

## NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (12)  
Minutes of a Meeting held on  
Thursday 3<sup>rd</sup> November 2011 at 9.30am in  
Platform, The Bridge, 1000 Westerhouse Road  
Glasgow G34 9JW

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Maura Lynch	Lay Member
	Councillor Luciano Rebecchi	Deputy Lay Member
	Mr Alex Imrie	Deputy Lay Member
	Professor Howard McNulty	Non Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Elaine Paton	Development Pharmacist – Community Pharmacy Development

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

ACTION

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

### 1. APOLOGIES

Apologies were submitted on behalf of Colin Fergusson.

Section 1 – Applications Under Regulation 5 (10)

### 2. MINUTES

The minutes of the meeting held on Thursday 2<sup>nd</sup> June 2011 PPC[M]2011/10 and Thursday 16<sup>th</sup> June 2011 PPC[M]2011/11 were approved as an accurate record.

### 3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes.

Prior to the consideration of the application, the Chair advised Members of the Committee, the Applicant and Interested Parties of a situation which had occurred during the processing of the application to be considered.

Mr. Stephen Thomas from Rowlands contacted the Community Pharmacy Development Team on 16<sup>th</sup> September 2011 to advise that Rowlands Pharmacy had just been made aware of Angela Mackie's application to open a new pharmacy at 3 Budhill Avenue. This awareness had been provided by another contractor in the area, and not through the Heath Board's normal processes. Mr. Thomas advised that since Rowlands did not have the opportunity to review and submit comments, any decision taken by the Pharmacy Practices Committee on the first proposed hearing date of Thursday 6<sup>th</sup> October 2011 would be invalid.

Following this, the Community Pharmacy Development Team (CPDT) initiated an investigation and ascertained that the consultation letter had been sent "Recorded Delivery" to Rowlands Head Office in Runcorn on 18<sup>th</sup> February 2011. The Recorded Delivery reference was identified and a check was made with Royal Mail Customer Services who could find no information for this number. A check was made on all other Recorded Deliveries mailed on the same day and each could be identified and confirmed as being "delivered".

Further checks were made to the local sorting office on Victoria Road and at Warrington, who were both unable to track the item of correspondence.

In the light of the failure to identify the correspondence, it was considered that the item of mail was lost in the postal system.

After comprehensive discussion and to maintain progress of the application, Central Legal Office (CLO) opinion was sought as to the appropriateness of allowing Rowlands to attend the oral hearing of the application in the absence of their submitting a written statement.

CLO agreed to this course of action, on the proviso that all interested parties (including the Applicant) be contacted and asked to submit their formal agreement to the proposal.

The CPDT contacted all concerned explaining the issue and asking for this agreement. All parties formally submitted their agreement to Rowlands attendance at the meeting.

The Chair thanked all concerned for their patience and understanding in this unusual set of circumstances and sought final confirmation of their agreement to Rowlands participation in the meeting. All concerned individually confirmed their agreement.

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

**Case No: PPC/INCL03/2011**

**Ms Angela Mackie, 3 Budhill Avenue, Springboig, Glasgow G32 0PW**

The Committee was asked to consider an application submitted by Ms Angela Mackie to provide pharmaceutical services from premises situated at 3 Budhill Avenue, Springboig, Glasgow G32 0PW 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 Ms Mackie considered 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 was whether "the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List."

The Applicant was represented in person by Ms Angela Mackie, assisted by Mr Karim Nassar. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Ms Lynn Duthie (Lightburn Pharmacy), assisted by Mr Douglas Miller, Mr Stephen Dickson (Dickson Chemists), assisted by Mr Scott Robertson, Mr David Robertson (D L L Robertson Chemists & Shettleston Health Centre Pharmacy), Mr David Henry (Lloydspharmacy) and Ms Laura McElroy (Rowlands Pharmacy), assisted by Ms Rhona McFarlane.

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 including Carntyne, Springboig, Shettleston and Barlanark.

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

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

**The Applicant** first of all thanked the Committee for allowing her to present her case for a pharmacy in the neighbourhood of Springboig.

She provided the Committee with background information regarding her and her partner's other pharmacy in Aberdeen.

The Applicant advised that they both enjoyed implementing and promoting services in Aberdeen and had been able to develop good relationships with members of the community. They had both worked as locums and appreciated the impact they had as pharmacists in the heart of a community. She believed that in Springboig they would be in a position to provide key services and allow the population better access to pharmaceutical services.

The Applicant advised that she had first presented this case four years ago. The PPC had, on that occasion, granted the application, however this decision was then overturned by the National Appeals Panel (NAP).

She advised that the legal test stated that the PPC would grant the pharmacy application only if it was satisfied that the provision of pharmaceutical services at the defined premises was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises were located.

The PPC had been satisfied that the provisions of services at the proposed premises were necessary and the Applicant strongly believed that the original PPC decision was the correct one. By turning her attention to the key elements of the legal test, she sought to prove this to the Committee.

The Applicant averred that during the last four years the pharmacy contract had evolved constantly and that, as pharmacists, their workload was greater than ever. A pharmacy granted in this neighbourhood would benefit the population especially the elderly who struggled to reach a pharmacy. She advised that since the last application she had visited the neighbourhood several times and had spoken to residents and business owners. She had never encountered anyone who didn't think the area would benefit from a pharmacy in the heart of the community.

She advised that Springboig had a real sense of community spirit. She had been told previously it was considered a village within the East End of Glasgow. The premises were situated on 3 Budhill Avenue and would serve the neighbourhood of Springboig.

The first key element of the legal test was to define the neighbourhood, which she defined as follows:

**North – Edinburgh Road;**

**East – Gartocher Road along Hallhill Road, up Croftspar Gate across the field to Tanfield Street;**

**South – the railway line;**

**West – down Cardowan Road, across the playing fields opposite Addiewell Street to Torphin Crescent to Inveresk Street down Duror Street.**

This was similar to the neighbourhood defined by the PPC in August 2007; the major difference being that the PPC drew a southern boundary along Shettleston Road. The Applicant believed the railway line formed a natural boundary and marked a distinctive change from an area of residential housing to an area of commercial usage.

The defined neighbourhood was a part of Glasgow commonly known as Springboig which was a residential area and within which all the residents would consider each other to be neighbours. The neighbourhood was bounded by distinctive geographic features; a main road (N); open ground (E&W) and a railway line (S). It was surrounded by a number of other distinct neighbourhoods; Carntyne to the west; Cranhill and Queenslie to the north; Barlanark to the east and Shettleston to the south.

Within the defined neighbourhood there was one pharmacy which was located to the north of the boundary. The Applicant did not feel that this pharmacy was serving the majority of the population of Springboig. Whilst it wasn't possible to obtain detailed information on where exactly patients accessed pharmaceutical services, the Applicant expected the majority would do so at the pharmacies in each of the four distinct neighbourhoods mentioned previously i.e. Carntyne, Cranhill, Barlanark, Shettleston with the addition of Baillieston.

She advised that Springboig had a number of amenities, which included a doctor's surgery, a post office, a grocers, fruit and veg shop, mini supermarket, convenience store, public house, book makers, hairdressers, day care centre for the elderly, community centre, bowling green, two public parks, a nursery, care home, two primary schools, a secondary school and other retail units. It was a neighbourhood for all purposes.

The nearest pharmacies for those who resided in Springboig were clustered in and around Shettleston Road. Since over 50% of the neighbourhood's population did not have access to a car, reliance on public transport was high. People could also walk.

The Applicant advised that on foot patients could reach Shettleston in three ways:

- Negotiate a steep hill at Hallhill Road and cross a number of very busy junctions;
- Walk across the railway bridge where the steps were steep and close together. This route would be problematic for the elderly, immobile and mothers with children and
- walk via the underpass. The underpass was situated at the end of Budhill Avenue. Patients had to negotiate a downward slope which was slippery in winter. The underpass was poorly lit and would be impossible in the winter months.

She advised that there were two buses running from Budhill Avenue to Shettleston. The 46 to Castlemilk or the 33 to Parkhead. The 46 ran at 12 and 42 minutes past the hour and the 33 ran at 3 and 33 minutes past the hour. The 33 stopped at 4.03pm. The return journey was the 46 which ran at 10 and 40 minutes past the hour and the 33 which ran at 29 and 59 minutes past the hour. The 40 finished at 4.59pm.

These services were not every couple of minutes and if a patient had an appointment at 4.00pm or after they could be waiting up to half an hour to actually reach a pharmacy and another half an hour to get home.

The Applicant advised that she had spoken to Traveline and had been told that there was another service operating between Shettleston and Hallhill Road. The number 40 to Clydebank. This could take residents every 20 minutes, but the service only ran through a very small section of the neighbourhood. The Applicant had taken this service and had to wait at the bus stop for 14 minutes.

While waiting for the bus, the Applicant had spoken to an elderly lady. On speaking to the lady the Applicant learned that she usually visited a pharmacy on Shettleston Road which she accessed by bus as she found the walk difficult. She no longer used the railway bridge as she found the steps awkward and slippery in the rain. She believed that pharmacy collection and delivery services were for house bound people and she still liked to get out of the house. The Applicant advised the Committee that the lady felt that a

pharmacy in Budhill Avenue could benefit the residents of Springboig as it would save a trip to Shettleston if they were feeling unwell. The lady advised that her GP was based in the Health Centre at Shettleston but she had only used the Health Centre pharmacy once or twice and had had quite a wait. If she was feeling unwell and didn't have a GP appointment she would make a trip to Shettleston Road to access OTC medicines. She would not go to Lightburn Pharmacy as she would have no other reason to make the trip uphill.

The Applicant reminded the Committee that Lightburn Pharmacy was the only pharmacy within the defined neighbourhood, towards the very north. There was no direct bus service to Lightburn for the majority of the residents of Springboig. The only bus that passed Lightburn Pharmacy was the 43 which only ran briefly through the upper left boundary of the proposed neighbourhood. The Applicant had spoken at length to Traveline who had confirmed that there was no direct route and this would pose a problem for the elderly and immobile.

The Applicant stated that from the main local amenities situated on Budhill Avenue it would take a healthy individual nearly 15 minutes to walk to Lightburn Pharmacy. This would be problematic for the elderly, immobile and mothers with young children as it involved a steep uphill climb. The PPC previously noted when the application was last heard, this was a barrier in itself.

The third key element in the test was to determine whether these services were adequate, and if not; why?

The Applicant did not believe that services were adequate in the Springboig neighbourhood as residents had difficulty accessing local pharmacies. The Applicant had accessed statistics and had contacted the Scottish Public Health Observatory and had found the population of Springboig to be in the region of 6,300. 25% of the population was of pensionable age compared to a Glasgow average of 18%. This higher than average elderly population meant it was important that pharmacy services were easily accessible. The Applicant had spoken to many of the elderly residents in the neighbourhood who had told her that they were uncomfortable walking to Shettleston regularly. The Applicant felt it was important that the vulnerable of the community were properly looked after.

The neighbourhood of Springboig was covered by eight data zones. The Scottish Index of Multiple Deprivation (SIMD) ranked three of these in the most income deprived decile, and four of them in the most health deprived decile. Of the eight data zones, seven were in the 15% most deprived in Scotland in terms of health, with two of these being in the bottom 5%. Deprivation was the only important factor in determining healthcare needs after age and the health statistics were below average. The opening of a pharmacy in this neighbourhood would help address these issues and benefit the entire population.

The Applicant drew the Committee's attention to the Scottish Government document "Better Health, Better Care", which outlined a strategic objective to make the country healthier. The government stated its aim to be *"To help people to sustain and improve their health, especially in disadvantaged communities, ensuring better local and faster access to healthcare."*

The Applicant advised that the fourth key element of the test was to prove why it was necessary to grant the application.

She advised that as previously discussed the deprivation and age of the population proved that in terms of pharmaceutical needs there wasn't a more needy population. Patients accessing services would have to travel outwith their neighbourhood and due to the age of the population and the immobility this posed a problem. Over 50% of the population did not have access to a car, and so there was a high dependency on public transport to gain access to pharmaceutical services. The nearest pharmacies were located in and around Shettleston Road. These pharmacies would continue to survive because of their close proximity to the Health Centre, and the fact that the residents of Springboig were likely to use a number of different pharmacies in the area. The primary consideration should be the needs of patients; specifically patients in the defined neighbourhood in which the proposed premises were located and the Applicant believed the needs of these patients were best served by providing a pharmacy in their neighbourhood.

The fifth key element of the test was proving why it was desirable to grant the application.

The Applicant averred that since the previous application a number of new core services had come into place, the Minor Ailment Service (MAS), Smoking Cessation, Emergency Hormonal Contraception and more recently the Chronic Medication Services (CMS).

She advised that minor ailments consultations consumed 20% of GP time. The MAS had been designed to transfer this workload to pharmacists in line with the ethos of the Right Medicine.

She advised that CMS would ensure patients obtained a high level of pharmaceutical care. As the contract developed and ETP reduced the requirement to visit a GP surgery, there would be more need for pharmaceutical intervention within a neighbourhood. The aim of CMS was ultimately to reduce GP workload and to direct key services to pharmacy whilst ensuring easy local access.

The Applicant advised that in her initial application the opening hours appeared as: Monday – Friday: 9.00am – 6.00pm; Saturday: 9.00am – 1.00pm and Sunday: 12noon – 2.00pm. She stated that should the application be granted she would wish to extend her opening hours to Monday – Friday: 8.30am – 6.30pm to reflect the opening hours of the nearby GP surgery. She felt this was important for patients to be able to access services if they had the first or last appointment with their GP. She also wished to extend the opening hours on a Saturday as she felt the area was still particularly busy. She felt that Sunday opening would be beneficial as none of the pharmacies in the nearby neighbourhoods were open and patients had to travel to Parkhead or Easterhouse which could pose difficulty.

