarding uptake of LTC services in the area where her pharmacy was situated, Mrs Beaton agreed that her pharmacy was situated in an area of comparable deprivation to the proposed premises. She advised that uptake was quite poor. She was not familiar with the reasons for this. Some patients commenced the programme but didn't continue with it, and some didn't want to engage with the process at all.

In response to questioning from **Councillor O'Rourke**, Mrs Beaton agreed that her pharmacy was situated outwith the defined neighbourhood. She advised however that while the effect of any potential pharmacy on her premises may be negligible, she was conscious that any application carried the implication that current services in the area were inadequate. She did not agree with this assertion and wished to present this to the Committee.

There were no questions to Mrs Beaton from **the Chair, Mr Fraser, Mr Thomson, Mr Imrie** or **Mr Fergusson**.

Summing Up

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

Mrs Beaton advised that she objected to the application.

Ms Piacentini advised that she objected to the application.

Mr Henry advised that the Applicant had failed to provide any evidence to show the current services were inadequate. He had therefore failed to meet the legal test. In addition, he had ignored the weight of public opinion against the application. The application should therefore be refused.

The Applicant advised that he had evidence to suggest that people were in support of his application. He wished to make it clear that the objections received by the Board were not to a new pharmacy but to the existing management of methadone patients. He advised that the general public were normally in support of new applications. While he was not blaming the existing pharmaceutical network for the issues, he advised that they might not be engaging with the community as well as could be expected.

He advised that his application was based on a number of issues, notably:

- An increase in housing – 1,200 in Oatlands and 800 in Laurieston;
- Deprivation was not being tackled;
- Access to current services was poor;
- Service provision in the area was poor. Not enough services were being provided and the uptake was poor for those services as the existing pharmacies were too busy dispensing;
- There had been unmet methadone need in the area for more than ten years;
- His application would improve services by providing extended hours;
- There was a high BME population in the area including approximately 7,000 who visit the Mosque and who didn't already visit the pharmacies in Crown Street;
- The NHS would save money by closing the Florence Street facility and allowing the issues to be addressed.

Before the applicant and interested parties left the hearing, the Chair asked Mr Rashid, Mr Henry, Ms Piacentini and Mrs Beaton 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:
 - High Street Pharmacy - 128 High Street, G1 1PQ;
 - Boots UK Ltd – various addresses;
 - Abbey Chemist – 144 Trongate, G1 5EN;
 - Dickson Chemist – 21 Main Street, G40 1QA;
 - Bridgeton Health Centre Pharmacy – 201 Abercromby Street, G40 2DA
 - Lloydspharmacy – various addresses;
 - Govanhill Pharmacy Ltd – 233 Calder Street G42 7DR; and
 - David L L Robertson Chemist – 558 Cathcart Road, G42 8YG.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

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

- d) - The Glaswegian (advert run on Wednesday 28th April 2010) – eight responses received;
- e) - South-East Glasgow CH(C)P – response received;
- f) The following community councils:
 - Calton & Bridgeton - no response received;
 - Crosshill & Govanhill – no response received;
 - Hutchesontown – response received;
 - Laurieston – 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 G5.0, G5.9 and G40.1;
- j) Information from Glasgow City Council's Land and Environmental Services and Development & Regeneration Services regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises; and
- j) Additional information submitted by the Applicant.

DECISION

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

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

North: the River Clyde;
East: Shawfield Drive;
South: the railway line following west; and
West: Eglinton Street, crossing Norfolk Street to Bridge Street where it met the River Clyde.

The committee agreed that the River Clyde was a major physical and natural boundary. Shawfield Drive marked delineation between new residential housing and an area more industrial in nature. The railway line formed a major physical boundary and Eglinton Street marked a boundary beyond which was an area of industrial land.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were two pharmacies.

The Committee noted that both pharmacies provided all core services required under the Pharmacy Contract, along with some of the supplementary services such as methadone supervision, domiciliary oxygen and needle exchange.

The Committee noted the particular problems which had been experienced in this area over a period of time and how this had impacted on the existing pharmaceutical network and also the residents in the area. The Committee were aware that Board Officer's were actively engaged with community representatives on a regular basis on these issues. Taking the Applicant's presentation into consideration, the Committee did not agree that a new pharmacy contract would alleviate the current issues. The Applicant in his own statement had described the root of the issue as being the layout of Crown Street. The Committee did not see how an additional pharmacy some way distant from this area would provide an incentive for methadone patients to move their current arrangements. The Committee agreed that the application relied very heavily on the perceived inadequacies of the current methadone supervision programme within the area, and while they were mindful that issues existed, they were satisfied that a workable solution in the form of the

Florence Street facility, had been put in place.

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. They were mindful of the Applicant's assertions regarding a bi-lingual pharmacist and agreed that the Board's strategy in this area was one of integration, with robust arrangements being made available for translation and interpreting services.

The Committee looked at the Applicant's proposed population statistics and while they agreed that additional housing was proposed in Oatlands, they were mindful that this area had previously had a number of residential units, which had been demolished and the residents decanted to other areas. The new housing therefore merely replaced what had been there previously and did not represent a significant new population.

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 Colin Fergusson and Board Officers were excluded from the decision process:

DECIDED/-

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

**Contractor
Services
Supervisor**

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

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2011/02 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following application should be considered by means of an oral hearing:

- Sinclair Shops Ltd, 300 Rotherwood Avenue, Blairdardie, Glasgow G13 2AY
- Rowlands Pharmacy, Unit 2 Greenlaw Village, Newton Mearns, Glasgow G77

6. MATTERS CONSIDERED BY THE CHAIR SINCE THE LAST MEETING

The Committee having previously been circulated with Paper 2011/03 noted the contents

which gave details of applications considered by the Chair since the date of the last meeting. The Committee noted the action taken:

Change of Ownership

Case No: PPC/CO11/2010 – LG Pharmacy, 119 Cleveden Road, Glasgow G12 0JU

The Board had received an application from L G Pharmacy for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Right Medicines Pharmacy at the above address. The change of ownership was effective from 1st November 2010.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

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

NOTED/-

Case No: PPC/CO11/2010 – Moodiesburn Pharmacy, 16 Blackwoods Crescent, Moodiesburn, Glasgow G69 0EN

The Board had received an application from J P Mackie & Co for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Blackwoods Pharmacy at the above address. The change of ownership was effective from 1st January 2011.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

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

NOTED/-

Case No: PPC/CO12/2010 – J P Mackie Pharmacy, 63 Glenmanor Avenue, Moodiesburn, Glasgow G69 0LB

The Board had received an application from J P Mackie & Co for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as William Wood Ltd Pharmacy at the above address. The change of ownership was effective from 1st January 2011.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

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

NOTED/-

7. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/04 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 Boots UK's name was not included in the Board's Provisional Pharmaceutical List and the file regarding this application was closed.

