

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)
 Minutes of a Meeting held on
 Friday 20th April 2012 at 9.30am in
 The Premier Inn Glasgow City Centre South, 80 Ballater Street
 Glasgow G5 0TW

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Maura Lynch	Lay Member
	Mrs Catherine Anderton	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:	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Dale McGinley	Contracts Supervisor – Community Pharmacy Development
	David Thomson	Deputy Lead – Community Pharmacy Development
OBSERVING:	Mr Ewan Black	Contractor Pharmacist Member
	Mrs Carole Hunter	Member – APC, CP- sub committee
	Mr James Wallace	Non-contractor Pharmacist Member

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 Gordon Dykes.

Section 1 – Applications Under Regulation 5 (10)

Mr Alasdair MacIntyre retired from the meeting at this stage as he had been involved as an Interested Party in the application contained in the minutes to be agreed.

2. MINUTES

The minute of the meeting held on Tuesday 24th January 2012 PPC[M]2012/01 was

approved as an accurate record.

Mr Alasdair MacIntyre returned to the meeting at this stage.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes.

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

Case No: PPC/INCL05/2011

Mohammed Ameen, 460 Ballater Street, Glasgow G5 0QW

Prior to the consideration of the application the Chair explained the presence of the three observers. He advised that that the observers would take no part in the meeting, but merely observe proceedings. He sought agreement from the Applicant and Interested Parties that the observers could remain. Each indicated their agreement in turn.

The Committee was asked to consider an application submitted by Mohammed Ameen to provide general pharmaceutical services from premises situated at 460 Ballater Street, Glasgow G5 0QW under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Mr Ameen 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 Mohammed Ameen, assisted by Mr Mohammed Rashid. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Mark Sim (Lloydspharmacy), assisted by Mr Derek Jamieson, and Mr Asgher Mohammed (Abbey Chemists), assisted by Mr Abdal Alvi. Mr Charles Tait (Boots UK Ltd) arrived more than 15 minutes after commencement of the hearing and therefore could not be admitted.

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 Gorbals, Hutchesontown, Oatlands, Laurieston and Trongate.

The procedure adopted by the Pharmacy Practices Committee (“the PPC”) at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions 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 advised that the neighbourhood was basically the G5 postcode which was referred to as Gorbals. The area was made up of Hutchesontown, Oatlands and Laurieston. Local organisations like Gorbals Health Living Network, Glasgow City Council, South East Community Health Care Partnership, postcode sectors, New Gorbals Housing Association and the PPC all considered Hutchesontown, Laurieston and Oatlands to be one neighbourhood called Gorbals.

The specific neighbourhood was defined by the following boundaries:

North: River Clyde;
East: Shawfield Drive to the M74;
South: M74 to Eglinton Street and
West: Eglinton Street to Bridge Street.

He advised that his application was not based solely on supervised methadone provision and that he would concentrate on inadequacies in core services. Methadone was an additional service and was the last of eight points he wished the Committee to consider -

Waiting Times

He advised that as the existing pharmacies were busy; waiting times were high. This affected the quality of all services. Pharmacists and staff did not have time to carry out detailed consultations for services such as Minor Ailments Service (MAS), Long Term Conditions (LTC) or smoking cessation. In the Applicant’s opinion this indicated that busy pharmacies would have difficulty managing the Chronic Medication Service (CMS).

Deprivation

The Applicant advised that the Gorbals area was seriously deprived. Most of the people were workless, on long term benefits and did not own a car. He advised that the proposed pharmacy site was surrounded predominantly by rented housing where there was a prevalence of disadvantaged residents in high flats and this included methadone addicts. In the Applicant’s opinion deprived areas used pharmacy services more than normal.

Need for Extended Hours

The Applicant advised that the opening hours of the existing pharmacies did not reflect GP extended hours. His opening hours would.

Transient Population

There were 23 GPs and 3 dentists based in Gorbals Health Centre which provided healthcare services in the area to the resident and transient populations. There were over 7,000 people visiting Ballater Street on a weekly basis and this population would expect a pharmacy.

Housing

The area of Oatlands was being regenerated, with still more housing to be built in this location. Regeneration was starting in Laurieston. Gorbals was a valuable area, close to the city centre, so even if there were small changes in population, there continued to be a gradual consistently increasing population trend that needed a pharmacy.