She advised the Committee that since the initial application, the shop had been lying empty. She and her partner had negotiated a 25 year lease with the landlord on the granting of this application and arrangements were in place with the lease. The shop needed extensive work but all plans were in place and had been priced. The shop had a wide area for GSL and P medicines. There would be a private consultation room which would be DDA compliant. Planning permission was not needed.

She advised that after speaking to many of the residents of Springboig that a pharmacy would be welcomed in the neighbourhood. Letters of support had been received from local business owners.

The local post office owner wrote that Springboig was a community built on the side of a hill. The nearest pharmacy to most of the community was some distance away and unless using public transport involved a steep slope at a railway bridge. As a registered disabled person himself he found this not an easy task. Only a small part of the community in an area at the top of a hill had a pharmacy closer at hand. The majority of local residents who do not have their own car were unlikely to use this pharmacy as it involved walking up a steep hill or walking some distance to a bus stop. To access pharmacies in the Shettleston area patients had a stiff walk or again had to use public transport and these pharmacies already had a huge catchment area. There had also been a number of new housing units build on Springboig Road, Springboig Avenue and Croftspar area.

She advised that Melanie Tibbit from Rowans Grocers wrote that she had daily dealings with the local community and was aware that a pharmacy would be welcomed. There was a large elderly population and they had expressed a desire to have a pharmacy. Locals had campaigned in the past to have a pharmacy in Budhill.

She advised that the local Councillor David McDonald supported the application.

The crux of the application was the definition of the neighbourhood, the deprivation and age of the residents and the need for these residents to have access to an appropriate and adequate pharmaceutical service. The Applicant was keen to emphasize that Springboig was a neighbourhood in its own right. Day to day needs were met by all the shops and the post office. The major missing link was a pharmacy, and therefore she and her partner believed that pharmaceutical services were both necessary and desirable in this ageing neighbourhood and respectfully asked the Committee to consider the application afresh. They believed that in doing so the PPC would agree with the opinions of the August 2007 PPC.

### **The Interested Parties Question the Applicant**

In response to questioning from **Ms Duthie** regarding which additional services would be provided that the current network didn't already provide, the Applicant advised that the pharmacy contract was evolving and the workload of pharmacists was increasing, as such a pharmacy was necessary in the area. The pharmacy wouldn't provide any service not already provided.

In response to further questioning from Ms Duthie regarding a statement made during the Applicant's presentation which seemed to suggest that she considered current pharmaceutical services to be adequate, the Applicant confirmed that she had made this statement but re-iterated that she felt the existing network was providing adequate services in their own neighbourhoods which were different to her defined neighbourhood. She confirmed that she believed the current network was providing adequate services to their own patients.

In response to further questioning from Ms Duthie, the Applicant advised that there had been a slight increase in population in the neighbourhood since the last application was considered. She estimated this increase to be around 200 units according to the Planning Department of Glasgow City Council. Units had been built in Springboig Avenue, along with a new development in Budhill Avenue at the underpass.

Ms Duthie asked the Applicant if she was aware that these developments had replaced units which were previously demolished. The Applicant was not aware of this.

In response to questioning from Ms Duthie, the Applicant advised that an able bodied person could walk from Budhill Avenue to the pharmacy on Carntyne Road in seven minutes.

In response to a question from Ms Duthie regarding datazones and their statistics, the Applicant advised that she had looked at datazones as part of her research for the application, although she confirmed that she had not specifically look at the datazone statistic relating to "access to services". She was not aware that some of the datazones within the defined neighbourhood had been categorized "10" for access to services, which was deemed to be "excellent". She had looked at other datazone statistics which showed some of the datazones within the neighbourhood to be "fair" or "poor".

In response to further questioning from Ms Duthie, the Applicant advised that she considered an acceptable walk to access pharmaceutical services for an able bodied person to be in the region of 15 minutes.

In response to further questioning from Ms Duthie regarding the difficulty patients might find in travelling from Budhill Avenue to Carntyne Road because of the steep hill between the two areas, the Applicant agreed that this situation worked both ways. She agreed that anyone travelling downhill from the streets towards the north of the neighbourhood would need to travel back up the hill to get home.

In response to questioning from Ms Duthie regarding the location of the secondary school in the neighbourhood, the Applicant confirmed that the school was located across from Lightburn Pharmacy. She accepted that a percentage of patients within the neighbourhood would travel here regularly when dropping their children off at school.

In response to further questioning from Ms Duthie regarding her definition of neighbourhood, the Applicant confirmed that although she considered the hill between Budhill Avenue and Carntyne Road to be significant in terms of access, she had not defined this as a boundary.

In response to further questioning from Ms Duthie regarding access to services in the area, the Applicant confirmed that she was not aware that there was access to Lightburn Pharmacy from Torphin Crescent through Lightburn Place. She did not agree that this would constitute a two minute walk and reiterated that Traveline had confirmed that there were no direct bus routes from Budhill Avenue to Carntyne Road. She further confirmed that she was not aware that Traveline made their calculations using only main roads. They didn't take into consideration walkways and shortcuts.

In response to a further series of questions from Ms Duthie, the Applicant advised that in her opinion the majority of the patients in the defined neighbourhood would need to travel to access amenities. She confirmed that there was a comprehensive bus service in the area. She did not agree that the population of the neighbourhood would travel both up and down the hill to access services. In her opinion the majority of services were located at the bottom of the hill. She further confirmed her agreement with the assertion that those travelling from the north of the neighbourhood to access services in the south would be required to travel back up the hill on their return journey.

In response to a series of questions from Ms Duthie regarding her proposed opening hours, the Applicant confirmed that in her previous application she had advised the NAP that the pharmacy, if granted, would open until 7.00pm. She advised that her proposed hours of service would be in line with the opening hours of the nearby GP surgery. She further confirmed that her pharmacy in Aberdeen did not open on a Sunday, but did not consider this to be relevant as this pharmacy was in a different type of setting. She did not concur with Ms Duthie's view that the inclusion of Sunday opening, was merely to secure the granting of the contract and not a legitimate proposal. She confirmed that residents in the area would need to travel outwith the neighbourhood if they were looking to have a prescription dispensed on a Saturday afternoon. She further confirmed that currently on a Sunday, patients were required to access services at pharmacies in Easterhouse or at Parkhead.

In response to further questioning from Ms Duthie regarding the 24Hour Emergency Dispensing Service, the Applicant advised that she was not aware if any of the existing pharmacies took part in this service.

In response to questioning from Ms Duthie regarding GP services in the area, the Applicant confirmed that the nearest GP surgery to the proposed premises was in Budhill Avenue, the next nearest was situated in Carntyne Road. She was not aware what the GP list size of the Budhill Avenue practice was. When Ms Duthie advised that the practice list size of the Budhill Avenue practice was in the region of 1,800 the Applicant agreed that this was not a large percentage of the total population. She further agreed that the majority of the population might access services at other GP practices in the area.

In response to further questioning from Ms Duthie, the Applicant agreed that residents living in Inveresk Avenue and Garfield Avenue would be closer to Lightburn Pharmacy than the proposed premises on Budhill Avenue. The Applicant contended however that most of the amenities were situated at the bottom of the neighbourhood and therefore residents were more likely to travel down the hill rather than up.

In response to a further series of questions about the GP practice in Budhill Avenue, the Applicant confirmed that she was aware that this was a branch surgery. She agreed that considering the hours of service provided that the surgery could be deemed to be a part-time surgery. She further confirmed that she was not aware that no clinics were run from this surgery and that all clinics were run from the practice's main surgery on Edinburgh Road. She further accepted that if the GP surgery were to close that this would have an effect on the neighbourhood although she did not consider this would be a detrimental effect. She advised that the provision of pharmaceutical services was not dependent on the existence of GP services, but about providing services at the heart of a community.

In response to further questioning from Ms Duthie, the Applicant confirmed that there was ample parking within the vicinity of the proposed premises.

In response to further questioning from Ms Duthie, the Applicant didn't agree that there was difficulty in parking because many of the cars remained in the area for the whole day, due to people leaving their vehicles while they travelled on the train. She reminded Ms Duthie that approximately 50% of residents within the neighbourhood did not have access to a car.

In response to further questioning from Ms Duthie regarding what she considered had changed since the last application was considered, the Applicant advised that some additional housing had been constructed in the area and the pharmacy contract had developed and moved forward.

In response to further questioning from Ms Duthie regarding the letter of support from the local Councillor, the Applicant confirmed that she had not provided this to the Health Board for inclusion in her submission as she had received it outwith the timescale.

In response to further questioning from Ms Duthie, the Applicant accepted that children used the underpass at the bottom of Budhill Avenue to access Eastbank School on Shettleston Road.

In response to final questioning from Ms Duthie, the Applicant confirmed that she had not obtained a letter of support from the lady she had met at the bus stop.

In response to questioning from **Mr Dickson** regarding her choice of premises and the location within the neighbourhood, the Applicant confirmed her awareness that other units were available, but reiterated her belief that the main amenities in the neighbourhood lay within the vicinity of Budhill Avenue.

In response to further questioning from Mr Dickson, the Applicant advised that in her opinion, residents living in Garfield Avenue and Moredun Street would go to Budhill Avenue or Shettleston for their shopping. She further confirmed that it was approximately a ten minute walk between the proposed premises and the Tesco Extra store at Old Shettleston Road.

In response to further questioning from Mr Dickson regarding which shops in the vicinity of the proposed premises were open during the day, the Applicant confirmed that there were a grocer, a fruit and veg shop, supermarket, GP surgery and a hairdresser. She further confirmed that in her opinion residents living in Inveresk Road would be more likely to utilize the amenities in Budhill Avenue rather than travel to the Tesco store.

In response to further questioning from Mr Dickson, the Applicant confirmed that 25% of the neighbourhood was considered to be elderly. She further confirmed her belief that a proportion of this population would find it difficult to access services in Shettleston. She confirmed that the definition of elderly was "over 60".

In response to questioning from **Mr Robertson**, the Applicant agreed that a patient from

the defined neighbourhood requiring the dispensing of a prescription on a Saturday afternoon would need to travel to Shettleston Road to have this done.

In response to questioning from **Mrs McElroy**, the Applicant agreed that the defined neighbourhood was surrounded by other neighbourhoods, within which there were pharmacies with NHS dispensing contractors.

In response to questioning from Mrs McElroy regarding possibility that the majority of people who could access other areas easily, the Applicant stated that she felt that most people would find it difficult.

In response to final questioning from Mrs McElroy, the Applicant confirmed that the percentage of the population deemed “elderly” i.e. 25% would contain a fair proportion of people who would consider themselves to be healthy and as such this statistic could not be used as a fair estimation of the number of “elderly” people within the neighbourhood.

**There were no questions to the Applicant from Mr Henry.**

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

In response to questioning from **Mr Dykes**, the Applicant confirmed that the area of Springboig would currently be considered to be within the catchment area of the pharmacies situated on Shettleston Road. She considered this would end if the application for Budhill Avenue was successful.

In response to further questioning from Mr Dykes, the Applicant reiterated that the proposed opening hours of the pharmacy were different to those currently provided from the Applicant’s pharmacy in Aberdeen as this was situated in a completely different neighbourhood with different characteristics.

In response to questioning from **Councillor Rebecchi**, the Applicant confirmed that the lady she had spoken to at the bus stop would be in the region of 80 years old. She further agreed that current clinical advice was to encourage elderly patients to keep as mobile as possible for as long a time as possible.

In response to questioning from **Mrs Lynch** regarding the logistics of managing two pharmacies in Aberdeen and Glasgow, the Applicant confirmed her intention to move back to Glasgow to manage the Budhill Avenue pharmacy.

In response to further questioning from Mrs Lynch regarding the southern boundary of the neighbourhood, the Applicant confirmed that she considered the southern boundary was the railway line, Hallhill Road and Croftspar Road. When questioned by Mrs Lynch as to whether this area wouldn’t be considered as Barlanark or the start of Greater Easterhouse, the Applicant was of the opinion that residents in this area would find it difficult to access services in Easterhouse. She didn’t know whether residents in this eastern area of the neighbourhood would consider themselves neighbours of residents in Budhill Avenue.

In response to questioning from **Professor McNulty**, the Applicant confirmed the relevant bus routes were the number 33 – which travelled via Inveresk Street and the number 46

which travelled the same route in the opposite direction. She further confirmed that the number 40 travelled along Hallhill Road to Shettleston.

In response to further questioning from Professor McNulty regarding core pharmacy contract services and additional services, the Applicant confirmed that in her opinion the population had adequate access to acute medication services. In addition, the Applicant felt that access to Public Health Service was linked to those services available outside of the neighbourhood and could cause some difficulty for patients to access. This was also true of accessing Minor Ailment Service. She further confirmed that it was her opinion that CMS would be best provided in the heart of the community. She did not feel that there was deficiency in any other local services, for example needle exchange.

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

**The Interested Parties' Case – (Ms Lynn Duthie – Lightburn Pharmacy)**

**Ms Duthie** stated she would like to bring the panel's attention to the statutory test which was "Is the provision of pharmaceutical services at the premises necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood?", particularly to the point as to whether the pharmaceutical services in the neighbourhood were adequate.

Ms Duthie defined the neighbourhood:

**North:** Edinburgh Road;

**East:** Gartocher Road along Hallhill Road up Croftspar to Tanfield Street;

**West:** Cardowan Road, Torphin Crescent, Inveresk Street, Duror Street to Kenmore Street: and

**South:** along Shettleston Road.

Ms Duthie advised that the Applicant agreed at the NAP that she accepted the southern boundary of her neighbourhood was Shettleston Road. Ms Duthie didn't agree that you could stop the boundary at the railway line and suggested that this was a barrier to people accessing services – this, according to Ms Duthie, showed a lack of knowledge of the area. Along the railway, taking into account only the distance of the defined neighbourhood, there were four crossings, this was over a distance of 750m (0.39m) which on average was one crossing every 200m. Residents in Budhill crossed the railway at some crossings without knowing they were crossing a railway. They accessed a large Tesco and many other amenities not available in Budhill Avenue e.g. dentist, fish shop, butcher, optician, high street bank, more GPs and many more amenities from these crossings. She advised that although there were some shops in Budhill, residents would have to go outside this area to get essentials and indeed the main weekly shopping store before Tesco opened was the Co-op on Shettleston Road. Budhill had never been classed as an area to stand alone.