NOTED/-

8. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

9. DATE OF NEXT MEETING

The next meeting of the Committee will take place on 20th January 2011.

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)

Minutes of a Meeting held on
Thursday 20th January 2011 in
The Meeting Room, Queens Park House, Langside Road
Glasgow G42 9TT

PRESENT:	Peter Daniels	Chair
	Professor Joe McKie	Lay Member
	Stewart Daniels	Deputy Lay Member
	Professor Howard McNulty	Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
 IN ATTENDANCE:	 Dale Cochran	 Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - Community Pharmacy Development

Prior to the consideration of business, the Chairperson asked members to indicate if they had an interest in 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

Case No: PPC/INCL08/2010

Farhat & Ramzan Ali, 1371 Barrhead Road, Crookston, Glasgow G53 7DA

The Committee was asked to consider an application submitted by Farhat and Ramzan Ali to provide general pharmaceutical services from premises situated at 1371 Barrhead Road, Crookston, Glasgow G53 7DA 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 Applicants' proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the

application from Farhat and Ramzan Ali 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 Mrs Farhat Ali (“the Applicant”), and assisted by Mr Ramzan Ali. 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), Ms Emma Griffiths (The Co-operative Pharmacy and PHC Pharmacy Ltd), assisted by Mr Alan Harrison, and Mr David Robertson (DLL Robertson) (“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: Brockburn Road; Crookston Road; Leverndale Road; Langhaul Road; Dalmellington Road; Mulben Terrace & Crescent; Kinarvie Road; Fasw Road; Barrhead Road; Braidcraft Road & Terrace; Peat Road and Nitshill Road.

The Committee noted that the premises were constructed and were currently operating as a general convenience store. 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 her 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 Applicants’ Case

The Applicant thanked the Committee for providing her the opportunity to explain why her application was both necessary and desirable.

She then went on to define her neighbourhood as:

North: the Lavern Water running adjacent to Brockburn Road;

East: The Lavern Water running adjacent to Brockburn Road, southwards and meeting Barrhead Road. These were physical boundaries;

South: the boundary was the Lavern Water running adjacent to Barrhead Road, westward to meet Nitshill Road. Again this was a physical boundary. There were only two routes to exit this neighbourhood southwards and this was through both

extreme ends of Barrhead Road; and West: this neighbourhood was enclosed by a natural county and unitary authority boundary. Beyond this the postcode also changed from G53 to PA2, indicating a council boundary. This coupled with the Levern Water to the north and Hurllet Road to the south, enclosed boundaries.

The Applicant advised that within this defined neighbourhood there were primary schools, a high school, church, nursery, child minders, crèche, dentist, a mosque, post office, hair dressers, beauty and tanning salons, restaurants, take aways, newsagents, supermarkets and parks. The Applicant considered it to be a neighbourhood for all intent and purposes. It had a population of 8,423 according to the Scottish Neighbourhood Statistics of 2009. Within the neighbourhood there was a GP practice and a pharmacy. The GP practice comprised seven GPs.

The Applicant advised that she intended to show the Committee that within the neighborhood there was easily scope for another pharmacy. She would explain this using two key factors: population growth and inadequacy of services.

The population had grown from 6,635 in 2001 to 8,423 in 2009. This was due to several housing developments in the area. Rosehill Housing Co-operative Ltd, a registered social landlord providing housing for social rent in Greater Pollok, had built and refurbished properties that had led to an increase in population. One of the developments was the Hurllehill Development, a mix of semi-detached houses and bungalows built in 2004. A total of 45 houses had been built. By 2006 the Sanctuary (Scotland) Housing Association Ltd had built a total of 94 houses and apartments in the central area of the Applicants' defined neighbourhood. In addition, the Glasgow Housing Association was to complete the "Pollok Tenants Choice" project by November of 2011 which consisted of 36 tenements and 34 homes, 20 of which had already been rented. Further north, Miller Homes are due to complete the Parklands development by summer of 2011. This would consist of 44 homes and apartments, 21 of which were already sold.

The Applicant advised that according to the local council, with a likely ratio of three to four people per house, these developments would increase the population by an additional 456 people. This was in addition to the current population of 8,423.

The Applicant's proposed pharmacy would be situated at 1731 Barrhead Road. This was a lively area which could be described as the heart of the neighbourhood. It had a high footfall as there were other businesses in close proximity where people visited on a daily basis. These included a beauty salon, a hairdresser, a dentist, tanning salon, fish and chip shop, Chinese takeaway, a restaurant and Indian takeaway, and a significantly sized newsagent/supermarket. The latter premises also had a cash point and provided paypoint services. There was ample parking and most of the businesses in the vicinity were open late.

The Pharmacy would be open till 7.30pm Monday to Friday and 6.00pm on Saturday. The Applicant averred that this would cater for working people and be in line with the opening hours of the other businesses. It would consist of a modern dispensary equipped with a consultation room. Along with the core services of chronic medication services (CMS), acute medication services (AMS), public health service (PHS) and minor ailment services

(MAS), the pharmacy would provide:

- dedicated methadone supervision, along with Subutex® and Antabuse® supervision;
- blood pressure monitoring;
- cholesterol testing;
- blood sugar monitoring;
- coronary risk assessment;
- weight management;
- smoking cessation;
- assessment of compliance aid needs and
- full compliance with DDA (Disability Discrimination Act) legislation.

This brought the Applicant on to her second factor, adequacy.

The Applicant put it to the Committee that the neighbourhood was not adequately served pharmaceutically. The sole pharmacy in the defined neighbourhood was Boots. It was open from 9.00am – 6.00pm: Monday – Friday; and 9.00am – 5.30pm: Saturday.