Access

The Applicant advised that there was no public transport on Crown Street. There was a taxi rank but this caused problems for access. The speed breakers showed that the area was not designed for lots of traffic. Parking on Crown Street was increasingly difficult, whereas there was a bus service and unmetered parking on Ballater Street.

Bilingual Pharmacist

The Applicant advised that the Mosque had confirmed that it had 7,000 visitors per week and were looking for a pharmacist fluent in Urdu and Punjabi, which were two of the languages spoken by the Applicant.

Mr Charles Tait arrived and attempted to enter the hearing at this point. Mr Thomson left the hearing to advise Mr Tait that he could not be allowed access as the hearing had already started.

Methadone Problems

The Applicant advised the Committee that it was known that local activists objected to loitering by addicts. They would prefer the pharmacies not to dispense methadone at all, so that all addicts were treated in a facility away from shopping and residential areas. In the Applicant's opinion these activists would object to any application which suggested participating in the supervised methadone service. This was however contrary to NHS Scotland policy which advocated methadone supervision from pharmacies.

He advised that the Community Addiction Team (CAT) suggested there was unmet methadone need in this area and wider locality as well. Such a situation did not exist anywhere else in Galsgow. This was a serious inadequacy.

He advised that there were a high number of addicts in Gorbals. Patients had been going

outside the G5 postcode area for methadone for a long time.

He advised that the two pharmacies on Crown Street could not safely cope with the numbers of addicts.

Florence Street

He advised that the existing two pharmacies screened their patients, and had sent many of those (approximately 30) considered “not problematic” to the Florence Street facility. There was no increase in methadone places. The CAT team continued to see an unmet methadone need. A Health Board survey showed more than 70 addicts were still forced to go outside G5. The public continued to feel insecure and local Councillors continued to make complaints. The patients going to the Florence Street facility were not receiving a full pharmaceutical service. The costs of the facility were not justified in terms of evidence-based economic healthcare delivery.

Capping

The Applicant advised that capping was contributing to the inadequacy as it had pushed patients outside the neighbourhood. It was, in the Applicant’s opinion, the wrong way to allay public concern.

There were two further problems arising:

- i) The police confirmed that restricted dispensing operated by existing pharmacies was exacerbating loitering, and
- ii) Fixed appointments by existing pharmacies worsened loitering.

Crown Street Problems Would Not be Replicated at New Pharmacy

Crown Street problems were not repeated by the collection facility on Florence Street, so a new pharmacy on Ballater Street could not replicate problems any further. The Applicant felt it was impractical for methadone patients to loiter on Ballater Street due to the absence of a Post Office or warm library to sit in, and the road was always busy with traffic. The new retail units on Ballater Street had created a shopping hub and this was dispersing people away from Crown Street. According to the Applicant, addicts would redistribute between three pharmacies and reduce problems on Crown Street. The public felt that Florence Street had reduced problems on Crown Street so a new pharmacy would reduce problems even further.

Addicts Would Go to the New Pharmacy Because:

- i) There were a lot of addicts around the proposed site so it was more convenient;
- ii) The CAT Team would direct patients to the new pharmacy;
- iii) Addicts would exercise choice, and some would automatically go to new pharmacy;
- iv) The separate methadone treatment room planned within the new pharmacy offered a discrete and attractive service;
- v) Ballater Street was busy, so it was unattractive for drug dealers. Addicts who

wanted to avoid temptation of illicit drugs on Crown Street would go the new pharmacy;

- vi) The Applicant would provide a drop-in facility, so patients would be in and out quickly;
- vii) The Applicant would offer unrestricted dispensing throughout opening times to reduce loitering; and
- viii) Residents around proposed pharmacy would not feel the need to go to Crown Street due to new shops at Ballater Street.

The few methadone dispensing spaces currently available in the existing pharmacies were due to patients moving from the methadone maintenance programme to the local rehab centres; however these spaces are not advertised to the number of methadone patients who have been forced out of G5 by capping.

The Applicant emphasized that he would not be prescribing methadone so there would not be an increase of addicts in Gorbals. He intended to serve only G5 patients, but new methadone dispensing places would be created by the new pharmacy which would redistribute current addicts between the three pharmacies, and reduce problems on Crown Street and addicts would no longer have to go outside G5 for methadone.