The crossings over the railway were at Duror Street, Kirknewton Street, the crossing at the station, Hallhill Road and there was also one at Gartocher Road. All of these crossings were used regularly by both young and old people. Indeed, the non denominational secondary school for the area was Eastbank high school which was next to Eastbank

Pharmacy (Rowlands) on Shettleston Road; hence children from the area had the short distance to travel every day. They were not going to stop using these crossings on a daily basis if an additional contract was granted in Budhill. They would still have to access other amenities and hence the migration of population towards Shettleston would remain the same. If you were to ask anyone in this area where they did their weekly shop they would say Shettleston or Tesco without hesitation and there were pharmacies available across the whole of the bottom of the neighbourhood. The underpass was previously beside a derelict building which had since been demolished and it was now beside the Lochay Homes development. This was now very well lit and more open with lights on all the buildings on the left hand side the length of the path and street lights on the other side. The underpass was looked after by the council who periodically cut down the bushes.

Ms Duthie stated the Applicant cited Hollowglen Road as a boundary as it was a hill and questioned why then did she not stop her neighbourhood at the base of the hill. The hill started at the park at Eastbank Street and ended at Glen Road. It was important that the actual location of the hill was pointed out. If you wanted to avoid the hill to gain pharmaceutical services you would access services in Shettleston Road. If you wanted to walk to Lightburn you could take several routes to avoid the hill and use either Hermiston Road, Glen Road or through the park up to Inveresk Street going through Torphin Walk. All these routes were less of a gradient. And indeed if you traversed the park it was hardly noticeable. It was important to point out that patients walking down the hill to Budhill would have to walk up it to get home. If the applicant was saying patients cannot access pharmaceutical services at the moment because of the hill, then this same population would not use her pharmacy, using the same argument, because they would have to go up the hill to get home. The applicant couldn't have it both ways, she either accepted that people use these roads every day with the hills or she made it a boundary. Alternatively, if you did not want to walk or would find it difficult to walk, there were several buses which gave access to both Shettleston Road and Carntyne Road. There were 6 services – 32, 33, 40, 41, 42 and 46 and they range from every 10minutes to 30 minutes. They access many of the streets in and around Budhill. In fact there were very few streets in that area that the bus did not access. With access to all these buses which run all day you may not had to wait even 10 minutes for a bus. The bus journey from Budhill Avenue onto Shettleston Road to access a pharmacy takes less than a 2 minute journey time. The bus service, via a concessionary card, was free for the over 60s and those with a disability.

If you were a disabled person you may have a disability car which either you or a relative could drive. If this wasn't the case, patients in the area were entitled to gain access to the "dial a bus" service. This was a service for people who received attendance allowance, disability living allowance, war pensions, registered blind or were 80 years and over. In addition, if none of these applied but you still had problems using standard public transport you could still qualify. The buses all had wheelchair access, low floor access and picked you up at home. There was of course a collection and delivery service provided by all pharmacies in the area. That was 6/6 pharmacies from the immediate area and 10/10 within a mile and Lightburn Pharmacy also provided a home visit service if the patient did not want to travel.

For able bodied the walking distance was 5 minutes to the nearest pharmacy and 8-10 minutes to all other pharmacies in the area from the surgery in Budhill. Ms Duthie had walked all these routes herself. She had found walking access to the Co-op, Rowlands

and Robertson pharmacy equidistant and approx all 5 minutes depending on which route you took. All junctions were clearly marked with pedestrian crossings

Indeed, when we look at the statistics for the data zones within the defined neighbourhood we could see that the geographical access to services deprivation decile 2009 for each of the data zones ranged from 6 (very good) to 10 (excellent) in terms of access to services. Drive time to a pharmacy from all datazones in the neighbourhood ranged from half a minute to a minute (2009 figures). The datazone information regarding public transport time to a local police station included walking times and average waiting times and showed the range within the neighbourhood to be between 8 and 13 minutes (to the north of the neighbourhood).

As she had pointed out before, hills worked both ways – if a patient walked down a hill to gain services, they had to walk back up to get home. If the applicant was to define her neighbourhood with the hill as a boundary, this neighbourhood would be tiny. If this was the Applicant's position and, as she suggests, patients were unable to overcome these hills, then her pharmacy would only serve patients on Budhill Avenue, Cockenzie Street, Eskbank Street and Cubinshaw Street. The point could be raised that the west of these streets were closer to Shettleston with no incline to traverse. This was agreed by the Applicant at the last hearing. The Applicant had chosen this neighbourhood to exclude pharmacies in Shettleston but keep her population up then argued that the pharmacy in her neighbourhood was difficult to get to but include the population at the top of the hill. Ms Duthie reminded the Committee that through questioning the Applicant had conceded that those living in the north of the neighbourhood i.e. Inveresk Street were in fact closer to Lightburn Pharmacy.

Ms Duthie advised that 57 homes had been developed in the Lochay Homes site. These houses had parking bays and prices varied from £85,000 to £140,000. There were flats up to three and four storey high, townhouses and semi detached houses. The flats had no lift access and only had stair access. The townhouses were over three floors. There were no one-storey properties and all properties had allocated parking spaces available. The price, lack of lift access and allocated parking spaces led to the conclusion that this development was for working, non-deprived, physically mobile individuals who were likely to have access to a car. In addition these properties were closer to existing pharmacies.

Ms Duthie suggested it was important to emphasise that this area was developed after demolition and did not result in a significant population rise and showed how the area was improving and not deprived or underprivileged. There had actually been a drop in population. She questioned whether this development had made a difference when taking into consideration the actual population in the area, due to demolition, the overall population had actually decreased. What had happened, however, was an improvement in the area with owner occupied housing and a more mobile population.

Ms Duthie advised the Committee that the Applicant already owned a pharmacy in Aberdeen, in an area which was very similar to Budhill Avenue and which did not currently open on a Sunday. She advised that with regard to Sunday opening – the Applicant if granted the contract would technically just have to open for 6 months before applying to close on a Sunday. And indeed in her other pharmacy they do not open on a Sunday. If service to patients was so important, why not plan to open? The Co-op in Baillieston

pharmacy trialled opening for two hours on a Sunday. They were in a busy supermarket and found it was not viable and had to close. Ms Duthie did not believe the Applicant would remain open on a Sunday. If a patient required an emergency prescription locally on a Sunday, every pharmacy had a number on the outside of their premises to contact and in turn the pharmacist could be called out through the 24 hours emergency dispensing service run by the NHS. In addition GEMS supplied patients with doses of medication to last until the pharmacy was open. If not stocked, the GEMS driver would run the patient or get medication from the nearest open pharmacy and run them home again. With regard to other pharmacies available on a Sunday, Ms Duthie thought it was important to note that from Budhill there were three pharmacies very easily accessible outwith the one mile radius. The Glasgow Fort pharmacy was easily accessible by public transport every 15mins and a journey time of 10 mins. The Fort was also very accessible by car. This pharmacy was open from 10am – 6pm on a Sunday and in addition there were two other pharmacies at the Parkhead Forge, again, easily accessible by public transport every 13 mins and a journey time of 12mins and again very accessible by car. One pharmacy was open from 8am-10pm the other 11am until 5pm. Ms Duthie did not believe that the Applicant intended to open the proposed premises on a Sunday and that she had said this in her application twice only to secure the contract. Ms Duthie fully expected her to revert to normal opening hours very quickly after opening.

Ms Duthie advised that the Applicant wished to supply methadone. It was important that there were spaces in all the pharmacies served by this area both for supervised methadone and Subutex®. This had been confirmed by Glasgow Addiction Services. Presently there was no funding for additional palliative care or needle exchange sites

The Applicant had submitted two letters of support for the opening of her pharmacy. To note there was no letter of support from the surgery. The letter of support from the Miller Bar which Ms Duthie felt was ironic as the manager had just reopened it 6-8 weeks ago after being shut down due to lack of business. The letter wished her success in her new venture; however nothing about the lack of pharmaceutical services in the area.

The letter from the postmistress – the post office had been for sale on and off for 5 years. In 1970s there was a pharmacy at Budhill which closed down due to lack of business. This was opened prior to restriction of contract and was owned by the Co-op. It was closed and it was important to note that the company did not close their Shettleston branch. What the postmistress did not mention was that since then there had been three new contracts in the G32 area namely Boots in Shettleston Road, Shettleston Health Centre Pharmacy and Lloyds in Hallhill Road. A further two contracts one in Ruchazie and one at the Fort (which was very easily accessible) had also been granted. Although this sounded as though the Budhill area was bereft of a pharmacy, it had now much more local access to many pharmacies, namely three new immediate pharmacies since that pharmacy shut down and one easily accessible but further away.

Ms Duthie advised that she would also like to draw the panel to the possibility of non viability. As mentioned previously there was a pharmacy there many years ago. As mentioned it was open prior to restriction of contract and had to close due to lack of viability. Would a large proportion of the neighbourhood be closest to the Applicant's premises? She suggested that a larger proportion of the population was closer to existing pharmacies i.e. those living in Inveresk Avenue. The GP surgery was a part time satellite surgery and only had one doctor in attendance at a time with reduced hours (24 hours in a

week which was 2.5 days of normal surgery time) and a list size of 1,800. Some of these patients would already get their prescriptions collected from the surgery by existing pharmacies. Some would not live in Budhill Avenue, some would be closer to Shettleston and some lived a lot closer to Lightburn so not all would use the Applicant's pharmacy for MAS. The main surgery was on Edinburgh Road and all clinics that were provided at Budhill had now been moved there since refurbishment of their surgery e.g. the baby clinics and asthma clinics. If this pharmacy was not to be viable, what was plan B for the Applicant? There was a Tesco close by without a contract which would make the applicant money but this move would seriously affect the pharmacies both on Shettleston and Lightburn Pharmacy. Tesco had already caused the closure of two Somerfield's grocery stores beside Lightburn Pharmacy and numerous on Shettleston Road due to the migration of the population towards Tesco. The other important thing to note was the Applicant had not produced evidence to support her lease.

Lightburn pharmacy was an independent family business. The pharmacy was expanded in 2007 by moving premises and converting two shop units into one pharmacy with a total refit. The pharmacy was 1800 sq ft. It had a methadone supervision area, consultation room, and treatment room. Ms Duthie advised that facilities for needle exchange were built in but could not be used as there was no funding. Lightburn Pharmacy provided all the services the Applicant was hoping to provide plus many more e.g. pregnancy testing, supervised methadone, supervised Subutex®, MAS, PHS, AMS, CMS, CPUS, Emergency Hormonal Contraception, Head Lice services, MMyM, Domiciliary Oxygen, Stoma, Homoeopathic Remedies, Falls Service, Heart Failure, House Visits, a full collection and delivery service and they were open extended hours. The pharmacy opened in the morning at 8.30 and closed at night at 6.30pm; There were two independent prescribers and were running asthma and Champix® supplementary prescribing clinics. They also had a pre-registration pharmacist. They also operated flu vaccination clinics and travel vaccination clinics as well as giving travel advice. There were two full time pharmacists working which enabled them to participate in clinics and spend extra time with patients as well as run an efficient quick dispensing service. This had, and did, come at a financial cost which was why if another pharmacy was to open it would put pressure on existing services and the second pharmacist would be the first to go which would reduce the number of services that could be provided and the service that could be offered to patients.

The applicant had mentioned the services she hoped to provide and all the pharmacies were offering these services and much more. Ms Duthie provided a run down of services currently being provided by the existing network.

How could pharmaceutical services be deemed inadequate in this area?

<u>Service</u>	<u>No of Pharmacies providing in Neighbourhood</u>	<u>No of Pharmacies providing within 1 mile radius</u>
CPUS	<u>6</u>	10
Supervised Methadone	<u>5</u>	8
Supervised Subutex®	<u>5</u>	7
Palliative Care	<u>1</u>	
Injecting Equipment	<u>1</u>	2

Provision		
Falls Service	<u>4</u>	8
Compliance Aids	<u>6</u>	10
Collection and Delivery	<u>6</u>	10
Domiciliary Oxygen	<u>2</u>	5
Pregnancy Testing	<u>6</u>	10
EHC	<u>6</u>	10
Blood Pressure Testing	<u>6</u>	10
Open 9.00-6.00	<u>4</u>	
Open 8.30am	<u>2</u>	
Extended opening hours	<u>1</u>	
Open lunch time	<u>5</u>	6
Open Saturday pm	<u>4</u>	6
Open Sunday	<u>3</u>	

She urged the panel to look closely at the services the existing pharmacies were providing, the close proximity the pharmacies were to the Applicant and the population. The access the patients had to existing pharmacies by foot, collection and delivery, pharmacist visits, bus services, dial a bus personal service, short cuts and walkways. She could not see why the panel having looked at all these could conclude that the pharmaceutical services were inadequate and asked that the granting of the application be refused as it was neither necessary nor desirable.

### **The Applicant Questions Ms Duthie**

In response to questioning from **the Applicant**, Ms Duthie advised that she was not aware of the number of people living to the north of Inveresk Street. She further confirmed her assertion that the area was more condensed than that around Budhill Avenue. She did not know the population to the east of Springboig Road.

In response to further questioning from the Applicant regarding what relevance the opening hours of a pharmacy in Aberdeen would have to an application in Glasgow, Ms Duthie advised that she didn't think the Applicant intended to provide the hours of service mentioned in the application or that the hours of service would revert to those required under the model hours very quickly.