The Applicant advised that during her preparation for the hearing, she had spoken to Mr Ian McGoldrick on the 4th of January 2011. Mr McGoldrick was the nurse team leader for the Greater Glasgow Drug Addiction Service. Mr McGoldrick stated that most of his methadone clients did not frequent the Boots branch in the defined neighbourhood. When asked if Boots had actually turned away methadone patients, Mr McGoldrick's answer was "Yes, based on a number of reasons." These included: pharmacy opening hours, restriction on access times during opening hours, clients barred for some reason and some clients not wanting to attend a pharmacy because of the bad service and attitude previously encountered.

The Applicant advised that this was reflected in the conditions that Boots imposed on their methadone clients. The clients were restricted to what times they could attend the pharmacy. The pharmacist going for lunch reduced the time during which clients could attend the pharmacy further. The clients were also not allowed to shop in the pharmacy. This meant that a methadone patient who had a sore throat could not shop for their remedies and must go elsewhere for their basic pharmaceutical needs. There were some clients who also wished to bring along their child. These shopping restrictions would also apply to the child. Such restrictions alienated the daily methadone patient and the accompanying child from pharmacist consultations, e.g. MAS, OTC (Over the Counter) purchases, and also from being part of the community. Mr McGoldrick stated that although Boots claimed they were willing to deliver a methadone service they were not amenable.

The Applicant considered that for the above reasons, some clients had to be referred outwith their neighbourhood to access the methadone service. Mr McGoldrick also confirmed to the Applicant that spaces for methadone patients in Pollok in general were very tight and a new pharmacy in this neighbourhood would definitely benefit the methadone patients who stayed locally. Capacity at the Co-operative Pharmacy on Nitshill Road was full and no additional clients were being taken on at present. A waiting list of three people had already been established. This was confirmed by their Pharmacy Manager. When asked if the methadone service provided by Boots was an adequate

service, Mr McGoldrick's reply was a firm negative. Mr McGoldrick also confirmed that Boots did not offer an Antabuse® supervision service. This was a service that was being utilised more and more. Alcohol dependency was rising steeply and the Antabuse® supervision service had been very successful. Currently clients who required such a service had to travel outwith the defined neighbourhood, solely because Boots don't provide it. According to Mr McGoldrick his alcohol dependent client list was growing.

The Applicant wished to take this information and put it together with figures taken from the Scottish Neighbourhood Statistics, the most recent of which showed that hospital admissions relating to alcohol abuse in the defined neighbourhood had increased by 38% from 850 to 1,172 people. Similarly, hospital episodes relating to drug use in the defined neighbourhood had increased from 451 to 1,150. This was an increase of more than 200%. In the Applicants' opinion the needs of this minority were being deprived.

The Applicant informed the Committee that she had recently spoken to Ms Erin Don (Practice Manager, Crookston Medical Centre, Dalmellington Road). Ms Don had confirmed that none of her methadone clients preferred to use Boots and most of them attended pharmacies outside the neighbourhood. This was again due to the conditions previously described. She advised that Boots tended to take on clients from other areas to keep up their image. These were clients who had been excluded from other pharmacies and Boots was seen as a last resort. As such the clients were less likely to display anti social behaviour.

The Applicant considered that the element of the population using methadone and the alcohol abuse minority weren't the only ones deprived of access to services.

Ms Don's main concern was that over the years there had been a steady increase in the number of residents of Asian extraction moving into the community and consequently this had brought an increase in the prevalence of diabetes, a disease more prevalent amongst Asian people. This gave the GP practice a number of issues. Firstly, there was a linguistic barrier. The GP practice used to have a free translation service but this had now been withdrawn as it was no longer free. These people would also have problems when attending a pharmacy and especially with CMS and the care planning involved. The Applicant suggested that she could continue to state the case for these eligible patients should they need a MAS consultation. The Applicant asked why the patient should first endure the embarrassment of telling their family what their personal problem was and then depend on them taking time out of their daily routine or even a day off work to accompany the patient to the pharmacy?

The Applicant advised that she spoke fluent Urdu, and Punjabi as well as English which would be a benefit to the community. Patients would have the freedom of coming to the pharmacy whenever they wanted to, even during the lunch hour, and talk confidentially about their problem. She would also be a valuable communicator between the patient and the GP about any queries they might have about their medication. To the general public she could offer advice on diet and weight management. The Asian diet was always high in traditional sweets and the curries were high in calories with the amount and kind of oil used. The older Asian population were uneducated in the dangers that prevailed in their diet. In addition, she would offer diagnostic services like blood pressure monitoring, cholesterol monitoring and blood sugar monitoring. These were all services that Boots did not offer but

were crucial for diabetics. The Applicant advised that all of these services would complement the Chronic Medication Service which was necessary since there was a confirmed growing Asian community. The GP practice ran a diabetic clinic every second Monday and the pharmacy would provide these services without appointment and, by working alongside the GPs, would free up a lot of their time. This was exactly what the pharmacy contract was steering towards, more contact between the pharmacy and the patients to reduce the burden on GPs.

The Applicant advised that another pharmacy was needed to adequately serve the community. The GP practice was continuing to register new patients every week. The practice had seven GPs to meet the demands of the neighbourhood. Some of the GPs made house calls outwith GP practice hours and the opening hours of Boots did not complement this service. The extended opening hours offered by the new pharmacy would better meet the needs of the GPs and patients. The Applicant provided a quote from the Practice Manager which suggested that Boots could not cope with the current workload.

The Applicant further advised that the Boots branch on Dalmellington Road was a hub for dosette boxes. This meant that as well as dispensing dosette boxes for its own patients and community it also dispensed and delivered boxes at the request of other stores outwith the neighbourhood. The pharmacy also served the needs of two Care Homes. This involved preparing, dispensing and delivering dosette boxes for the home's patients. It took an average of half an hour to accurately dispense each dosette box, which would take up a lot of time. This should be added to the number of prescriptions Boots dispensed daily to serve the community, including the repeat prescription bundle they picked up from the GP surgery and the walk-in prescriptions. In addition they provided methadone services and needle exchange, not to mention the Chronic Medication Service and the smoking cessation service that involved consultations with clients. The Applicant suggested that Boots didn't undertake any diagnostic testing as there was no time for them to do this.

And yet, according to the Applicant, Boots continued to take on more work. Ms Don from the GP practice suggested that Boots were monopolising the system as they were offering incentives to secure more prescriptions by offering Boots points in return for signing up to the repeat prescription service. The Applicant questioned whether this was ethical and asked if customers were happy to avail themselves of services in Boots, why would they need to be enticed? The Applicant suggested it was because customers were not happy with the service offered by Boots.