The Applicant advised that he was an independent prescriber pharmacist specializing in substance misuse and would collaborate with the local addictions team through an agreed protocol to have regular clinics, not to simply supervise the administration of the dose prescribed by the doctor but also to motivate patients and would have the authority to alter the patients dose to gradually reduce and eventually stop their dependence on methadone.

In addition to provision of core services:

A new pharmacy would automatically reduce waiting times at Crown Street pharmacies which would free up their time to improve their services. He advised that he would further reduce waiting times by providing adequate staffing levels. He advised that he would also provide unrestricted opening times to match extended surgery hours of GPs. Together this would reduce loitering by staging attendance by patients.

The Applicant advised that he would actively promote MAS, CMS, NRT (Nicotine Replacement Therapy), EHC (Emergency Hormonal Contraception), LTC services, free collection and delivery and compliance aids via practice leaflets, attending local meetings and events, local advertisement and posters.

He advised that he would have a variety of clinics on mental health, oral health, obesity and sexual health, COPD medication review service and would have a "call back" system for patients.

He advised that he was fluent in Urdu and Punjabi for the 7,000 plus mosque visitors. He would have clinics on meningitis vaccination, COPD, hypertension, diabetes, foot-care and heart disease specifically for this group. He would provide education and self help management programmes and would try to improve understanding of "urgent supply" by pharmacies to this group.

Alcohol Issues

There was a serious alcohol problem in G5 (alcohol related hospital admissions were twice average). He advised that he would collaborate with Alcohol Intervention and Support Services (ALISS) and the CAT Teams to identify and engage potential patients at risk to carry out FAST scores indicating harmful drinking habits and signpost them to ALISS.

In terms of the objections received to the application, the Applicant advised that the public view was distorted by a handful of activists who were making the objections and lobbying public officials without examining the benefits. The Applicant did not consider the objections to be a true reflection of public opinion, because all stakeholders were not included. All the objections were based mainly on loitering problems by addicts on Crown Street yet addicts resident in the neighbourhood were not consulted. On the contrary, the views of addicts were deliberately ignored because admitting that the number of addicts in G5 is high interferes with the promotion of Gorbals as a great place to live. The views of the elected representatives simply reflected pressure from this group of activists. The Applicant wanted to emphasise that even the objectors were in favour of a pharmacy that did not dispense methadone.

The Interested Parties Question the Applicant

In response to questioning from **Mr Mohammed** regarding waiting times at existing pharmacies, the Applicant advised that the public consultation had allowed him to check the waiting times. He had not checked Abbey Chemists in particular as it was not in his defined neighbourhood and as such he did not bother investigating waiting times at this particular pharmacy. He knew that waiting times in G5 were high. The public and the Health Board were aware of this. The consultation exercise allowed him to speak to patients some of whom reported waiting times of 30 to 45 mins to get a prescription. The dispensing of medicines took most of the pharmacists' time and therefore had a negative effect on the ability of the Crown Street pharmacies to undertake any other services.

In response to final questioning from Mr Mohammed, the Applicant confirmed that his data was based solely on the two pharmacies in G5.

Mr Sim asked the Applicant if he had any evidence to support his assertion that the uptake of MAS was poor in the area. The Applicant advised that the public consultation had allowed him to speak to patients. He had identified two main scenarios regarding MAS. People were either aware of MAS but chose not to use the service because of the waiting times experienced in the dispensing of normal prescriptions or scripts or they were not aware of the service.

In response to a question from Mr Sim regarding how the Applicant was going to promote MAS under the regulations in place, the Applicant advised that he would do this through practice leaflets, local meetings and events, local advertisements and posters.

In response to a question from Mr Sim regarding waiting times, the Applicant advised that he had spoken to members of the public during the consultation period. In addition he had personally taken prescriptions into both pharmacies over a period of 6 months. He had

presented prescriptions at times considered appropriate for quick and easy for access for pharmaceutical services but had experienced high waiting times. The Applicant asserted that where long waiting times existed people will not come back to that pharmacy. He advised that the population of G5 was highly deprived and needed extra services to tackle the health inequalities that existed in the area. The high waiting times were not acceptable.

In response to a follow up question from Mr Sim, the Applicant advised that he was not aware that waiting times were a KRA (key result area) for Lloydspharmacy branches and that the Crown Street branch met this KRA with an average waiting time of eight minutes. He advised that his statistics derived from a quote contained in an e-mail from a member of the public. He reiterated that patients had experienced waiting times of up to 45 minutes. He advised that the public's perception was that waiting times were high, a view that was shared by the Health Board.