**There were no questions to Ms Duthie from Mr Dickson, Mr Robertson, Mr Henry or Mrs McElroy.**

### **The PPC Question Ms Duthie**

In response to questioning from **Professor McNulty**, regarding the pharmacy which existed previously in the neighbourhood, Ms Duthie advised that she was aware of the policy relating to Health Centres which existed some years ago; however she was sure the pharmacy closed before Shettleston Health Centre opened. She also felt that there had been three successful further applications since the Health Centre pharmacy was opened.

In response to further questioning from Professor McNulty, Ms Duthie advised that approximately 40% of the patients served by Lightburn Pharmacy came from the defined

neighbourhood. She could not however narrow this down further.

In response to further questioning from Professor McNulty, Ms Duthie advised that she could not see where the difficulty was in accessing public health services at the moment. Lightburn Pharmacy provided smoking cessation clinics and had facilities to undertake all services.

In response to final questioning from Professor McNulty as to what Lightburn Pharmacy had done specifically for this neighbourhood, Ms Duthie advised that they conducted leaflet drops several times a year; they advertised in the local press, they conducted asthma clinics and provided home visits.

In response to questioning from **Mr Imrie**, Ms Duthie advised that Lightburn Pharmacy had sufficient capacity to absorb additional business. She advised that the pharmacy employed two pharmacists and numerous staff.

In response to questioning from **Mrs Lynch**, Ms Duthie confirmed that she had undertaken the walk from Budhill Avenue to Lightburn Pharmacy in 8-10 minutes. She appreciated that for someone less able bodied or sick the walk would take longer. She accepted this could be up to 15 minutes depending on how sick the person was, but reiterated that a range of other options was available for this type of patient e.g. home delivery and home visits.

In response to further questioning from Mrs Lynch regarding shopping patterns in the area, Ms Duthie agreed that residents would use the shopping amenities in Budhill Avenue perhaps for their day to day supplies, but advised that there were other amenities towards the top of the hill. She considered that those living in Inveresk Street and Springboig Road would be more likely to travel to Carntyne Square rather than travel to Budhill Avenue

In response to final questioning from Mrs Lynch regarding parking in the area, Ms Duthie advised that many of the cars parked in the area belonged to commuters and that there was a significant transient population within the neighbourhood.

In response to questioning from **Councillor Rebecchi** regarding other services provided, Ms Duthie advised that the pharmacy had recently undertaken a patient survey, which had showed that 100% of the respondees did not name any service which was required and which was not already being provided by the pharmacy.

In response to questioning from **Mr Dykes**, Ms Duthie confirmed that Lightburn Pharmacy closed for an hour at lunchtime, but provided extended hours until 6.00pm.

In response to final questioning from Mr Dykes regarding the effect that an additional contract would have on her pharmacy, Ms Duthie advised that there were less people coming in to community pharmacies due to a number of developments including the move more towards 56 day dispensing. Any disruption to the current balance would have an effect on the existing network which while it may not jeopardize viability, would surely cause existing contractors to review the current service provision.

**There were no questions to Ms Duthie from Mrs Paton or the Chair.**

### **The Interested Parties' Case – (Mr Stephen Dickson – Dickson Chemists)**

**Mr Dickson** advised the Committee that the site had been examined on multiple occasions previously, and always rejected. In addition there had been no material change in the area. No extra population had come in to the area and the deprivation status had not gone up.

He further advised that most of the current pharmaceutical network had Methameasure dispensing systems and surplus of free spaces for supervised dispensing.

During the implementation of CMS it would, he suggested, be counter productive for the NHS to award a further contract, therefore reducing the number of available patient registrations to the existing pharmacies. This could destabilize the network locally and seriously affect patient care.

He advised that in this current time, the necessary and desirable test should be balanced with consideration of the impending changes to funding structure in community pharmacy.

He advised that the East End of the City was historically sicker than the rest of the City. It, therefore, contained a high proportion of community pharmacies as there were a disproportionately high number of items per patient, mainly due to the Depcat status, however as community pharmacy moved towards a non-volume based payment, the entire dynamic would change, potentially making some of the local pharmacies unviable.

He advised that he was aware that Tesco had constructed an area for a pharmacy within their store on Old Shettleston Road. They had not applied for a contract and Mr Dickson questioned whether the Applicant's intention was to sell her contract to Tesco.

He conceded that while it may be desirable for residents to have a pharmacy in their own area, it would have a detrimental effect on others.

He asked the PPC to reject the application on the above grounds.

### **The Applicant Questions Mr Dickson**

The **Applicant** asked Mr Dickson whether he was suggesting that if successful, the Applicant might consider selling the dispensing contract to Tesco. The Chair intervened and suggested the line of questioning was not relevant to the determination of the Applicant's case. No further questions were asked by the Applicant

**There were no questions to Mr Dickson from Ms Duthie, Mr Robertson, Mr Henry or Mrs McElroy.**

### **The PPC Question Mr Dickson**

In response to questioning from **Mr Dykes**, Mr Dickson advised that he was aware that Tesco built an area within their store which would be suitable for a community pharmacy, but that a contract had not been applied for. In his opinion this was because of Tesco's

acceptance that current services in the area were already adequate and that a further contract application would not be successful.

In response to questioning from **Mr Imrie**, Mr Dickson confirmed that his pharmacy provided pharmacy only medicines and those supermarkets, such as Tesco, could not provide these medications.

In response to questioning from **Professor McNulty**, Mr Dickson accepted that the pharmacy contract constituted a change in circumstances. He reiterated however, that there had been no announcement of funding for the CMS strand of the contract and that stability within community pharmacy remained an issue. It was his opinion that to destabilize the existing local structure would not be beneficial.

In response to further questioning from Professor McNulty regarding vulnerability of his pharmacy if the Applicant was successful, Mr Dickson advised that his pharmacy operated a collection and delivery services to around 10% of the residents in the neighbourhood, which may be vulnerable and that he served several care homes in the area. However, Mr Dickson felt that his footfall would not be affected as they were closer to his pharmacy than the proposed pharmacy.

In response to final questioning from Professor McNulty regarding what public health services he specifically provided to the population in this neighbourhood, Mr Dickson advised that this provision was a core element of the pharmacy contract and as such would be provided. He advised that if he was made aware of any issue in the area that these would be addressed by the nearest existing pharmacies.

**There were no questions to Mr Dickson from Councillor Rebecchi, Mrs Lynch, Mrs Paton or the Chair.**

#### **The Interested Parties' Case – (Mr David L L Robertson – DLL Robertson Chemists)**

**Mr Robertson** advised the Committee that services were already adequate in the area. The Health Centre Pharmacy at Shettleston covered a vast area. He further advised that many people although they had moved out of the area, retained their family GP who had all moved in to the Health Centre. He was aware that the Health Centre Pharmacy still provided services to patients who now resided in Mount Vernon and Sandyhills.

He advised the Committee that almost three years ago he had undertaken a programme of modernization in his pharmacies in preparation for the future. In his opinion, this future had not materialised. The existing network had already lost custom to Tesco.

In Mr Robertson's opinion, this was worrying times for community pharmacy which was in danger of being affected detrimentally before they saw the financial benefits of the new payment structure.

**There were no questions to Mr Robertson from the Applicant, Ms Duthie, Mr Dickson, Mr Henry or Mrs McElroy.**

#### **The PPC Question Mr Robertson**

In response to questioning from **Professor McNulty**, Mr Robertson advised that he was not sure of the history of the GP practice on Budhill Avenue.

**There were no questions to Mr Robertson from Mr Imrie, Mrs Lynch, Councillor Rebecchi, Mr Dykes, Mrs Paton or the Chair.**

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

**Mr Henry** thanked the PPC for allowing Lloydspharmacy to express their objections to the proposed application.

He suggested a neighbourhood with the following boundaries:

**North:** Edinburgh Road;

**South:** the railway line;

**East:** the railway line following Pendeen Road round to Edinburgh Road;

**West:** Duror Street, Inveresk Street, Cardowan Road to Edinburgh Road.

Within this neighbourhood there were two pharmacies, with six other pharmacies on the southern periphery. Residents of the neighbourhood had no difficulty in accessing any of the existing pharmacies, either by foot, bus or car.

There had been no significant change in the demographics of the neighbourhood since the last application which was refused, as had the past 18.

The existing pharmacies in the neighbourhood both deliver all the core elements of the new pharmacy contract as well as a number of enhanced services. Lloydspharmacy in Hallhill Road had an experienced pharmacy manager, who along with highly trained staff, provided diabetes screening blood pressure testing, cholesterol testing and vaccinations including seasonal flu and travel vaccinations. The pharmacy also provided supervised methadone, supervised Suboxone® and supervised disulfiram services, and had the capacity to take on more clients. They had a delivery driver, which meant that apart from providing a comprehensive collection and delivery service; they had the ability to draw on the resources of the nearby branches in Easterhouse and Baillieston.

Mr Henry advised that he was not aware of any complaints made regarding the adequacy of services in the neighbourhood.

In summary, the neighbourhood as described had two existing pharmacies, the pharmaceutical services provided to the neighbourhood were adequate and therefore the application should be refused as being neither necessary nor desirable.

**There were no questions to Mr Henry from the Applicant, Ms Duthie, Mr Dickson, Mr Robertson or Mrs McElroy.**

### **The PPC Question Mr Henry**

In response to questioning from **Professor McNulty** regarding his definition of

neighbourhood, Mr Henry confirmed that in his opinion if the railway were accepted as being a barrier, the boundary needed to be followed to its meeting with Edinburgh Road. This was the conclusion of the CP Sub-committee and he agreed.

In response to further questioning from Professor McNulty regarding whether residents in Barlanark would consider themselves to be neighbours of those living in Springboig, Mr Henry advised that Lloydspharmacy's branch on Hallhill Road served some residents from the east of the Applicant's defined neighbourhood.

In response to final questioning from Professor McNulty regarding whether the granting of an additional contract would make other pharmacies in the area vulnerable, Mr Henry advised that the existing pharmacies may become vulnerable in certain aspects of service provision. He advised that the Lloydspharmacy branch on Hallhill Road had for the last year concentrated on registering patients for CMS and were now entering a stage where the repeat prescription element of the service was about to come into play. However, the services relied on patients choosing the pharmacy to register for CMS. A further pharmacy contact coming in wouldn't in his opinion be helpful.

In response to questioning from **the Chair** regarding the wider eastern boundary which would include the population Lloyds provided services, Mr Henry responded that he agreed with the CP Sub-Committee for the eastern boundary.

**There were no questions to Mr Henry from Mr Imrie, Mrs Lynch, Councillor Rebecchi, Mr Dykes or Mrs Paton.**

#### **The Interested Parties' Case – (Mrs Laura McElroy – Rowlands Pharmacy)**

**Mrs McElroy** thanked the PPC for allowing Rowlands to present their case.

She advised that for the purposes of the hearing the neighbourhood as defined by Rowlands was as follows:

**North:** Edinburgh Road;

**South:** Along Shettleston Road;

**East:** Gartocher Road, along Hallhill Road, up Croftspar Gate across the field to Tanfield Street; and

**West:** down Cardowan Road, across playing fields opposite Addiewell Street to Torphin Crescent. Down Torphin Crescent across Inveresk Street down Duror Street, across Old Shettleston Road to Kenmore Street.

Mrs McElroy advised that the Committee must also consider what pharmaceutical services were available within the neighbourhood as well as in adjoining neighbourhoods. There were six pharmacies directly within the defined neighbourhood and within close proximity to it, in adjoining neighbourhoods at least another four pharmacies. All were providing the core pharmaceutical services and additional services such as a prescription collection and delivery service. Of the six within the neighbourhood she did not think access to any of them was a problem.

Mrs McElroy advised that Rowlands had one pharmacy within the defined neighbourhood

and it provided all the core services of the contract – Minor Ailments, Public Health including Smoking Cessation and Emergency Hormonal Contraception, AMS and most recently, CMS. The pharmacist had been in post for a number of years and had built up good relationships with his patients, local GPs and other service providers including the local dentist and addiction team. Most recently he had proactively signed patients up to CMS and had been working through pharmacy care records with them to ensure they received the best benefit from their medication and health. This branch was among one of the first in Scotland to provide blood pressure monitoring and continued to do so to a very high standard. In fact, this had resulted in three referrals in the last three months to the local surgery for further investigation. Waiting times were low, the branch provided a full collection and delivery service to those that need it, and had no capacity restrictions for methadone or compliance aid trays.

The team within the pharmacy were local people and two of them had been with the company for many years, with one receiving a long service award recently. They were hard working, knowledgeable, and empathetic and go out of their way for every patient. They had recently recruited a new full time health care assistant who was bubbly and outgoing and had taken on the role of providing healthcare advice and support to the patients. She was invested in the company's vision of pharmacy both at present and in the future and understood that customers no longer want to simply buy a product but want expert help, education and advice to make informed choices in the management of their own health.

Mrs McElroy suggested that The Right Medicine set out a strategy that aimed to help patients get maximum benefit from their medicines as well as improve their health. Rowlands Pharmacy and, indeed the branch in Shettleston Road, were working to deliver and provide excellent services so the public health needs of the neighbourhood could be met. The branch provided health promotion services to the neighbourhood in many forms such as the provision of BMI and cholesterol check for local businesses. They had a mascot who handed out leaflets in the neighbourhood. In addition, Rowlands driver was a recognised face to many elderly patients and often going the extra mile by stopping for a chat or even dropping in a paper. The patients looked forward to her delivery and some she was the only person they saw in a week.

She advised that there had been no complaints in this branch and in fact she had recently received a call from a patient who was exceptionally happy with the service she had received. There was nothing to suggest the pharmacy or indeed any others in the neighbourhood were offering poor or inadequate service. She felt that the current provision needed to be looked at and whether it was adequate or not. She felt this was quite simple, within the defined neighbourhood no-one had any problems accessing pharmacy services. She did not see a need for another pharmacy contract to be granted in this neighbourhood.