The Applicant advised that a survey involving a 100 people had been carried out in the Londis store which was situated in the proposed neighbourhood that Boots served. In the survey 80% said that they didn't know what the pharmacy core services of CMS, AMS, PHS and MAS were and had not registered for these services. When asked what services they would like to see from a new pharmacy that they didn't receive already, 72% of people said that they would like to see shorter waiting times and better communication with the pharmacist. 91% of the people surveyed said that a new pharmacy would benefit their healthcare needs.

The Applicant considered that given that the health domain of the neighbourhood was

quite low, there was definitely an inadequacy of health service. In fact there was an interesting pattern. According to the Scottish Neighbourhood Statistics of 2008, the datazone relating to the area which included the Boots Pharmacy was the healthiest domain with a rank of 5013. 1 being the most deprived and 6505 being the least. The further away from Boots the worse the deprivation ranking became. Towards the north of the neighbourhood it was a mere 303. Towards the east of the neighbourhood it was a shocking 211. Towards the west, across the other side of Crookston Road, was a health domain of 3,265 and towards the south nearer to Barrhead Road the health domain dropped to 2,948. Boots were evidently not getting their service message across despite these people needing to be helped the most. Within the area where Boots were located, the percentage of people income deprived and employment deprived was just 7 and 4 respectively, compared to the Scotland wide percentage of 15 and 12. This was good, but a ripple effect existed the further out you went. In the area to the north, the percentage income deprived and employment deprived was 30 and 23 respectively. To the east it was 34 and 18. Further east towards the neighbourhood boundary it climbed to 42 and 29. The percentages remained in double figures towards the west and south of the neighbourhood. With such deprivation it was no wonder that the proportion of people being prescribed drugs for anxiety, depression or psychosis in the years between 2004 and 2007 had risen from 679 to 834; an increase of 23%. Projecting this to the present day was an increase of 42%. It seemed to the Applicant that Boots were only influencing the people in its immediate vicinity. It didn't have the means or resources to extend its services to the people further out in the neighbourhood. It was too busy dispensing dosettes with deadlines to meet and dispensing repeat prescriptions that meant they had little time for the public.

The Applicant advised that something had to be done to help this community. With a neighbourhood population of more than 8,300 people and still growing, it was more than one pharmacy could cope with alone.

The Applicant proposed that the granting of an additional contract could address the needs of these people and provide the services that Boots were failing the neighbourhood on. The new pharmacy could stop the downward spiral of this community before it was too late. This was why she felt the granting of this pharmacy contract was necessary and desirable to secure adequate provision of pharmaceutical services in the neighbourhood.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Tait**, the Applicant reiterated her definition of neighbourhood as being:

North: the Lavern Water running adjacent to Brockburn Road;

East: The Lavern Water running adjacent to Brockburn Road, southwards and meeting Barrhead Road;

South: the boundary was the Lavern Water running adjacent to Barrhead Road, westward to meet Nitshill Road. Again this was a physical boundary; and

West: this neighbourhood is enclosed by a natural county and unitary authority boundary. Beyond this the postcode also changed from G53 to PA2, indicating a council boundary. This coupled with the Lavern Water to the north and Hurler Road to the south, enclosed boundaries.

In response to further questioning from Mr Tait if she would consider there was any difference crossing the Levern Water at Howsworth or Linthaugh Road, the Applicant advised that there were only two means of crossing the Water: at Crookston Road and Linthaugh Road. She agreed that the main flow of traffic in the area tended to run down Brockburn Road, but pointed out that there were no bus services down Crookston Road.

In response to further questioning from Mr Tait, the Applicant confirmed that her proposed premises were situated adjacent to the entrance to Crookston Road from Barrhead Road. She agreed that this was at the very edge of her defined neighbourhood, but contended that the parade of shops was the heart of the community. She further confirmed that bus services operated along Barrhead Road, travelling east. There were no bus services operating westwards.

In response to further questioning from Mr Tait, the Applicant did not agree that in a survey of 100 people most would not know what the core services of the pharmacy contract were if the usual terminology was used. The Applicant was of the opinion that most people would be aware, and that the main reason for the lack of knowledge was the poor advertising provided by Boots around these services. She advised that Boots should be providing patients with information on all services to allow them to make use of the service.

In response to further questioning from Mr Tait around the Applicant's comments regarding Boots and the provision of Advantage points for patients using their repeat prescription service, the Applicant confirmed that as she understood the situation, what Boots were doing was not illegal, but was, she suggested, against the current pharmacy regulations.

In response to further questioning from Mr Tait, the Applicant accepted that the list of diagnostic tests mentioned in her presentation were not core service, however they were much needed services to allow the community to thrive. The Applicant also accepted that the Antabuse® service was not a core service.

In response to final questioning from Mr Tait, the Applicant did not agree that methadone patients might chose to avail themselves of services outwith their neighbourhood in order to avoid recognition. The Applicant suggested that such situations had been eradicated with the advent of consultation rooms, which allowed private conversation with the pharmacist and discussion of issues, which other people using the pharmacy would never need to be aware of.

In response to questioning from **Ms Griffiths**, regarding what had initially drawn her attention to the perceived pharmaceutical need within the area, the Applicant advised that she had first become aware of the situation while visiting the local mosque. Some of the congregants had mentioned the language barrier that existed in the area and their difficulty in communicating with the GP. This appeared to be the main driver. The Applicant advised that she could not quantify the Black and Minority Ethnic (BME) population within her defined neighbourhood, but could say that 10% of the local GP list size was minority ethnic, and 5% of the list size suffered from diabetes. She felt this gave a fair indication of the level of BME population within the vicinity.

In response to further questioning from Ms Griffiths regarding the survey, the Applicant confirmed that it was she who had instigated the survey. She had had no involvement in the carrying out of the survey, but had developed the questions to be asked.

In response to further questioning from Ms Griffiths regarding Antabuse® and whether she was aware that if the service was needed in the area, the Health Board would have approached one of the existing pharmacies, the Applicant advised that regardless of this, Boots were not providing the service willingly.

In response to further questioning from Ms Griffiths, the Applicant advised that in her opinion, a resident living in Devol Crescent would find it more convenient to travel to the proposed premises than to any other pharmacy.