In response to further questioning from Mr Sim, the Applicant confirmed that he was not aware of any complaints that had been submitted by members of the public regarding waiting times in the area.

In response to a question from Mr Sim regarding the Applicant's statement that patients had specifically been directed to the Florence Street facility and whether the Applicant could provide evidence of this when Lloydspharmacy had capacity for extra patients, the Applicant asserted that it was quite clear that the current pharmacies provide an inadequate methadone service. There had been a long standing need in the Gorbals area for 10 years. The reason the Florence St facility was set up was to relieve problems in Gorbals. In the Applicant's opinion this had failed. The existing pharmacies had been capped. He asserted that even if one of the branches wanted to increase the number of patients, they would be prevented from so doing as it would have a damaging effect on Crown Street.

In response to a follow up question as to why the Applicant believed there to be an extra need when Lloydspharmacy had the capacity to address such need, the Applicant advised that the current pharmacies were unable to increase their spaces. Patients were moving from the pharmacy methadone maintenance programme and going into the community rehabilitation programme. There needed to be better advertising of spaces as currently more than 70 people were going out of the G5 area to access such services.

In response to questioning from Mr Sim as to how current pharmacies should be advertising these spaces, the Applicant advised that patients should be invited verbally and advertisements should be placed.

In response to a question from Mr Sim designed to clarify the Applicant's statement that he would dispense methadone only to patients in G5, the Applicant advised that he did not intend to cater for anyone outside the G5 area. He clarified that he would not refuse to dispense medication to residents outwith the G5 area, but would dispense methadone specifically for this resident population.

In response to questioning from Mr Sim regarding deprivation, the Applicant advised that there was deprivation in the high flats. Ballater Street was an easy road to cross, with

several pedestrian crossings and traffic lights. The new pharmacy would be in the heart of the deprivation. Gorbals was a highly deprived neighbourhood, with the highest level of deprivation being in the immediate vicinity of Ballater Street.

In response to questioning from Mr Sim regarding parking around the proposed premises, the Applicant advised that there were ample on-street spaces, with no yellow lines restricting parking.

Mr Sim asked the Applicant why someone living on Cumberland Street would walk past the Crown Street pharmacies to access services from a pharmacy in Ballater Street. The Applicant advised that such a resident would not be walking past Crown Street; they would go along a main road and on to Ballater Street. It was easier to access services on Ballater Street.

Developing this line of questioning Mr Sim asked if a resident was on foot, why would they walk from the western side of the Applicant's defined neighbourhood and pass the existing pharmacies. The Applicant advised that residents on the western side of the neighbourhood would not walk past Crown Street. The easiest place for such a resident to access services would be on Ballater Street. The architectural layout of Crown Street enclosed it and the facilities were designed to cater for Hutchesontown, not Oatlands or Laurieston.

The PPC Question the Applicant

In response to questioning from **Mr Macintyre** regarding why he had not taken Polmadie Road or Richmond Park as his eastern boundary, the Applicant advised that there had been quite a significant change in the Oatlands area recently. From Shawfield Drive, when you approached the motorway housing was already established and as such this was why he had used this as a boundary. He confirmed that some of this housing was still to be built. He agreed that much of the housing was located around the Richmond Park area, but felt it important that future housing be considered as this new building was imminent.

In response to further questioning regarding the bottom part of the Oatlands area and whether this would remain industrial in nature, the Applicant advised that neighbourhoods were based on boundaries, both natural and man made. The Applicant pointed to the six lane motorway and suggested that this could reasonably be expected to be a boundary. Oatlands was a part of Gorbals and he did not feel he could truncate one section of it just because this part of the area was industrial in nature.

In response to a follow up question from Mr MacIntyre regarding the M74 motorway, the Applicant advised that there were access points under the motorway. He was aware that the APC CP-Sub Committee had identified the railway line as the southern boundary, and he agreed there was an argument for this as there was access under the motorway. He pointed out however that the motorway ran parallel to the railway line and as such, if the railway line was chosen, the line would follow the same route as the motorway.