**There were no questions to Mrs McElroy from the Applicant, Ms Duthie, Mr Dickson, Mr Robertson or Mr Henry.**

#### **The PPC Question Mrs McElroy**

In response to questioning from **Professor McNulty** regarding whether the granting of an

additional contract would make other pharmacies in the area vulnerable, Mrs McElroy advised that she didn't think the granting of an additional contract would threaten the viability of Rowland Pharmacy. However she did not feel that a further contract was needed as the existing network provided adequate provision of services. Rowlands Pharmacy wouldn't be at a point where it couldn't function, but a further contract wasn't required.

In response to final questioning from Professor McNulty, Mrs McElroy confirmed that people living on the other side of the railway would consider themselves neighbours of those living in Budhill Avenue.

**There were no questions to Mrs McElroy from Mr Imrie, Mrs Lynch, Councillor Rebecchi, Mr Dykes, Mrs Paton or the Chair.**

### Summing Up

**Mrs McElroy** advised that a lot had been mentioned about the financial viability of community pharmacies, however she reiterated that the focus should be what was available to patients in the defined neighbourhood. She firmly believed that both core and additional services were being adequately provided by the existing pharmaceutical network and this would continue into the future. She asked the PPC to refuse the application.

**Mr Henry** advised that there had been no change since the previous application had been considered and rejected. There had been no reduction in service and pharmaceutical services had in the past been described as adequate. The application was neither necessary nor desirable and should be rejected.

**Mr Robertson** advised that he agreed and that it was not necessary to have another pharmacy in the area.

**Mr Dickson** advised that under questioning the Applicant herself had agreed that access to acute medication services was adequate. The PPC should refuse the application.

**Ms Duthie** advised that the Applicant had not demonstrated that she was going to provide any additional services to those already offered in six pharmacies in the area. These pharmacies could not provide any more services than they were already doing. The Applicant had said there was no deficiency in the current network and nothing had changed in the area since the Nap hearing. The NAP hearing concluded *"the existing pharmacy in their neighbourhood was of an excellent standard. In addition there were five further pharmacies situated immediately adjacent to the southern boundary of the neighbourhood on Shettleston Road. In their totality, these meet the needs of the neighbourhood including the elderly, disabled, mothers with young children and those requiring addiction services. There was clearly comprehensive service provision to the neighbourhood with extended opening hours, encompassing existing regulatory requirements and in terms of the new contract. The panel further considered that access to pharmaceutical services was readily achievable on foot, by use of regular bus service, by car or through use of collection and delivery services, or pharmacy home visits."*

Ms Duthie could only emphasise again that there was six pharmacies within this neighbourhood and ten within a mile which provided all the services available to them. She urged the panel to dismiss this application as it was neither necessary nor desirable as pharmaceutical services were adequate.

**The Applicant** thanked the Committee for listening to her presentation. She advised that a further pharmacy contract was essential to the effective and efficient delivery of pharmaceutical care in a neighbourhood which currently had low access.

She reiterated that the lack of pharmaceutical services in the neighbourhood was conspicuous and she did not feel the granting of a further contract would affect any of the existing network.

She advised that the majority of the population in the defined neighbourhood lay to the south of Inveresk Street with approximately 70% of the population finding it easier to access services in Budhill Avenue. She urged the PPC to grant the application.

**Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Ms Duthie, Mr Dickson, Mr Robertson, Mr Henry and Mrs McElroy to confirm that they had had a full and fair hearing. All six parties confirmed individually that they had.**

The PPC were 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 were 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:
  - Dickson Chemist - 229 Tollcross Road, Glasgow G32.8;
  - D L L Robertson Chemist – 1122 Shettleston Road, Glasgow G32.7;
  - Shettleston Pharmacy Ltd – 420 Old Shettleston Road, Glasgow G32.7;
  - Lightburn Pharmacy – 971 Carntyne Road, Glasgow G32.6;
  - The Co-operative Chemists – various addresses;
  - Boots UK Ltd – various addresses; and
  - Lloydspharmacy – various addresses.

All had recorded their objections to the application.

The Committee noted that:

- Macbon Chemist – 1049 Tollcross Road, Glasgow G32.8.

was consulted as part of the statutory process, but had not taken the opportunity to respond within the consultation time period.

- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee) – took no exception to the Applicant's proposals;
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;

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

- d) - The Glaswegian run on 23<sup>rd</sup> February 2011 – no responses were received;
- e) - Glasgow City CHP – North East Sector no response was received during the consultation period;
- f) The following community councils:
  - Mount Vernon – no response was received.

The Committee noted that the following Community Councils were located in close proximity to the proposed premises, but were inactive at the time the application was processed:

- Shettleston Community Council;
- Cranhill Community Council;
- Sandyhills East Community Council; and
- Barlanark Community Council.

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 G32.0, G32.6 and G32.7;
- j) Information from Glasgow City Council's Department of Land & Environmental Services advising that there were no known major road developments within a one mile radius of the proposed premises.;
- 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;
- m) Information regarding the number of prescription items and Minor Ailment Service

activity undertaken by pharmacies within the consultation zone; and

- n) Applications considered previously by the PPC for premises within the vicinity;
- o) A plan of the proposed pharmacy tabled by the Applicant; and
- p) A map showing the neighbourhood as defined 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 CP Subcommittee and the Interested Parties, in relation to the application. The Committee did not agree that the eastern boundary could be taken as far as Pendeen Avenue as this was beyond the cemetery and at the far end of the area commonly known as Barlanark. The Committee did not consider that anyone living in Pendeen Avenue would consider themselves as living in the same neighbourhood as someone living in Budhill Avenue.

The Committee considered that the neighbourhood should be defined as follows:

**North: Edinburgh Road;**

**East: Tanfield Street, across the open ground to Croftspar Drive, following Hallhill Road to Gartocher Road;**

**South: the railway line from where it crossed Gartocher Road to where it crossed Duror Street; and**

**West: Duror Street, along Inveresk Street to Cardowan Street to meet Edinburgh Road.**

In the Committee's opinion, Edinburgh Road was a major trunk road and a natural boundary. The eastern boundary marks delineation between housing and an area of open ground and a cemetery. The railway line, while able to be crossed forms a natural boundary in that it separated two distinct areas; one of residential housing and one of commercial/industrial usage. They considered Shettleston Road as a south boundary, but agreed that while the railway could be crossed at several points, it constituted a boundary not in terms of physicality, but as delineation between two distinct areas. The western boundary marked a difference in housing stock between the old and newer housing and also areas of open ground. For these reasons the Committee considered the above was a logical neighbourhood.

## **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 currently one pharmacy.

The Committee noted that this pharmacy offered all core contract services along with a comprehensive range of additional services. The pharmacy had invested heavily in the provision of services and employed two pharmacists who provided it with capacity to undertake prescribing clinics for smoking cessation and asthma.

In addition, there were five further pharmacies situated just on the other side of the Committee's defined south boundary on Shettleston Road. All pharmacies met the needs of the different elements of the neighbourhood including the elderly, young children and those requiring opiate substitution therapies.

The Committee considered this existing network provided comprehensive service provision to the neighbourhood with extended opening hours and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways either by foot, public transport or by care. A collection and delivery service was available for any resident finding access to services problematic.

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, Gordon Dykes, left the room during the decision process:**

#### **DECIDED/-**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were 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 were included in the Pharmaceutical List and in the circumstances it was the unanimous decision of the PPC that the application be refused.

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

#### **4. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2011/31 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

**Contractor  
Services  
Supervisor**

Mr A Sheikh Properties Ltd – 455 Victoria Road, Glasgow G42.8

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

The Committee having previously been circulated with Paper 2011/32 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

### Change of Ownership

**Case No: PPC/COO4/2011 – Campsie Pharmacy, 6 Campsie Road, Milton of Campsie, Glasgow G66 8EA**

The Board had received an application from Guidi's Pharmacy Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Campsie Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> September 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.

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

**NOTED/-**

## 7. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2011/33 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

### Minor Relocation of Existing Pharmaceutical Services

**Case No: PPC/MRELOC04/2011 – Lloydspharmacy, 1626 Great Western Road, Anniesland, Glasgow G13 1HH**

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

The Committee noted that the application did not fulfil the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

**NOTED/-**

## 5. AMENDMENT TO MODEL HOURS OF SERVICE

### Case No: PPC/ALT01/2007 – Springburn Dispensary, Springburn Health Centre, 200 Springburn Way, Glasgow G21 1TR

The Committee was asked to consider an application submitted by Springburn Dispensary, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at Springburn Health Centre, 200 Springburn Way, Glasgow G21.1.

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 2009 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

The Committee noted that this application had initially been submitted in January 2011 and voiced their concern at the time taken to bring the case to the Committee's consideration.

Mrs Glen explained that the delay had been due partly to a request for made by the CP Sub-committee for further information from the contractor. This had been obtained via Mr David Thomson and provided to the CP Sub-committee. There had been further delay when the recommendation submitted by the CP Sub-committee had not addressed the specific request made by the Applicant. The delay in convening a PPC had also contributed to the protracted timescale.

The Committee noted that the contractor was seeking to close at 5.00pm on a Tuesday afternoon, which was in line with the hours operated by the GP practices within the Health Centre. The Committee also noted that the pharmacy was currently closed for more than one hour over lunch on each week day.

After comprehensive discussion the Committee agreed that since the refurbishment of the Health Centre, the pharmacy was not physically prevented from adhering to the current Model Hours of Service Scheme and should be encouraged to adhere to this minimum requirement.

#### **DECIDED/-**

That the application was refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

**Contractor  
Services  
Supervisor**

## 9. APPLICATION TO SUSPEND PHARMACEUTICAL CONTRACT

The Committee having previously been circulated with Paper 2011/35 noted the contents which gave details of an application submitted by Asda Stores Ltd to close their pharmacy at Parkhead Forge Shopping Centre for four days due to a refit of the premises.

The Committee noted that the application had been approved by the Chair outwith the meeting as timescales for the work did not allow consideration by the PPC.

**NOTED/-**

## **10. NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2011/36 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:

### **Kyle Square Ltd – Unit 5, 151 Western Road, Whitlawburn, Cambuslang G72 8PE (Case No: PPC/INCL12/2010)**

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

### **Mr Neeraj Salwan – Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF (Case No: PPC/INCL13/2010)**

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

### **Mr Ross Ferguson – 9 Alexandra Avenue, Lenzie, Glasgow, G66 5BG (Case No: PPC/INCL10/2010)**

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

### **Ms Angela Mackie – 290 Faifley Road, Clydebank, Glasgow G81 5EY (Case No: PPC/INCL01/2011)**

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

### **Boots UK Ltd – 51-53 Hairst Street, Renfrew PA4 8QU (Case No: PPC/INCL02/2011)**

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

## **11. PUBLIC CONSULTATION**

The Committee having previously been circulated with paper 2011/37 discussed the processes to be followed by the Board required in relation to Paragraph 2, Schedule 3 of the current pharmaceutical regulatory framework.

The Committee noted that since the provision was introduced in July 2009, the Board had spent £12.5k placing adverts in newspapers to consult with the public in relation to new pharmacy applications.

Of the 26 applications considered, responses were received for 56% of these. The number of responses raised ranged from 1 to 21.

After comprehensive discussion, the Committee agreed that the requirement introduced in the new pharmacy Regulations for Applicant's to undertake a public consultation exercise provided an opportunity for the Board's processes to be reviewed. The new provisions required anyone applying for a new pharmacy to advertise their intentions in a local newspaper. The Committee agreed that it would not be beneficial for the Board to continue placing their own adverts as this might confuse members of the public and dilute the Applicant's exercise.

The Committee agreed that for applications being considered under the new framework, the Board would continue to consult with the Public Focus Patient Involvement Groups of the relevant CHPs and the relevant Community Councils, but in addition consult with the elected representatives within the area in which the Applicant's proposed premises were situated. This would be the MPs, the MSPs and the Local Councillors. All agreed that this should provide a strong framework for consultation.

***AGREED/-***

That the Board's processes be amended in line with the above.

**12. ANY OTHER COMPETENT BUSINESS**

**A A Hagan (Hours of Service)** – Mrs Glen advised the Committee that A A Hagan had brought their hours of service in line with the Model Hours of Service Scheme. This issue had been reviewed by the Committee previously and the contractor had amended their lunch time closing on relocating to a new pharmacy within the same parade of shops.

***NOTED/-***

**Nicola Burns** – the Committee noted three letters submitted by Nicola Burns which related to an application submitted by Kyle Square Pharmacy Ltd for premises situated at Unit 5, 151 Western Road, Whitlawburn, Cambuslang. The letters related to statements made in the press regarding the decision taken by the National Appeals Panel to refuse the Applicant's appeal.

***NOTED/-***

**13. DATE OF NEXT MEETING**

The next meeting of the Committee takes place on 24<sup>th</sup> November 2011.

The meeting ended at 3.40pm

## NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (13)  
Minutes of a Meeting held on  
Thursday 24<sup>th</sup> November 2011 at 9.30am in  
The Premier Inn, Ballater Street,  
Glasgow G5

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Catherine Anderton	Lay Member
	Councillor Luciano Rebecchi	Deputy Lay Member
	Mr Alex Imrie	Deputy Lay Member
	Doctor James Johnson	Non Contractor Pharmacist Member
	Mr Kenneth Irvine	Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Mr Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead Pharmacist - Community Care

## ACTION

**1. APOLOGIES**

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

**2. MATTERS ARISING NOT INCLUDED ON AGENDA**

There were no matters arising from the minutes.

Prior to the consideration of the application and in the presence of the Applicant and the Interested Parties, 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.

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

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

**Case No: PPC/INCL04/2011**

**M A Sheikh Properties Ltd, 455 Victoria Road, Glasgow G42 8RW**

The Committee was asked to consider an application submitted by M A Sheikh Properties Ltd to provide pharmaceutical services from premises situated at 455 Victoria Road, Glasgow G42 8RW 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 M A Sheikh Properties Ltd considered 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 was whether "the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List."