In response to final questioning from Ms Griffiths regarding the GP practice list, the Applicant confirmed that she did not think that every patient registered at the practice lived in the defined neighbourhood; however she suggested that this was no different than the situation at any other practice. If pushed she would estimate that approximately 65% of the practice list were resident within the defined neighbourhood.

In response to questioning from **Mr Robertson**, the Applicant confirmed that she was not aware that there had been a previous pharmacy on Crookston Road that had closed. She advised that while the pharmacy may not have been viable at that time, she was sure that the area could sustain a pharmacy now.

The PPC Question the Applicant

In response to questioning from **Mr Thomson** regarding the provision of methadone services, the Applicant advised that she would provide supervised methadone from the outset. She was aware of the waiting list currently in The Co-operative Pharmacy at Nitshill Road. When asked how many patients she could accommodate, the Applicant advised that GAS (Glasgow Addiction Service) had suggested that they could refer at least two patients per week.

In response to final questioning from Mr Thomson, regarding the level of objection the application had attracted, the Applicant advised that in her experience as long as people were provided with information they could usually understand that a service was required. She did not feel the objections would be an issue.

In response to questioning from **Mr Dykes** regarding the apparent increase in population demonstrated in the statistics provided during the presentation, the Applicant confirmed that the datazones used were co-terminus with the defined neighbourhood. None of datazones were outwith or overlapped the neighbourhood.

In response to further questioning from Mr Dykes regarding the survey, the Applicant confirmed that the results had not been made available for inclusion in the Committee's papers, due to time constraints experienced in exceptional circumstances.

In response to further questioning from Mr Dykes, the Applicant clarified that when she

had made the statement regarding the difficulty in walking to Silverburn, she had meant for a person living towards the middle of the defined neighbourhood, and not from her proposed premises.

In response to final questioning from Mr Dykes, the Applicant confirmed that she was not aware of any plans for further demolition of housing in the area.

In response to questioning from **Mr Daniels**, the Applicant confirmed that the survey was conducted independently. The Applicant had devised the questions, and the survey had been administered from the Londis store. She further confirmed that she had analysed the completed survey.

In response to further questioning from Mr Daniels, the Applicant confirmed that she had gained information regarding bus services from the First Bus website, First Bus Travel and Travelline Scotland websites.

In response to final questioning from Mr Daniels, the Applicant advised that in her opinion residents would be less likely to access services in the main shopping centre, and more likely to access services from her pharmacy.

In response to questioning from **Professor McKie**, the Applicant confirmed that the survey had garnered approximately 100 responses. She felt this to be a representative sample from the neighbourhood as respondents were asked to include their post-code when completing the survey. She advised that if 100 responses were considered low this was due to the time constraints placed due to the timing of the hearing.

In response to further questioning from Professor McKie, the Applicant confirmed that the main bus route in the area run along Brockburn Road and Crookston Road. This route was not linked to Linthaugh Road. Anyone wishing to travel to this area would need to change buses. She further confirmed that on the east periphery of the neighbourhood, buses ran from Braidcraft Road to Silverburn. She advised that there were no bus routes between the housing schemes travelling from east to west and neither were there any buses travelling westwards.

In response to further questioning from Professor McKie, the Applicant advised that most people in the area travelled by foot or on public transport.

In response to further questioning from Professor McKie, the Applicant advised that the part of the defined neighbourhood that would be closer to her proposed premises would be from Sanquhar Drive south towards Barrhead Road. She further advised that this area was of higher deprivation than the rest of the neighbourhood.

In response to further questioning from Professor McKie, the Applicant confirmed that there was ample parking in the vicinity of the proposed premises. The area directly outside the premises was continually moving. Cars didn't tend to park in this area for long periods of time and she had also reached an agreement with the Londis store that patients visiting the pharmacy could utilise their car park.

In response to final questioning from Professor McKie, the Applicant advised that she

considered the majority of methadone patients visiting her pharmacy would come from within the defined neighbourhood.

In response to questioning from **Professor McNulty** regarding the demographic composition of the neighbourhood, the Applicant advised that the area was one of a growing percentage of BME population, increasing prevalence of diabetes, increasing methadone use and alcohol abuse and one of a low health domain with increased health needs.

In response to further questioning from Professor McNulty, the Applicant confirmed that 25% of the neighbourhood population were children, 10% were working and 10% were elderly.

In response to further questioning from Professor McNulty, the Applicant agreed that the housing on each side of Crookston Road would perhaps give the impression that the area was relatively affluent. The Applicant felt this was because this area was better developed, however other parts of the neighbourhood were less developed and less affluent.

In response to further questioning from Professor McNulty regarding the lack of GP practice in the vicinity of the proposed premises and what needs the Applicant would meet, the Applicant advised that she would provide services for the BME population who experience a significant language barrier; she would provide services for the growing population with diabetes, she would increase the uptake of MAS and she would shoulder some of the work from Boots who were currently unable to cope especially with the increase in population.

In response to further questioning from Professor McNulty regarding the proposed hours of service, the applicant advised that these were better than what was currently available. Some methadone patients were unable to access services in Boots due to the time restrictions imposed; the other shops in the area were open extended hours and some of the GPs made house calls outwith normal hours. These factors had been taken into consideration when devising the proposed hours of service.

In response to final questioning from Professor McNulty regarding the local community and whether they would welcome methadone patients in the area, the Applicant advised that the level of objection to the application stemmed from a lack of knowledge. She advised that methadone users were more discrete than most patients. She was confident that once there was an understanding of how the service operated, the objectors would be placated.

In response to questioning from **Mr MacIntyre** regarding pockets of deprivation within the neighbourhood, the Applicant confirmed: the area left of Crookston Road was new housing and was relatively affluent; the area up to Dalmellington Road and left of Leithland Primary School was new housing and was relatively affluent; the area north of Leithland Road was where the deprivation rose and the area east of Leithland Primary School was also more deprived. The Applicant did not agree with Mr MacIntyre that the majority of the area could be termed middle class.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that in the

area south of Sanquhar Drive the percentage of work deprived population and income deprived population was 8 and 5 respectively. This was below the Scottish average. She advised that many of these houses were occupied by members of the BME population who had increased health needs.

In response to further questioning from Mr MacIntyre, the Applicant advised that she was unable to say where the current methadone patients lived.