In response to questioning from Mr MacIntyre regarding the Applicant's statements that the existing pharmacies didn't have the capacity to push forward newer services because of the high dispensing volume in the area, Mr MacIntyre advised that the Committee had

access to script numbers for pharmacies in the consultation area and that these did not immediately suggest that pharmacies were operating at extreme numbers of prescriptions. Mr MacIntyre was keen to know if there were particular reasons why the pharmacies in Crown Street, and represented here, were under more pressure. The Applicant advised that ISD figures showed items dispensed by pharmacies in G5 were 50% higher than the Glasgow average. Waiting times were high as well which affected the quality of other services. The average number of items dispensed in a month was 6,000. If the volume in G5 was 50% high; this was 3,000 giving a total monthly volume in the area of 9,000.

Mr MacIntyre asked the Applicant whether the reported waiting times of 30 to 45 minutes related to a single incident or whether this happened on multiple occasions. Mr MacIntyre advised that the patient's letter the Applicant quoted from referred to a particular incident. There appeared to be no suggestion that it happened on more than one occasion. The Applicant advised that he had been trudging the streets of Gorbals for some time and had managed to obtain opinions from the public at large. Many said that the waiting times were high. In addition comments made by public representatives quoted "long waiting times" and as such it was quite clear that waiting times were high.

Mr MacIntyre asked for the Applicant's response to the letters received saying that existing services were adequate and how he would respond to this information which conflicted with his presentation. The Applicant advised that the objections to the application were largely related to methadone. He asserted that the public view was distorted by a handful of activists. The Applicant did not agree that the objections related to the existence of a pharmacy in general but to the dispensing of methadone. He felt that most of the objectors to the methadone issue were in favour of a pharmacy as long as it did not dispense methadone. There was a stigma attached to methadone itself and to the patients associated with the service. There were a small number of activists who were against methadone. He had spoken to them about the service, but his views had not been accepted.

In response to further questioning from Mr MacIntyre regarding how he would respond to figures which showed that rather than increasing the numbers of methadone dependent patients was reducing across the Board's area including Gorbals, the Applicant advised that in recent years the CAT teams had tried to shift their case load into GP shared care programmes. He did not feel that there was a reduction in methadone numbers or spaces but a diversion from the CAT teams to GP practices.

Mr MacIntyre clarified that it was the Applicant's position that the overall numbers of methadone patients was not reducing but that the number being managed by the CAT Team was decreasing.

Dr Johnson asked the Applicant to explain his assertion that fixed appointments for addicts were aggravating the degree of loitering. The Applicant asserted that fixed appointments encouraged patients to linger before and after appointment times. They would wait for friends who had appointment times either prior to or after theirs. Dr Johnson questioned the logic of this assertion when patients could easily hang about waiting on their friends regardless of whether there were fixed appointments in place. The Applicant advised that methadone patients tend to socialise with other methadone patients. If a patient had an appointment at a specific time, other methadone users would

wait for them which caused the loitering.

Dr Johnson asked the Applicant to explain why the problems of Crown Street were not replicated at Florence Street and could not recur at the proposed premises. The Applicant advised that when people were diverted to Florence Street, the problems on Crown Street reduced. Using the same logic, by opening another facility which dispenses methadone it would further improve the situation taking further pressure and focus off Crown Street.

In response to further questioning from Dr Johnson regarding how loitering could be avoided around the Applicant's proposed premises if the methadone service was being provided, the Applicant advised that the two areas were different.

In response to further questioning from Dr Johnson regarding extended hours and whether the Applicant agreed that if there was a business case for this existing pharmacies would have already extended their hours the Applicant advised that he felt that the question of extended hours was a case for improving access and services for a particular group. It was not about how lucrative it was for a group of pharmacies. He advised that there were numerous GPs in Gorbals Health centre. In addition lots of people visited the area. If access was improved, it would address unmet need.

In response to questioning from **Mrs Anderton** regarding the patients who accessed methadone services outwith the G5 post code area and how this statistic had been established, the Applicant advised that the Health Board had conducted a survey which showed a minimum of 70 patients going outside the neighbourhood. Lloydspharmacy had previously had 130 methadone spaces. Their service had been capped at 60 which left 70 patients looking to access services elsewhere. This was a minimum conservative number.

Mrs Anderton sought clarification from the Applicant regarding his statement that he would provide up to 150 methadone places, but would not be prescribing methadone. The Applicant advised that bringing patients on to the methadone programme was the job of the CAT teams and GPs. As an Independent Prescriber, he would want to maintain patients on the methadone programme, improving their clinical management once they were on the programme. It was not about bringing them in off the street. He would not prescribe any new methadone.