The Applicant was represented in person by Mr Adill Sheikh assisted by Mr Aslam Sheikh. The Interested Party who had submitted written representations during the consultation period and who attended the oral hearing was Laura McElroy (Rowlands Pharmacy).

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.

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

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

**The Applicant** thanked the Board for hearing his application for a new pharmacy contract proposal.

He advised that he strongly believed the application to establish a new pharmacy at 455 Victoria Road was both desirable and necessary and hoped that the PPC would agree. He advised that Lloydspharmacy had closed its branch at 491 Victoria Road in August 2011. The pharmacy had been open for more than 30 years. The Health Board had not been told why the pharmacy had closed, however the Pharmacy Manager, staff and patients were told that the landlord's rent and rates had increased and that Lloyds were not willing to pay the

increased rates. He advised that some of the representations received claimed that the pharmacy had not been financially viable. The Applicant contended however that in the last ten years only three pharmacies had closed in the entire Board's area, none of which was due to lack of pharmacy business.

He reminded those present that Govanhill Pharmacy, DLL Robertson Pharmacy and Apple Pharmacy had made no objections to the opening of the new pharmacy. Mr David Robertson had been located in the Govanhill area longer than any of the other pharmacies and the absence of an objection from him, in the Applicant's opinion, spoke volumes. He advised the Committee that two weeks after his advert had been placed; the Pharmacist at Govanhill Health Centre had placed his own advert intending to submit a similar application.

The Applicant advised that he had recently been contacted by the MP for the area (Anas Sanwar), who had showed his support. The Applicant quoted from a letter provided by Mr Sanwar.

As a result of this, the Applicant asked the question "Has the public benefited since the closure of Lloydspharmacy in August 2011?" In his opinion, the clear answer was "NO".

He went on to define his boundaries, which were:

**North:** the railway line to the north of Aikenhead Road;

**East:** Following the road down Aikenhead Road;

**South:** Running along Prospecthill Road, on to Cathcart Road leading to Queens Drive;

**West:** Pollokshaws Road.

He advised that this was the same neighbourhood the Glasgow Community Planning Partnership used for their "Review of Community Engagement in Neighbourhood Management in Govanhill, April 2010".

The Applicant advised that Govanhill was a dense urban area and highly deprived. There was a vast range of communities in the area, including: white (Scottish/Irish), Asian (Indian/Pakistani), EU migrants (Czech/Polish) and Romany (Slovakian, Romanian and Lithuanians).

The Applicant advised that a walk down Victoria Road revealed the multicultural character of the area. The lawyers and banks were Scottish; the pubs were Irish, the cafes Italian and the barbers, Turkish. The many fast food outlets were multicultural and varied and the restaurants were Indian/Pakistani. Govanhill was a large shopping precinct within Glasgow and had numerous clothes shops, fruit shops, meat shops, charity shops, a health centre, two large medical practices, dental surgeries and opticians, Tesco and Sainsbury's.

Within the Applicant's neighbourhood there were a total of 19 data zones, with a total population of around 19,000. Between 2001 and 2008, the population of Govanhill increased by 9.5% compared to a city increase of 1%.

He estimated that there were around 3,000 Slovakian Roma people living in the area. A report produced by the Poverty Alliance estimated that 30% of the community as a whole came from Black and Minority Ethnic (BME) communities, mainly Pakistani.

There were many worrying statistics gathered from the data zones.

- 5 of the data zones were within the top 7% most deprived areas in Scotland;
- 29% of the total population was income deprived, compared to a Scottish average of 16%;
- 18% of those of working age were employment deprived, compared to a Scottish average of 13%;
- 8.6% of those aged 16-24 claimed Jobseekers Allowance, compared to a Scottish average of 5.9%;
- 5.1% or those aged 25-49 claimed Jobseekers Allowance, compared to a Scottish average of 4.1%;
- 5.72% of those aged 50 to pensionable age claimed Jobseekers Allowance, compared to a Scottish average of 2.4%;
- 14.1% of the population aged 16-24 claimed key benefits, compared to a Scottish average of 13%'
- 19.45% of the population aged 25-49 claimed key benefits, compared to a Scottish average of 16.1%; and
- 41.1% of the population aged 50 to pensionable age claimed key benefits, compared to a Scottish average of 23.3%.

Healthcare statistics showed:

The average number of emergency hospital admissions aged 65 or over, was 29,798 per 100,000 population, compared with the Scottish average of 25,142;

The average number of hospital admissions for alcohol misuse was 1,699.58 per 100,000 populations, compared with the Scottish average of 722.66. This was over double;

The number of alcohol related deaths was 32% above the Scottish average;

The average number of hospital admissions for drug misuse was 510.15 per 100,000 population, compared with the Scottish average of 127.46. This was four times higher;

The number of drug deaths was 201% above the Scottish average;

Approximately 31% of the population smoked, compared with the Scottish average of 24%.

In the Applicant's opinion these statistics clearly showed how deprived an area Govanhill was. The most alarming statistics were those relating to Health. There was undoubtedly a need for healthcare services in the area. The Applicant advised that with the closure of Lloydspharmacy how could these statistics improve. If anything it meant that access to pharmaceutical services would be severely restricted.

He advised that the Key Scottish Government document "Better Health, Better Care" outlined its strategic objective to make the country healthier. The Government stated its aim was *"To help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care."* This could not be achieved with the closure of a pharmacy along with these shocking statistics presented

above.

The Applicant averred that various complaints had been lodged since the closure of Lloydspharmacy had been announced. Many had complained to Anas Sanwar MP and there had been complaints lodged to the Clinical Governance Support Unit of the Health Board. He advised that complaints had been received by the Community Pharmacy Development Team (CPDT) and many had complained to the local Imam at Butterbiggins Road Mosque, which was the second largest Mosque in Glasgow.

Some of the complaints had related to long waiting times, some of which had been quoted as up to 45 minutes. The Applicant advised that a representative for Boots UK had said at a National Appeals Panel (NAP) hearing in 2007 *“Most prescriptions should be dispensed within ten minutes. A waiting time of thirty minutes or longer is excessive.”* Some had complained saying Boots staff were too busy to take on any additional patients for weekly dosette boxes. The busy waiting times were illustrated through information provided to the Applicant by National Services Scotland which showed that the average items prescribed by Govanhill Health Centre, Butterbiggins Road and Queens Drive surgeries each year was 39,000. According to other statistics in 2006/2007 there were 1.254 items dispensed per person per month in Govanhill. Using this statistic, the 39,000 items prescribed in the neighbourhood equated to 31,100 people. The population in the neighbourhood was 19,000 but there was approximately 31,100 patients accessing medical services each month in the neighbourhood. This proved that there was a large transient population using the surgeries in this neighborhood. These patients also used the local amenities as previously mentioned. The Applicant advised that the NAP training material stated *“.....The number of people visiting a neighbourhood will have a bearing on adequacy of existing services.”* This neighbourhood count did not include the items prescribed by adjacent neighbourhood who would also have large volumes of prescribed items.

The Applicant advised that he understood the Interested Parties would say that there were more than 12 pharmacies within a mile of the proposed premises, but within this same mile there were a total of two large health centres, Victoria Hospital and 10 surgeries. This was a total of 60 GPs. He was aware that the Interested Parties would also say that access was easily available to various places and was sure the representatives would say that services lay within a reasonable driving distance from Govanhill. He reminded the PPC that 73% of the Govanhill population did not have access to a car.

He advised that Lloydspharmacy managed the Care Home at Belleisle Street before the pharmacy closed. This Care Home then approached all three branches of Boots UK nearby to continue the services that Lloydspharmacy had previously offered. All branches told them that there was no available space for them. The Care Home then apparently approached Lloyds Head Office who directed them to a branch at Bridgeton Health Centre. The Applicant had recently found out that the service to this home was moved from Bridgeton to the Castlemilk branch. A Care Home receiving pharmaceutical care from a pharmacy 2.6 miles away, passing nearly 12 pharmacies on the way, in the Applicant's opinion, spoke volumes about the lack of service provided in the neighbourhood.

The Applicant had conducted a survey on the current provision of service within the neighbourhood and findings showed that there were no dosette box spaces in any of the pharmacies. The nearest pharmacies with spaces were JP Mackie, M&M Pharmacy and

Pollokshields Pharmacy; all outwith the defined neighbourhood.

The Applicant advised that he had compiled a petition for the residents in the area and left signing sheets in several key shops in the area. Whilst the petition had not been independently audited or commissioned, it was still submitted to the PPC as the Applicant felt that all relevant evidence relating to the application should be made available for consideration. As the petition was submitted after the original application, it was not accepted.

The Applicant advised that the new pharmacy would provide core pharmaceutical services, along with additional services, including:

- methadone dispensing;
- supervision of buprenorphine and disulfiram;
- supply of domiciliary oxygen;
- smoking cessation services;
- compliance aids;
- head lice services;
- advice to care homes;
- Emergency Hormonal Contraception;
- Diabetic screening aided by Roche diagnostics; and
- Blood pressure checking.

Furthermore the pharmacy would offer a later opening time of 8.00pm on weekdays and 6.00pm on Saturday. Currently Boots, Govanhill Health Centre Pharmacy and Robertson's Pharmacy didn't open after 6.00pm. Late night opening would benefit patients in many ways.

It would allow patients visiting the Out of Hours facility at the Victoria Hospital to seek a local pharmacy to obtain pharmaceutical services. The Applicant was aware that JP Mackie's branch on Pollokshaws Road operated extended opening hours, but felt this pharmacy served a completely different neighbourhood and population and it also gave local patients easier access to pharmaceutical services. In terms of volume, more than 100 patients presented to the emergency department each day. This department was initially designed to treat 15,000 patients each year; however this number had more than doubled.

Extended opening would also allow patients from Queens Drive surgery to access pharmaceutical services as their surgery closed at 6.30pm on weekdays. Also Butterbiggins Surgery closed at 8.00pm on Mondays. Patients at present had no local access to pharmaceutical services.

In addition, the late opening allowed patients to access core pharmaceutical services, namely MAS and CMS as well as smoking cessation at more flexible times. This would apply for the all the services the new pharmacy would offer.

The Applicant also advised that the pharmacy would take part in the Palliative Care Service providing there were funds available. Another area where extended opening hours would be of benefit.

The pharmacy would offer a seasonal flu vaccination service for the community, which had been very successful in Pollokshields Pharmacy. Currently there were no pharmacies in the proposed neighbourhood that offered such a service and the Applicant believed that this was an aspect the Health Board were looking at implementing to all pharmacies in the next year.

The pharmacy would also offer a meningitis vaccine service for the Muslim population travelling to the Hajj or Ummrah. This had been popular over the past few months in Pollokshields Pharmacy. 129 patients had been vaccinated in the past few weeks which were carried out in store. This success was due to the ease of accessing the vaccine and the fact that it was cheaper for the patient to obtain the vaccine and certificate in the pharmacy as opposed to obtaining it from their GP. Both vaccination services had been aided by Dr Ashfaq Ali of Bridgeton Health Centre and Dr Rashid Ahmed of Townhead Health Centre.

The Applicant advised that he had recently completed a PGD that allowed him to supply erectile dysfunction drugs to patients who were not eligible to obtain these through NHS prescription.

There would be an Independent Prescribing Pharmacist who had agreed to undertake clinics within the pharmacy providing that funds were acquired from the NHS. The same pharmacist had worked at Pollokshields Pharmacy for over six years providing clinics which had been of benefit to those who only spoke Urdu or Punjabi. The Applicant had enrolled onto the Independent Prescribing Course for 2012 and would then utilise this qualification within the new pharmacy.

The Applicant had previously mentioned the large population of EU migrants who currently did not receive satisfactory pharmaceutical services in the defined neighbourhood. This was because of the language barrier between patients and pharmacists. The Applicant planned on carrying out clinics via a translator from Cordia Linguistics every weekday from 5.00pm – 8.00pm and Saturday from 2.00pm – 6.00pm. This translation company would allow these patients easier access to services such as MAS, CMS, smoking cessation and head lice that currently this element of the population was not able to readily access in their own language.

He advised that this was not the first time he had tackled such an issue. When he had taken over Pollokshields Pharmacy, the same language barrier applied for Asians who only spoke Urdu or Punjabi. A similar drop in clinic was set up for those who were not receiving appropriate pharmacy services. This service was vital in securing patient trust in the pharmacy and a reason why so many patients in and out-with the area attended the pharmacy.

It was his intention to inform all local GPs of this service and advertise in various sites including the Health Centre, various GP surgeries, dental surgeries, opticians and Post Offices. Moreover, with the introduction of MAS and CMS, pharmacists had to offer these services to anyone in the area. This could not be done with these patients if language continued to be a barrier.

The provision of these additional services were not as a reason of some “epidemic” as one of the objectors had stated, but to:

- Free a lot of GP time as well as patients' time and travel; and
- Allow patients local access to key pharmaceutical services that were not available in all pharmacies as yet.

The Applicant concluded that the pharmacy contract set out by the Scottish Government was to *“improve the range and quality of care provided to patients through the development and better utilisation of community pharmacy’s skills and those of their support staff.”* It went on to say *“while dispensing is a key activity, in future greater emphasis will be placed on the clinical management of an individual patient.”*

The Applicant advised that his neighbourhood was an area with severe and chronic health issues. The granting of a new pharmacy contract in the heart of this community would go a long way in meeting the aspirations for health improvement and achievement of Government HEAT targets, which the area currently fell short of.

The Applicant suggested that he had demonstrated that the current service provision was inadequate. It was a highly deprived area and therefore more people would be using pharmacies as opposed to a highly affluent area. That the large population of BME and EU migrants couldn't readily access pharmaceutical services in their own language clearly showed inadequacy. In addition, the smoking percentage was still higher than the Scottish average. The Scottish Government Health Improvements for 2011/2012 clearly aimed to reduce smoking numbers across the country, yet in his neighbourhood this did not seem to be applying.