In response to further questioning from Mr MacIntyre, the Applicant advised that she did not feel that those living in the north of the neighbourhood would be reluctant to travel to her pharmacy. There was a bus route along Crookston Road, with bus stops along its length. She did not agree that these residents would be more likely to walk to Lyoncross Pharmacy and she didn't think they would travel to Boots on Dalmellington Road, because of the conditions imposed.

In response to questioning from Mr MacIntyre regarding the translation service, the Applicant advised that it appeared that the service was no longer free of charge for GP practices.

In response to questioning from Mr MacIntyre regarding the provision of additional services, the Applicant advised that she had not yet had a conversation with the GP practice about providing blood pressure testing. She did not envisage removing this service from the GP but rather providing a support to this. She advised that in providing this service, some of the patients would be tested randomly and some would be referred by the GP. She confirmed that the service was a screening service rather than a monitoring service, but advised that she was looking to run clinics for such services.

In response to final questioning from Mr MacIntyre regarding her use of statements made by third parties whose comments the Committee had no opportunity to verify, the Applicant asked the Committee to accept these comments in good faith. There was no reason for the Applicant to have fabricated the claims made in the comments. She agreed it would have been easier for the individuals to have made a written submission to the Board, but this was not possible given the time constraints.

There were no questions to the Applicant from the **Chair**.

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

Mr Tait commenced his presentation by defining the neighbourhood as:

North: North of Parklands – north of B762;
East: Following down past schools to the B762;
South: north of B762;
West: open area before Paisley.

He advised that this was a distinct area which was different from the neighbourhood put forward by the Applicant. This neighbourhood covered two datazones, which had health domains of 5,712 and 3,543.

Mr Tait advised that the neighbourhood was a tight area. Residents living on Devol Crescent would not consider themselves neighbours of anyone living on Glenside Avenue. It was easier for residents in this neighbourhood to access services from Boots in Silverburn given the natural flow of traffic along Brockburn Road.

He advised that while the population had increased. This was marginal and the population continued to lie at just under 4,000. Nevertheless this was a relatively affluent area. Most of the households had more than one car. Those travelling to Silverburn by public transport could access bus services every 5 minutes. He further advised that Silverburn was 0.7 miles from the Applicants' proposed premises, a distance that was entirely walkable.

He advised that many methadone patients chose not to avail themselves of services within the neighbourhood and he was not aware of any unmet need in the area.

He asserted that the Boots branch in Silverburn employed two Pharmacists, one of which spoke several Asian languages. There was no evidence of inadequacy in terms of pharmaceutical provision.

The Boots branch at Dalmellington Road, towards the centre of the neighbourhood had car parking. He was not aware of any complaints having been received regarding any lack of service provision. There was no unmet need in the area and therefore the application should fail.

The Applicant Questions Mr Tait

In response to questioning by **the Applicant**, Mr Tait advised that he was unaware how many patients had registered for the Minor Ailment Service at the Boots branch on Dalmellington Road. He was sure that the pharmacy operated in the top tier of the process. If pushed, he would guess at approximately 1,200. He did not agree that this figure was disappointing given the length of time the service had been operating. Mr Tait reminded the Applicant that the neighbourhood was relatively affluent and therefore the number of people eligible for MAS would not be high.

In response to further questioning from the Applicant, Mr Tait advised that approximately 30 patients had registered for CMS at the Dalmellington Road branch. Again he did not feel this to be disappointing.

In response to further questioning from the Applicant regarding diagnostic testing, Mr Tait confirmed that Boots did not undertake such testing from either of their premises at Silverburn Shopping Centre or Dalmellington Road. He advised that these branches sold diagnostic testing kits for patients to purchase.

In response to further questioning by the Applicant regarding inadequacy, Mr Tait advised that he did not feel an inadequacy of services existed in the defined neighbourhood. He did not agree that the application fulfilled the legal test.

In response to final questioning by the Applicant, Mr Tait agreed that the pharmacy in Dalmellington Road provided dosette boxes for other Boots branches nearby. He further

advised that anyone living in Langhall Place would not be likely to require diagnostic testing as the area was relatively affluent.

There were no questions to Mr Tait from **Ms Griffiths** or **Mr Robertson**.

The PPC Question Mr Tait

In response to questioning from **Mr MacIntyre**, Mr Tait confirmed that the Boots branch at Dalmellington Road had capacity to take on more methadone patients. He further confirmed that like most pharmacies, the branch entered into a contract arrangement when taking on any new methadone patient. Within this contract there were stipulations regarding issues such as times when the patient could attend the pharmacy for their methadone and expected behaviour. Mr Tait knew that methadone patients weren't allowed to come to the pharmacy at lunch times, and were well aware that anti-social behaviour would not be tolerated and could lead to their contract being terminated.

In response to questioning from **Professor McNulty**, Mr Tait advised that most of the residents in the Hurlet area would avail themselves of services at Silverburn Shopping Centre; this being the nearest main shopping provision. They could access services at Crookston, but Silverburn offered more choice.

In response to further questioning from Professor McNulty regarding whether a neighbourhood could be served by a pharmacy not located in the neighbourhood, Mr Tait agreed that there were situations where a particular pharmacy offered services into a neighbourhood adjacent to where the pharmacy was physically situated.

In response to final questioning from Professor McNulty, Mr Tait advised that he did not recognise any gaps in service in his defined neighbourhood. He felt that even those residents of the Hurlet area could access adequate pharmaceutical services. The area was small and was the portion of the neighbourhood which brought down the deprivation category.

In response to questioning from **Mr Dykes** regarding his views on whether distance was a factor in the compliance rates of those taking methadone, Mr Tait suggested that this factor was more important in rural conurbations, rather than urban ones. In rural areas it was more important for a methadone client to access services close to their neighbourhood as this could impact on compliance. This was not the case in an urban situation where services were closer together. He felt it was not an issue.

In response to questioning from **Mr Thomson**, regarding whether the Boots branch at Silverburn dispensed any prescriptions from the Hurlet area, Mr Tait advised that he was not aware how many prescriptions were dispensed from this area, but he was aware that Silverburn dispensed prescriptions from a wide area.

In response to further questioning from Mr Thomson, Mr Tait advised that the only time a methadone patient would be excluded from the Boots branch in Dalmellington Road would be if they had displayed antisocial behaviour. He did not have any figures to demonstrate how many patients had been excluded, but he was sure that the numbers were small as this would be a last resort.