Mrs Anderton sought further clarification around statements made by the Applicant in relation to methadone places. The Applicant advised that the new pharmacy would have a maximum capacity to manage 150 methadone patients. There were 30 patients currently being managed via Florence Street and 70 travelling outside G5. This gave you more than 100 patients, providing the new pharmacy with this logistical capacity.

In response to final questioning from Mrs Anderton, the Applicant confirmed that it was his assertion that there was an underprovision of services and that existing pharmacies were operating above their capacity and not meeting their requirements for other services. The public consultation had highlighted this. Letters of support stated that waiting times were high; the busier the pharmacy the less time it could devote to other services. It was very difficult for them to provide an efficient adequate service in other areas when they were too busy dispensing prescriptions. Evidence was available from the public consultation period; the Applicant had spoken to patients; from the MPs letters; and statements from patients

clearly showed waiting time issues.

In response to questioning from **Mrs Lynch** about the Health Board survey mentioned in his presentation, the Applicant advised that he did not have a copy of the survey, but had heard about it. He advised that the PPC could ask for a copy of the survey if they so wished. If the PPC required evidence regarding his assertion that 70 patients were forced to travel outwith the G5 postcode area to access the methadone service, he would point to Lloydspharmacy having capacity for 130 methadone places. Their numbers had been capped, and this was evidence in itself of the additional patients not being able to access services at Lloydspharmacy and required to travel outwith the area to access the service.

Mrs Lynch advised the Applicant that he had mentioned inadequacy in service to people requiring methadone, but was interested to learn in what other areas the Applicant felt there to be inadequacies. He responded that there was inadequacy in the core services; predominately in high waiting times. He reiterated his point that if a pharmacy was busy dispensing with long waiting times, it would have a poor set of services. In terms of MAS some people did not know about it. Those that did would not use the service because the pharmacies were busy. There were low quit numbers for smoking cessation and there was poor engagement for the Long Term Condition services such as heart failure. The existing pharmacies were poor performers in these areas, which showed they were busy dispensing medicines and did not have the time to get involved in these important services. The evidence came from the pharmacy teams who had the statistics for quit rates. Both existing pharmacies were the poorest performers for heart failure. Both were the poorest performers in the CHP and this was because of the long waiting times.

In response to further questioning from Mrs Lynch regarding whether the Applicant had evidence that the services were not being delivered because of the intensity of the pharmacy he advised that he had spoken to the Health Board, to public representatives and to others who had also made these assertions. The evidence lay in poor engagement rates which he felt to be a good reflection that the existing pharmacies were busy.

Mrs Lynch asked the Applicant where he felt the transient population of 7,000 was accessing pharmaceutical services at the moment. He advised that they would be reluctantly going elsewhere; perhaps outwith the neighbourhood. Some would be aware of Crown Street despite it being in an enclosed scheme.

Mr Imrie asked the Applicant if it was a possibility that methadone patients might be moving outwith the area through choice. The Applicant advised that most methadone patients preferred to be supervised within their own neighbourhood. Methadone users had a daily need and would not normally go outwith the area to access this. Due to capping of numbers at the existing pharmacies, a significant number did not have any choice but to access services outwith the area. He was sure that if they had a choice, they would return to Gorbals to be supervised.

Mr Irvine asked the Applicant whether he was aware of the resident population within the neighbourhood. The Applicant advised that according to Scottish Neighbourhood Statistics (SNS) the population was approximately 8,394. This was a relatively accurate figure determined from seven datazones.

In response to further questioning from Mr Irvine regarding the housing in the area and whether changes in housing had changed the requirement for pharmaceutical services. The Applicant advised that he did not feel that the Oatlands population differed vastly from the population at large. The houses being built were two/three room houses. He did not feel the socio economic composition was any different and therefore the population did not have different requirements.

In response to further questioning from Mr Irvine regarding what percentage of the transient population the Applicant would expect to access services at the proposed site. The Applicant advised that the plans for the new pharmacy took account of the transient population and estimated conservatively that 30% of this population would seek services at Ballater Street.

Mr Irvine asked the Applicant what was the closest access point to Crown Street pharmacies for public transport. The Applicant advised that the nearest service was Hospital Road and this service did not go near Crown Street. There was a bus stop on Ballater Street, but no bus stop closer to the Co-op supermarket or library.