The desire for a new pharmacy contract in the area was supported by the local MP, community leaders and most importantly the local people of Govanhill who felt there was a need for a pharmacy. These views were expressed by letters of complaint regarding the current level of provision. Furthermore, the fact that there was a pharmacy nearly 50 yards from the proposed site for over thirty years again showed need and desire for this application.

The Applicant strongly felt that the contract should be granted and hoped the PPC agreed with him.

### **The Interested Parties Question the Applicant**

**Mrs McElroy** asked the Applicant why he had not considered providing clinics with translation services from his current premises. The Applicant advised that there wasn't a large EU population in this area hence there was no need for this type of approach.

In response to further questioning from Mrs McElroy regarding Independent Prescribing and what therapeutic area would be provided, the Applicant advised that the Prescriber currently undertook work around diabetes. A needs assessment hadn't been conducted in the defined neighbourhood to find out which therapeutic area would be most appropriate, however this would be done if the application were granted.

In response to further questioning from Mrs McElroy regarding the wording of the newspaper article placed in the Daily Record as part of the Applicant's pre-consultation

exercise, the Applicant advised that the inclusion of “overwhelming demand” had come from approaches made by constituents to the local MP, evidence from the petition conducted by the Applicant in the area, approaches made to the Imam at the local mosque and complaints from members of the public about the closure of Lloydspharmacy.

In response to further questioning from Mrs McElroy regarding opening hours, the Applicant confirmed that his current pharmacy closed at 1pm on Saturday. Previously the closing time on Saturday was 5.00pm but the pharmacy wasn’t busy. The lack of business and issues around staffing caused the closing time to be reconsidered. He assured the PPC that he would honour the hours of service stated in his presentation if the application were granted.

### **The PPC Questions the Applicant**

**Mr Irvine** asked the Applicant if he could quantify or give an indication of the numbers of complaints received regarding the service provision in the area. The Applicant advised that he had spoken to the Clinical Governance Support Unit who had confirmed that they had received one complaint, but had been unable to provide the Applicant with the details. Furthermore he had received confirmation from the Community Pharmacy Development Team that “a few” complaints had been received. Again he had not been provided with details. He had not checked to see if there were any complaints regarding services in any of the areas adjacent to his neighbourhood.

In response to further questioning from Mr Irvine, the Applicant confirmed that within his letter of support, the local MP had mentioned complaints submitted regarding services. He also knew that complaints had been lodged with the Imam at the local mosque.

In response to questioning from Mr Irvine regarding his definition of neighbourhood, the Applicant advised that he had lived in the South Side of Glasgow his whole life. He was familiar with the area. He had travelled to Govanhill to get a feel for the neighbourhood. He believed the area beyond Prospecthill Road to be a different neighbourhood known as Mount Florida. The area to the east of Aikenhead Road would be termed Rutherglen and the area further on from Pollokshaws Road would be termed Pollokshields or Strathbungo. He had defined an area that was commonly known by the local community as Govanhill.

In response to further questioning from Mr Irvine, the Applicant advised that he wasn’t disappointed in the response received from his advert in the Daily Record as part of the pre-consultation process. He was however surprised. He felt that the newspaper might not have a large circulation within the neighbourhood as there was a large ethnic population. He didn’t think many of the neighbourhood had responded as they did not realise at that time the effect the closure of Lloydspharmacy would have.

Mr Irvine asked the Applicant to summarise his main reasons for inadequacy. The Applicant advised that there was a significant language barrier for EU migrants. Some travelled to his current pharmacy in Pollokshields. They couldn’t communicate which led to frustration. He advised that there were more EU migrants in the area than any other group and that this element of the population would be further frustrated if the application was rejected.

In response to questioning from **Mrs Anderton** regarding the neighbourhood, the Applicant confirmed his belief that the neighbourhood as defined was the whole area of Govanhill. He felt that within this area there were several communities. The Asian population was more spread out into Pollokshields; the Scottish population was spread throughout the entire neighbourhood, while the Romany and Slovak populations were focused on Victoria Road, Allison St and Calder St.

In response to further questioning from Mr Anderton regarding this issue, the Applicant advised that any area could be sub divided into more distinct neighbourhoods. He advised that only two of the datazones within his neighbourhood were semi affluent. This was consistent with most areas. 90% of the datazones were consistently less affluent. The more affluent areas were located towards the south of the neighbourhood.

In response to final questioning from Mrs Anderton, the Applicant confirmed that many of the services that would be provided from the proposed pharmacy were not core pharmaceutical services, but additional services.

In response to questioning from **Councillor Rebecchi** regarding his assertion that the neighbourhood had a large influx of population from EU countries, the Applicant accepted that some of the population coming in to the neighbourhood would replace population which left the area. He felt however that there were more people coming in to the area at the moment than were leaving. He felt that the majority of population coming in to the area was EU migrants.

In response to final questioning from Councillor Rebecchi, the Applicant confirmed that currently the Saturday closing time in Pollokshields Pharmacy was 1.00pm. Previously it had been 5.00pm.

In response to questioning from **Dr Johnson**, regarding what foreign patients did at the moment to secure pharmaceutical services, the Applicant advised that currently they obtained their medicines and the pharmacist tried their best to explain how to take it appropriately. This was difficult given some patients were on several medications. The pharmacist had to try and convey information as best they could and hope that this was enough to allow patients to take their medication appropriately. He was aware that some GPs asked for the pharmacist to come in and explain medication. The situation frustrated many pharmacists that they couldn't engage fully with patients.

In response to further questioning from Dr Johnson, the Applicant confirmed that his proposed premises had a large amount of space. He further confirmed that the proposed pharmacy would have a large consultation area. The wall at the back would be knocked down to make a dispensary area and the consultation room would be located in to the left. The back area would be given over mostly to stock.

In response to further questioning from Dr Johnson, the Applicant confirmed that the proposed premises had been empty since July 2011. He confirmed that this was before Lloydspharmacy closed.

In response to further questioning from Dr Johnson, the Applicant advised that he was not aware why Lloydspharmacy didn't seek a relocation of services. The Applicant had

offered to purchase the contract from Lloyds but they weren't willing from a business point of view to sell.

In response to questioning from **Mr MacIntyre**, the Applicant confirmed that although he had said during his presentation that there was no interpreter service available, he had used the services offered by the Health Board. He hadn't found this particularly helpful given the need to rely on a 3<sup>rd</sup> party to pass information back and forth. He felt that providing services with a translator in the pharmacy would be a better option.

In response to further questioning from Mr MacIntyre around the same issue, the Applicant advised that there might be some need to ask a patient to return to the pharmacy if they wished to access services at a time when the translator wasn't available. He was confident that in the event of an emergency situation, he would be able to arrange with Cordia Linguistics to arrange a service at short notice. He advised that Rowlands had operated a similar services to the one provided by the Health Board and this had been withdrawn. He did not agree with Mr MacIntyre that the Health Board's service was more beneficial as it was not subject to a restricted number of languages.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that he hadn't used the pilot translation service operated from Govanhill Health Centre. He was not aware of the service and questioned whether others would be aware also.

In response to further questioning from Mr MacIntyre regarding his main reasons for inadequacy and what NHS services were in his opinion inadequate, the Applicant advised that he felt there was an adequate enough service in the area but that these were not readily available to patients. There were long waiting times for some services such as dosette trays. He did not think it was realistic to ask patients to wait a significant length of time to access services.

In response to questioning from Mr MacIntyre regarding compliance aids, the Applicant confirmed that he had carried out a survey regarding the availability of spaces in the current pharmacies. He had undertaken this by walking in to a pharmacy and checking if there were any spaces. None of the existing pharmacies in the neighbourhood had spaces. Some of them were willing to put him on a waiting list but none had spaces at the time.

**The Chair** questioned the Applicant regarding his highlighting of language issues in his oral presentation when his initial application seemed to rely more on hours of service and dosette boxes. The Chair was keen to know why these two reasons seemed to have assumed a lesser place in the Applicant's arguments. The Applicant advised that he hadn't illustrated these arguments in his oral presentation, as they had already been rehearsed in his written application. He placed emphasis on the language issues as this hadn't initially been included in the initial application. This issue had come to light after the initial application had been submitted.

In response to further questioning by the Chairman, the Applicant advised that If the application were granted, he would employ a full time pharmacist, counter staff, and dispensers. He advised that it would be beneficial to have an employee with appropriate language skills but this might not be possible. He advised that he would try to adopt a

similar scenario as that in his Pollokshields branch, where staff spoke the language of many of the residents.

In response to an associated question from the Chairman as to how the Applicant would facilitate the employment of staff with other languages If he didn't actively look for people who spoke different languages, the Applicant advised that appointing workers who spoke appropriate languages might be difficult and he therefore couldn't promise the Health Board that if granted there would be an employee within the pharmacy who could speak a certain language.

In response to final questioning from the Chairman regarding the language issues and whether the Applicant did not feel that the current pharmaceutical network would have considered this issue if they had identified any problems, the Applicant advised that he didn't see any of the existing contractors adopting any strategy to address the issue. The existing contractors hadn't made any provisions for the Asian community and Pollokshields had probably been the first to address this. He planned to take a similar approach to providing services for the Polish population.

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

**The Interested Parties' Case – (Ms Laura McElroy – Rowlands Pharmacy)**

**Mrs McElroy** thanked the PPC for allowing her to present the case for Rowlands Pharmacy.

She advised that for the purposes of the hearing she would use and agree with the neighbourhood as defined by the Applicant:

**North:** the railway line to the north of Aikenhead Road;

**East:** Down Aikenhead Road to Prospecthill Road;

**South:** Along Prospecthill Road to Cathcart road, then up to Queens Drive along to meet Pollokshaws Road; and

**West:** Pollokshaws Road.

Using this neighbourhood, Mrs McElroy advised that consideration must then be given to what pharmaceutical services were available in it as well as in adjoining neighbourhoods.

There were six pharmacies located directly within the neighbourhood and in fact two within close proximity to the proposed site. Furthermore, in adjoining neighbourhoods there was at least another five contracts. All were providing the core pharmaceutical services and additional services such as a prescription collection and delivery service and MDS dispensing as well as methadone supervision and supervised buprenorphine. All pharmacies were complying with the core hours as set out by the Health Board and the Applicant's suggestion of lack of out of hours provision should not be a valid consideration. It was indeed the case that J P Mackie Pharmacy on Pollokshaws Road opened until 8.00pm during the week. The Applicant also stated that he would provide domiciliary oxygen. Mrs McElroy's understanding was that the oxygen contract may be changing and currently it was at the Health Board's discretion who provided this service. The Applicant further suggested that the Lloydspharmacy at 491 Victoria Road closing down there, he

stated, *"is a severe problem in regards to patient care."* Mrs McElroy advised that she found this hard to believe where there were a number of contractors within walking distance of this site, but questioned how the Applicant could possibly know this when his application was submitted in July 2011 and the Lloydspharmacy did not close until mid August.

Mrs McElroy advised that Rowlands Pharmacy had one branch just outwith the defined neighbourhood which provided all the core services of the contract. The Pharmacist had been in post for just over a year but in this time had built up good relationships with her patients, local GPs and other service providers including the local dentist and addiction team. Most recently he had proactively signed patients up to CMS and was now actively working through patient care records with them to ensure they got the best out of their medication and health. The pharmacy provided a full collection and delivery service to those who needed it, and had no capacity restrictions for methadone and buprenorphine supervision or MDS trays. The Pharmacist was actively encouraging patients who requested dosette boxes to come in for a review of clinical need before automatically offering this as the only solution. The company had access to reminder charts, big print labels and other resources all to ensure the needs of the patient were fully met. She was aware that the Health Board policy was to move away from MDS towards a shared care approach and Rowlands were happy to support this policy and recognise that dosette trays often could lead to drug wastage, dispensing errors and often had little clinical benefit. The company was currently offering a private flu vaccination service for those unable to obtain one free through the NHS and in addition they offered diabetes risk assessments, blood pressure monitoring and weight management advice and support.

The team was hard working, knowledgeable and empathetic and tried to go out of their way for every patient. They worked hard to support the Pharmacist so that she could continue to deliver all the core services as well as additional ones. The company had recently recruited a new full time dispenser and a part time counter assistant who had both actively taken on the role of providing healthcare advice and support to the patients and other team members. They had bought into the company's vision of pharmacy in the future and even of now and understood that no longer did customers want to simply buy a product but wanted expert help, education and advice to make informed choices in the management of their own health. The Right Medicine set out a strategy that aimed to help patients obtain maximum benefit from their medicines as well as improve their health. Rowlands Pharmacy and the store in Nithsdale Road were working to deliver and provide excellent services to the public ensuring the health needs of the neighbourhood and those from surrounding neighbourhoods could be met. The store was very aware of some of the health issues of their patients and was encouraging them to adopt healthier lifestyles and supporting them to stop smoking, consider weight management and even sign post them to other suitable services. In addition the delivery driver was a recognised face to many of the elderly patients and he often went the extra mile by stopping for a chat or even dropping in a paper. The patients looked forward to his delivery and for some he was the only person they saw each week. To Mrs McElroy's knowledge, the Health Board had not received any complaints about the store in Nithsdale Road.

She advised that the Applicant appeared to focus on the lack of service provision due to the closure of Lloydspharmacy yet the store had not even closed when he made his application. In addition he had focused on extended opening hours with particular focus

on late night provision of care, yet Lloydspharmacy never offered this service. He also looked at the lack of MDS spaces and provision of supervised methadone yet only received one comment from a member of the public which in the opinion of Rowlands Pharmacy did not demonstrate a gap in service provision. Lastly it was the opinion of Rowlands Pharmacy that if all these were necessary within the defined neighbourhood Lloydspharmacy would have remained open.