There were no questions to Mr Tait from **the Chair**.

The Interested Parties' Case (Ms Emma Griffiths – (The Co-operative Pharmacy))

Ms Griffiths thanked the Committee for allowing The Co-operative Pharmacy to make representation today.

She then went on to describe her defined neighbourhood as:

**South: Barrhead Road;
West: open land to the county and unitary boundary;
North: open land south of Kempsthorn Road; and
East: open land behind the Leithland primary School.**

Ms Griffiths advised that the neighbourhood was based on physical, geographical and social boundaries. It was possible to move freely throughout this neighbourhood. All houses were of a similar type which was mostly private housing. Within this neighbourhood there was approximately 90% privately owned houses; however the opposite neighbourhood had a higher level of social housing which was more in line with the Scottish average.

Within the neighbourhood there was one pharmacy owned by Boots, located on Dalmellington Road adjacent to the Health Centre and a supermarket. There were another two pharmacies nearby. The current level of service provision was adequate.

Ms Griffiths advised that the drive time to a GP surgery was 0.8 minutes and the same journey would take 6.7 minutes via public transport.

There were two pharmacies within 100 metres of the GPs at Pollok Health Centre: Boots at the Silverburn Centre and a Pollok Health Centre Pharmacy.

It took 7.1 minutes in 2003 via public transport to shopping facilities and 4.1 minutes in a car. Since this time Tesco 24 had opened in the Silverburn Centre and a Lidl Supermarket had opened at Dalmellington Road thus reducing this time further.

Ms Griffiths advised that the Silverburn Centre was a hub for the locality, housing all amenities necessary for the residents of the G53 postcode and beyond. Facilities included a post office, clothing shops, supermarket, bank, library, pharmacy, sport centre and bingo hall.

The pharmacy at Pollok Health Centre provided all core services and was open from 9.00am – 6.00pm; Monday – Friday. 30% of services carried out in Pollok Health Centre were to residents within Ms Griffiths defined neighbourhood.

Ms Griffiths averred that she was not aware of any complaints regarding residents accessing pharmaceutical services in the neighbourhood as there was adequate provision from the pharmacy in the neighbourhood and the two in the adjoining neighbourhood. In addition, The Co-operative Pharmacy on Nitshill Road offered a free and unconditional

prescription collection and delivery service into the neighbourhood and oxygen services were also provided to the neighbourhood and the surrounding area. There was also scope to increase service uptake. All services commissioned by the Health Board were offered from the Nitshill branch with the exception of needle exchange and discussions were on-going between the Area Manager and the Health Board on how best to implement this service in the Nitshill area.

The opening hours of Boots at Silverburn were 9.00am – 10.00pm -Monday – Friday; 9.00am – 8.00pm – Saturday and 10.00am – 6.00pm – Sunday. These hours far exceeded those proposed by the Applicant, which were no greater than those already being offered by existing contractors.

Ms Griffiths advised that there was a frequent bus service from the proposed site to Pollok Silverburn Shopping Centre and beyond. There were approximately 8 buses an hour operating on routes x44, x8, x23 and a local bus service which operated locally. There was a bus terminal located at the Silverburn Centre.

Ms Griffiths concluded her presentation by saying the application had failed to satisfy the regulatory test as being either necessary or desirable. The Applicant had no support from the neighbourhood and had failed to provide any evidence of any unmet pharmaceutical need in the neighbourhood. Ms Griffiths contended that the application should be refused.

The Applicant Questions Ms Griffiths

In response to questioning from **the Applicant** regarding DDA access to the pharmacy on Nitshill Road, Ms Griffiths advised that there was a ramp available for anyone wishing wheelchair access. The door to the pharmacy operated via an automatic button. Ms Griffiths reminded the Applicant that the DDA only required contractors to take steps that were reasonable to comply with the terms of the Act.

In response to further questioning from the Applicant regarding how a resident at the centre of the Applicant's defined neighbourhood would access The Co-operative Pharmacy in Nitshill Road, Ms Griffiths advised that they would in all likelihood travel by car. When challenged by the Applicant that there was no bus service from the middle of the neighbourhood to Nitshill Road, Ms Griffiths reminded her that the area was one of high car ownership. Ms Griffiths contended that an unwell person living in the middle of the defined neighbourhood would be unlikely to pass the pharmacy on Dalmellington Road to go to the pharmacy on Nitshill Road.

In response to further questioning from the Applicant regarding car parking, Ms Griffiths advised that there were car parking spaces available at the back of the Nitshill Road premises. When challenged by the Applicant that this facility was more than 20 paces from the pharmacy, which was the maximum that a disabled person would be expected to walk, Ms Griffiths advised that further parking was available in the alleyway directly behind the pharmacy.

In response to further questioning from the Applicant, Ms Griffiths confirmed that The Co-operative Pharmacy provided a delivery service. She also confirmed that they did not currently undertake diagnostic testing as there was no demand for such services.

In response to a question from the Applicant regarding access to translation services, Ms Griffiths advised that The Co-operative Pharmacy could gain access to translation services for any customer who wished to access this service. She conceded that this would not be available instantaneously, but considered that the numbers requiring such a service would not cause this to be an issue. When challenged by the Applicant that 10% of the GP practice list size was of BME extraction, Ms Griffiths responded that the practice list would cover a wider area and not every person within this percentage would live in the defined neighbourhood.

In response to final questioning from the Applicant, Ms Griffiths confirmed that the branch on Nitshill Road had capacity to take on more methadone patients.

There were no questions to Ms Griffiths from **Mr Tait** or **Mr Robertson**.

The PPC Question Ms Griffiths

In response to questioning from **Professor McNulty**, Ms Griffiths advised that anyone living on Kinarvie Road would need to travel approximately 1.3 miles to access the services from The Co-operative Pharmacy branch on Nitshill Road. Ms Griffiths felt that this would be unlikely to happen when the pharmacies on Dalmellington Road and in Silverburn Shopping Centre were more conveniently placed.

In response to questioning from **Mr MacIntyre**, Ms Griffiths confirmed that approximately 30% of the business undertaken from PHC Pharmacy Ltd came from the defined neighbourhood. The Co-operative Pharmacy branch on Nitshill Road gained approximately 4-5% business from this area, predominantly via their delivery service.