In response to final questioning from Mr Irvine, the Applicant confirmed that his case had been based on the eight points he opened his presentation with. He believed that all of the points were important as they all affected the provision of core services. If pushed he would say the four most important points were: waiting times, deprivation, provision of a bilingual pharmacist and transient population.

In response to questioning from **the Chair** regarding the adequacy of parking on Ballater Street, the Applicant advised that parking in the area was unmetered. There were no yellow lines. Comparing this with Crown Street, where it was impossible to park, the parking on Ballater Street was adequate.

The Chair asked the Applicant if he agreed that the activists in the area would not cause such objection to the application unless they felt this to be necessary. The Applicant advised that the objectors were small in number. They tended to attend the community council meeting, which the Applicant had attended but was prevented from making the case for the additional pharmacy because the objectors were completely against the proposals. Such activities tended to lobby public representatives more than the general public. When general public opinion was gauged, it was overwhelmingly in support of a pharmacy. He felt that there was a mix of opinions but that the activists tended to lobby public representatives and were more vocal.

The Interested Parties' Case – Mr Asgher Mohammed (Abbey Chemists and High Street Pharmacy)

Mr Mohammed advised that he had traded in Trongate for 20 years. During this time he had spent time, effort and energy engaging in all services including MAS, CMS and Smoking Cessation and that his pharmacies had capacity to do more.

He advised that he already employed a bilingual pharmacist and had good links with the central mosque. He did not feel that access to pharmaceutical services was inadequate in the neighbourhood. He advised that the numbers of methadone patients within his

pharmacies had gone down from 80 to 55 over the last couple of years. He had a good relationship with CAT teams and his pharmacies always had spaces. He could accept patients from G5 or outwith. He did not believe that every methadone user wanted to be supervised in their local area. Many did not want to mix with the local population. He asserted that just because the existing pharmacies had a cap on numbers, this did not mean the service was inadequate. His pharmacies had a capacity of about 80 or 90 patients. The actual numbers were well below this level. He advised that he only refused to take patients on if they had previously been barred from his pharmacies and in this case the patient would be referred back to the CAT team. He advised that in terms of accessibility, although his pharmacies were not within the defined neighbourhood they were very near. Trongate was 0.9 miles from the proposed premises and easily reached by public transport. In his opinion the population's needs could be met from the current network in the neighbourhood and the other pharmacies outwith the neighbourhood.

Responding to the most important of the points made by Mr Ameen, he advised that: – waiting times. Anyone experiencing difficulty could access one of his pharmacies easily, where a bilingual pharmacist was available. In his opinion the services were not inadequate.

The Applicant Questions Mr Mohammed

In response to questioning from **the Applicant**, Mr Mohammed asserted that his application some time ago, which resulted in the opening of High Street Pharmacy, had not been based on the issue of methadone. He did not agree that High Street Pharmacy had reduced pressure on his pharmacy in Trongate which previously experienced a high number of methadone users.

In response to further questioning from the Applicant, Mr Mohammed confirmed that he provided services to patients in G5. These patients accessed services at his pharmacy through choice and did not do so because they had been forced out of the G5 neighbourhood.

There were no questions to Mr Mohammed from Mr Sim.

The PPC Question Mr Mohammed

In response to questioning from **Mr Irvine**, Mr Mohammed advised that he had no objection to the Applicant's definition of neighbourhood.

In response to final questioning from Mr Irvine, Mr Mohammed advised that both of his pharmacies had capacity to increase their participation in a number of services. He advised that he had recently increased staff numbers and had engaged in harm reduction services via the Injecting Equipment Provision service. Both pharmacies participated in as many services as they could and had scope to increase activity.

In response to questioning from **Mr Imrie** concerning what services other than core services Mr Mohammed provided from his pharmacies Mr Mohammed advised that his pharmacies provided supervised methadone, smoking cessation, emergency hormonal contraception, injecting equipment, blood pressure monitoring and a collection and

delivery service.

In response to final questioning from Mr Imrie, Mr Mohammed advised that he provided a delivery service to patients within a mile of his pharmacies who were housebound.

Mrs Lynch invited Mr Mohammed to comment on the Applicant's comments regarding the current pharmacies' poor performance in the smoking cessation service. Mr Mohammed advised that he considered these comments to be about the two existing pharmacies in G5 and not his pharmacies.