In Mrs McElroy's opinion there was nothing to suggest Rowland's pharmacy or indeed others in the neighbourhood were offering a poor or inadequate service. What needed to be looked at was the current provision – was it adequate or not? Mrs McElroy thought this to be quite simple: within the neighbourhood defined did anyone have any problems in accessing pharmacy services? Not at all. Were the current services adequate? Without a doubt.

Mrs McElroy advised that Rowlands Pharmacy did not see any need for another pharmacy contract to be granted in this neighbourhood.

### **The Applicant Questions Ms McElroy**

In response to questioning from **the Applicant**, Mrs McElroy advised that she didn't think there was a need for a further pharmacy in the area just because one of the pharmacists from the current network had made an application. She further advised that she did not know why Mr Robertson hadn't submitted any objection to the application, but that this lack of objection did not necessarily demonstrate that services were inadequate.

In response to further questioning from the Applicant regarding what percentage of Rowland Pharmacy's business came from the Govanhill area, Mrs McElroy advised that she couldn't quantify the percentage.

In response to further questioning from the Applicant, Mrs McElroy advised that she did not think that the opening of another pharmacy would have a significant effect on Rowland's Pharmacy as they provided all core services and provided them well.

In response to further questioning from the Applicant, Mrs McElroy advised that she had not noticed any detrimental effect to patients since the closure of the Lloydspharmacy branch on Victoria Road. She agreed that a 45 minute waiting time could be seen as excessive, but urged that there might have been extenuating circumstances which had caused this situation and these should be taken into consideration.

In response to questioning from the Applicant regarding MDS trays and whether the branch at Nithsdale Road were taking additional patients on, Mrs McElroy advised that there were some patients on a waiting list for this support. The reason that they were on a waiting list was because these patients were being reviewed to assess whether an MDS tray was the most appropriate intervention to suit their requirements. The pharmacy was in the process of speaking to the GP practice regarding need. Each case was looked at on an individual basis.

In response to further questioning from the Applicant regarding late night opening at JP Mackie, Mrs McElroy advised that most people requiring services at this time would look to

see where services could be accessed. Some would go to Mackie or would look further afield. She advised that most people given the choice would like to have services convenient to where they needed them. If she needed pharmaceutical services at 7 at night, in all probability this would be an emergency and she would make arrangements to access services. The current network was providing core hours which were deemed to be adequate.

### **The PPC Questions Ms McElroy**

In response to questioning from **Mr MacIntyre**, Mrs McElroy confirmed that Rowlands Pharmacy had not noticed an influx of patients looking for MDS trays or prescriptions dispensed when Lloydspharmacy had closed.

In response to questioning from **Dr Johnson** regarding late opening, Mrs McElroy advised that the main reason for a pharmacy for staying open late within this neighbourhood would be its close proximity to the OOH service at the Victoria Infirmary. She accepted that patients could also just come in the pharmacy, but felt this would more likely to be the element of the population who were employed and worked outside the neighbourhood. Those who remained in the neighbourhood during the day would access services during the day. A late night facility would be most beneficial to those at work.

In response to a question from Dr Johnson regarding his observation that Rowlands Pharmacy was situated in a neighbourhood which had a greater percentage of working population and the pharmacy didn't open extended hours, Mrs McElroy advised that the company had not felt a need to provide this service. Commercially it was not a benefit and she had never had any patients not being able to get something because the pharmacy wasn't open at 8 at night.

In response to questioning from **Mr Imrie** regarding the number of BME patients Rowlands Pharmacy dealt with and whether there were any language difficulties in dealing with them, Mrs McElroy advised that the pharmacy dealt with a large percentage of BME patients with different languages. The pharmacy had substantial support from staff who could translate. The company had operated a translation service in the past; however this was discontinued due to the lack of demand. The Pharmacist within the branch spoke several languages.

In response to questioning from **Mr Irvine**, Mrs McElroy thought that possibly someone living in Prospecthill Road would access pharmacy services in Pollokshaws Road area. There were a cluster of pharmacies in this area. The population was transient and if the pharmacy offered a particular service they might travel there. She had defined her neighbourhood using natural boundaries and main roads, but was aware that people could move from one neighbourhood to another with relative ease.

In response to questioning from **the Chairman**, Mrs McElroy advised that she was surprised that Boots UK had not sent a representative to the hearing.

**There were no questions to Mrs McElroy from Mrs Anderton, Councillor Rebecchi or Mr Gillespie.**

**The Applicant asked if he could ask a follow up question to Mrs McElroy. The PPC agreed,**

In response to final questioning from the Applicant, Mrs McElroy confirmed that Rowlands Pharmacy's Head Office had been aware of the intended closure of the Lloydspharmacy branch on Victoria Road.

### **Summing Up**

**Mrs McElroy** advised that she had clearly demonstrated that the Rowlands branch offered core and additional services within core hours. The company was taking healthcare forward and looking at services. She advised that MDS was not a major concern. The company also had capacity for supervised methadone and Buprenorphine. She didn't think the Applicant had raised any issue that would suggest services were not adequate. She asked the Committee to reject the application.

**The Applicant** advised that he believed that a new pharmacy contract at 455 Victoria Road was both necessary and desirable and hoped that over the course of the meeting the PPC and objectors agreed.

There were a huge number of patients and prescriptions within the neighborhood and in the adjacent neighbourhoods that were accompanied by a very large transient population. Govanhill was a highly deprived area and there has always been a greater need here for pharmaceutical services as opposed to an affluent area.

The closure of Lloydspharmacy was a clear step back in helping the pharmacy needs of patients and there was no way that the existing contractors could disagree with this statement.

There was a key lack in service being provided to ethnic minority groups especially the EU migrants due to the language barrier and he aimed to rectify this with the various services mentioned in his presentation. No existing contractor seemed interested in tackling this barrier to pharmaceutical services and this was something that should be taken seriously. He kindly urged the PPC to grant this neighbourhood a pharmacy.

**Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, and Mrs McElroy to confirm that they had had a full and fair hearing. Both confirmed individually that they had.**

The PPC were 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) Pharmacy contractors within the vicinity of the Applicant's premises, namely:
- - Boots UK Ltd – various addresses;
  - Lloydspharmacy – Co-op Unit, Crown Street, Glasgow G5.9;
  - Gajree Pharmacy – 617 Pollokshields Road, Glasgow G41.2;
  - J P Mackie Pharmacy – 1067 Pollokshields Road, Glasgow G41.3;
  - Kitchin Chemists – 116 Nithsdale Road, Glasgow G41.5; and
  - Mount Florida Chemists – 1047 Cathcart Road, Glasgow G42.9

All had recorded their objections to the application.

The Committee noted that:

- Docherty Pharmacy – 224 Kilmarnock Road, Glasgow G41.3
- Copland Chemists – 7 – 9 Kilmarnock Road, Glasgow G41.3
- M&M Pharmacy – 6 Minard Road, Glasgow G41.2

were consulted as part of the statutory process, but had not taken the opportunity to respond within the consultation time period.

- David L L Robertson Chemist – 558 Cathcart Road, Glasgow G42.8.

was consulted as part of the statutory process. Their written representation was received after the statutory consultation period had ended and was not considered.

- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee) – took no exception to the Applicant's proposals;
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;

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

- d) - Glasgow City CHP – South Sector: no response was received during the consultation period;
- e) The following community councils:
- Crosshill/Govan – no response was received;
  - Hutchesontown – no response was received;
  - Laurieston – no response was received;
  - Langside, Battlefield & Camphill – no response was received;
  - Pollokshields – no response was received;
  - Shawlands & Strathbungo – no response was received; and

- Mount Florida – no response was received;

The Committee also considered;-

- f) The location of the nearest existing pharmaceutical services;
- g) The location of the nearest existing medical services;
- h) Demographic information regarding post code sectors G41.2, G42.7 and G42.8;
- i) Information from Glasgow City Council's Department of Land & Environmental Services advising that there were no known major road developments within a one mile radius of the proposed premises.;
- j) NHS Greater Glasgow and Clyde plans for future development of services;
- k) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- l) Information regarding the number of prescription items and Minor Ailment Service activity undertaken by pharmacies within the consultation zone;
- m) Applications considered previously by the PPC for premises within the vicinity; and
- n) The Board's Pharmaceutical Care Services Plan.

The Committee took into consideration its obligations in terms of the Equality Act 2010:-

- the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- to advance equality of opportunity between people who share a protected characteristic and those who do not; and
- to foster good relations between people who share a protected characteristic and those who do not.

## DECISION

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

The Committee considered the various neighbourhoods put forward by the Applicant and the Interested Parties, in relation to the application.

The Committee considered that the neighbourhood should be defined as follows:

**North:** the railway line to the north of Aikenhead Road;

**East:** Following the road down Aikenhead Road;

**South:** Running along Prospecthill Road, on to Cathcart Road leading to Queens Drive;

**West:** Pollokshaws Road.

In the Committee's opinion, the railway line was a significant physical barrier. Aikenhead Road itself was a main trunk road, which marked delineation between commercial buildings and a residential area to the north. Prospecthill Road was a busy arterial road beyond which lay a distinct shopping and residential area commonly known as Mount Florida. Queens Drive lay on the edge of parkland which, while able to be crossed, marked a physical boundary between the Cathcart Road area and the area beyond the park. Pollokshaws Road was a main trunk road acting as a main route into the city centre.

### **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 six pharmacies.

The information provided to the Committee detailing monthly dispensing data, activity related to MAS and information on provision of locally negotiated services showed that these pharmacies provided all core contract services along with a comprehensive range of additional services.

The consultation carried out by the Applicant had raised the issue of availability of spaces for compliance aids within the existing community pharmacies on Victoria Road. The Committee was aware that the current thinking on future provision was not to rely on such aids as the primary intervention for patients. It was known that there were many reasons why community pharmacies might not wish to take on additional patients and that this did not necessarily demonstrate inadequacy of pharmaceutical services.

The Committee discussed the Applicant's assertions that there was a significant barrier to access of services for the EU migrant population due to the lack of available translation services. The Committee was aware that NHS GG&C had recently brought their translation service "in house" and this was facilitated through a concept called "Language Line". Community Pharmacies like other independent contractors could utilise this service which provided access to a range of languages facilitated via a telephone consultation. In addition to this, the Committee was aware of a pilot project available from Govanhill Health Centre which provided services on a face to face basis.

The Committee discussed the Applicant's comments and questions to Mrs McElroy regarding the failure of Mr David Robertson to submit a written representation during the consultation period associated with the application and the Applicant's suggestion that this was due to Mr Robertson not having any objection to the application. The Committee noted that Mr Robertson had in fact made representation to the Board. His submission had however been received outwith the consultation exercise time period and therefore had not been included in the papers to be considered by the Committee.

The Committee considered the Applicant's claims that complaints had been lodged with the Health Board regarding the adequacy of services within the neighbourhood. Discussion with the Clinical Governance Support Unit and the Community Pharmacy Development Team confirmed that letters had been received from two patients who had raised issues regarding waiting times within one of the existing pharmacies on Victoria Road. In accordance with the statutory NHS complaints procedure, the patients had been referred to the individual contractor to raise this issue with the contractor.

The Committee noted the Applicant's comments regarding extended opening hours and how such a facility would benefit patients within the defined neighbourhood given the close proximity of the OOH service at the Victoria Infirmary. The Committee noted that of the 19 pharmacies included in the consultation zone relating to the application only two did not offer services above the minimum required by the current Model Hours Scheme. The Committee was mindful that they could only consider the application in terms of the Model Hours Scheme and considered that the current network provided an adequate level of service.

The Committee noted that the Applicant had submitted a petition containing signatures in support of a pharmacy facility at the proposed premises. This petition had been received by the Community Pharmacy Development Team after the initial submission of the application and after the deadline for the receipt of additional information. The petition had therefore not been included in the Committee's papers.

The Committee felt the Applicant was to be commended on his proposed initiatives to provide new services to the neighbourhood. The Committee were however mindful that the legal test required them to consider the application in terms of pharmaceutical services provided as part of an NHS contract and some of the services suggested by the Applicant such as travel vaccination services sat outwith this framework.

The Committee considered the existing network provided comprehensive service provision to the neighbourhood with extended opening hours and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways: by foot, public transport or by car. Collection and delivery services were available for any resident finding access to services problematic.

**In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Kenneth Irvine and Alasdair MacIntyre, left the room during the decision process:**

**DECIDED/-**

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. The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were not necessary or desirable in order to secure adequate

**Contractor  
Services  
Supervisor**

provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List. In the circumstances it was the unanimous decision of the PPC that the application be refused.

**The Chemist Contractor Member of the Committee, Kenneth Irvine rejoined the meeting at this stage. Alasdair MacIntyre remained out of the room, having declared an interest in the next item to be discussed.**

#### **4. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2011/39 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

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

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

The Committee having previously been circulated with Paper 2011/40 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

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

**Case No: PPC/MRELOC05/2011 – A A Hagan Ltd, 114 Grieve Road, Greenock PA16 7AW**

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

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

##### **NOTED/-**

**Case No: PPC/MRELOC06/2011 – Lloydspharmacy, 94 Causeyside Street, Paisley PA1 1TX**

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

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

**NOTED/-**

**Case No: PPC/MRELOC07/2011 – Lloydspharmacy, 195-197 Knightswood Road, Glasgow G13 2EX**

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

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

**NOTED/-**

**6. CODE OF CONDUCT FOR LAY MEMBERS OF ALL COMMITTEES, SUB COMMITTEES OF NHSGGC AND ITS PARTNERSHIPS**

The Committee having previously been circulated with Paper 2011/41 noted the contents which gave details of the conduct expected from Lay Members of the Board's Committees:

The Committee noted that all Lay Members had received a copy of the Code and that it would form part of the induction pack for new members.

**NOTED/-**

**7. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**8. DATE OF NEXT MEETING**

To Be Arranged.

The meeting ended at 3.00pm