There were no questions to Ms Griffiths from **the Chair, Mr Thomson, Mr Dykes, Mr Daniels or Professor McKie**.

The Interested Parties' Case (Mr David Robertson – D L L Robertson Chemist)

Mr Robertson advised the Committee that the only comment he wished to make was that his pharmacist, who had recently returned from maternity leave, could speak several Asian languages.

The Applicant Questions Mr Robertson

In response to questioning from **the Applicant**, Mr Robertson advised that he did not think residents within the defined neighbourhood would travel to his pharmacy on Braidcraft Terrace. He considered they would be more likely to travel to PHC Pharmacy in Pollok Health Centre.

There were no questions to Mr Robertson from **Mr Tait** or **Ms Griffiths**.

There were no questions to Mr Robertson from **The Committee**.

Summing Up

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

Mr Robertson advised he had no further comments to make.

Ms Griffiths advised that the application was neither necessary nor desirable. Current services in the neighbourhood were adequate. She did not believe there were gaps in any service. The current demand from patients was adequately met by Boots in Dalmellington Road and enhanced by other pharmacies outwith the neighbourhood.

Mr Tait echoed Ms Griffiths comments.

The Applicant advised that Boots were regarded as having a High Street, prestigious, 'squeaky clean' image, but to achieve this they were 'snooty and dominant'. They dictated to their methadone clients and treated them disrespectfully. This had been confirmed by third parties. In the Applicant's opinion Boots were too busy securing prescriptions in exchange for points and were more interested in keeping up their image.

She advised that her pharmacy would provide a dedicated methadone and Antabuse® service, extending this to Subutex® as well. Patients would be treated with respect and not subject to restrictions. The Applicant advised that in her opinion Boots had neglected methadone patients, alcohol dependant patients, the diabetic community, the Asian community, the elderly and the general wellbeing of a majority of the general neighbourhood. This was too much of a negligence to ignore. It was too big an issue for Boots to handle on its own especially with the continued growth in population.

The Applicant advised that delivery was not a pharmaceutical service. One of the key elements of the pharmacy contract was access to pharmaceutical services. The defined neighbourhood was both income and employment deprived. It was inappropriate to expect patients to travel outside their neighbourhood by taxi, car or bus to access a pharmaceutical service, especially a service that they are eligible to get for free and expect them to pay for the privilege. This just defeated the purpose.

The Applicant advised that all of the pharmacies outwith her neighbourhood were difficult to access on foot and by bus and would require the patient to make a one hour round trip in each case. Some would require two buses, but all required the patient to pay to access services. This would put a considerable strain on the patient's financial resources and deprive the neighbourhood further unless the pharmacy contract was granted. Furthermore, the unwell patient would not want to travel to access their remedy. The fact that patients were required to travel outwith their neighbourhood showed that there was an inadequacy of service.

The Applicant advised that she reiterated her belief that this pharmacy contract was necessary to secure adequate provision of pharmaceutical services in the neighbourhood.

Before the applicant and interested parties left the hearing, the Chair asked Ms Ali, Mr Robertson, Ms Griffiths and Mr Tait 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;
 - Lyoncross Pharmacy – 50 Lyoncross Road, G53 5UW; and
 - The Co-operative Pharmacy – 403 Nitshill Road, G53 7BN.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

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

- d) - The Glaswegian (advert run on Wednesday 12th May 2010) – one response was received with a petition signed by 81 objectors;
- e) - South-West Glasgow CH(C)P – no response received;
- f) The following community councils:
 - Pollok - no response received;
 - Pollok North – no response received; and
 - Lovern Valley – 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 G53.5, G53.6 and G53.7;
- j) Information from Glasgow City Council's Land and Environmental Services and Development & Regeneration Services and East Renfrewshire's Environment 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, and the APC Community Pharmacy Subcommittee in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

**North: the White Cart Water, following east to its joining with Crookston Road;
East: Crookston Road, following south to Kempsthorn Road (south side) following road to Kempsthorn Crescent (south side) following open ground to the left of Leithland Primary School following south between Cornalee Road and Cornalee Place to cross Barrhead Road and meet the Lavern Water;
South: the Lavern Water following west to its meeting with the A726; and
West: the A726 Hurler Road following north along the unitary boundary to its meeting with the White Cart Water.**

The Committee agreed that the White Cart Water was a major physical and natural boundary. Crookston Road, whilst a major trunk road, was easily crossed at several points. The Committee used this Road as the upper part of the east boundary due to the existence of Leverdale Hospital to the west. Kempsthorn Road marked the delineation between privately owned housing and more social housing. The area to the east of this was different in terms of demography and deprivation. The Lavern Water was a physical and natural boundary and the unitary boundary marked the change in authority.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there was one pharmacy.

The 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, domiciliary oxygen and needle exchange.

The Committee noted that beyond the defined neighbourhood to the South there were

other pharmacies providing services. One of these pharmacies, Boots was situated in Silverburn Shopping Centre, which was the main shopping and retail facility for the immediate area and beyond. Another, PHC Pharmacy Ltd, was situated in Pollok Health Centre which housed three GP practices.

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.

In terms of methadone, the Committee were aware that many community pharmacies entered into contract arrangements with clients, stipulating appropriate times and behaviour. This was common practice, and was designed more to benefit the client and aid compliance, than for the convenience of the community pharmacy.

The Board was currently undertaking a pilot programme around the supervision of disulfiram (Antabuse ®) and this was limited to a defined number of contractors across the city. Once evaluated, there may be scope to increase the number of pharmacies taking part in the scheme.

The Committee noted the Applicant's comments regarding the BME community and how they were being disadvantaged due to the lack of interpreting services. The comments made by the Applicant regarding the withdrawal of the Board's free interpreting service were clarified with the Health Board and the Committee learned that this service was still in place and no contractor was faced with a payment for accessing this service. In general terms, however the Committee agreed with the Board's policy of planning and organising integrated services for the whole population taking into account local health needs.

Finally, the Committee considered the Applicant's wish to provide diagnostic testing, and while they found this commendable, agreed that such services were not included in either core or additional pharmaceutical services at this point in time.

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 Alasdair MacIntyre and Gordon Dykes and Board Officers were excluded from the decision process:

DECIDED/-

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

**Contractor
Services
Supervisor**

The Chemist Contractor Members of the Committee Alasdair MacIntyre and Gordon Dykes and Board Officers 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 10th February 2011.