In response to questioning from **Dr Johnson** regarding the Florence Street clinic and whether he felt the facility was underutilised. Mr Mohammed responded that he did not have a detailed knowledge of the facility, although he knew it had been established for a long time, but thought that things were changing as there were now more spaces for methadone patients in community pharmacies and his pharmacies had additional capacity. If others had additional capacity, then this might raise the question of whether this facility was still required.

Mr MacIntyre asked Mr Mohammed if he knew whether the teams run by the CAT teams were run predominantly by GPs or others. Mr Mohammed said that he did not know.

There were no questions to Mr Mohammed from Mrs Anderton or the Chair.

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

Mr Sim thanked the Committee for providing Lloydspharmacy with the opportunity to speak at this afternoon's hearing.

He advised that his primary comment was that the PPC and NAP had concluded as recently as January and March 2011 that an additional NHS contract at the Ballater Street site was neither necessary nor desirable. With this thorough and robust decision made by both bodies, Lloydspharmacy could not see what changes had occurred within this time to suggest that a different decision should be reached on this occasion and therefore believed that the application should be refused again.

On the issue of neighbourhood, Lloydspharmacy was happy to agree with the neighbourhood as defined by the PPC and NAP to be:

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

While it was accepted that each application was considered afresh there had not been any material changes over this short period of time which would cause a different neighbourhood definition to be made.

The neighbourhood as defined followed logical geographical boundaries such as the River

Clyde and the railway line and therefore Lloydspharmacy would maintain this was a sensible definition to uphold.

Mr Sim asserted that the Applicant was making the same case as he did in 2010.

He advised that the Applicant mentioned in his application that core services were not being adequately provided but provided no evidence to support this. Uptake of MAS was adequate for the population. This service was provided by the existing pharmacies and therefore was readily available for the population.

The Applicant stated that existing pharmacies were not geared up for CMS. In Mr Sim's opinion this was nonsense and could not be substantiated by the Applicant. The fact that a pharmacy was well used by the local population was not evidence that an inadequate service was being provided. The Applicant also stated that waiting times were very long at around half an hour but Mr Sim did not understand how the Applicant had arrived at this figure as the Lloydspharmacy branch had continued to deliver their KPI of achieving an average 8 minute wait.

Since the previous application was considered Lloydspharmacy had fully refitted their premises and now had fantastic premises from which to provide services to the local population. The company had invested significantly in the area. The Lloydspharmacy branch at Gorbals had a dispensary floor area of nearly 30 sq metres and had a private care room and separate treatment area for supervision of daily treatments as required. He advised that the company had seen no need to provide extended opening hours but would consider this option if the Health Board felt it was necessary in the area.

Mr Sim advised that the Applicant referred to the fact that contracts had been granted to train stations and airports. These were, however very different situations to a main road. It could be argued on that basis that every main road had a transient population and should therefore have a new contract awarded. This was of course not in the spirit of the regulations. The nearest pharmacies of Boots and Lloydspharmacy were just as readily accessible with safe parking which was not available at the Applicant's site for the reliant and transient populations as evidenced by the Applicant's suggestion that they are well used.

He advised that the Applicant made reference to the level of deprivation but there were already pharmacies which served these residents. The existing pharmacies already meet the specific health needs of this community. The Applicant stated that the existing pharmacies were too busy to target specific vulnerable groups. This again was nonsense and could not be substantiated by the Applicant. Lloydspharmacy in particular provided a wide range of additional services to the community in line with the pharmacy contract including a free prescriptions collection and delivery service to the population of the neighbourhood.

The Crown Street branch had an active and well attended NRT programme, and would never turn anyone away, as was the case for EHC. Both services were conducted within a private consultation room.

He advised that the Applicant's case appeared to be around methadone provision.

However there was no necessity or desirability for an additional pharmacy contract for this purpose. Indeed at the premises in Crown Street, Lloydspharmacy had additional space available up to the capped limit and with the ever changing circumstances of this patient group and the current number of requests to be added to the daily supervised population, the availability at the branch is more than sufficient to meet the neighbourhood's requirements. This service was available throughout the day with no fixed appointment scheme in place or restrictions on access as stated by the Applicant.

Indeed within the bundle of papers a letter from Councillor Jahangir Hanif stated he concurred with the Hutchesontown Community Council in their view that they did not wish to see another pharmacy in the Gorbals area. Councillor Anne-Marie Millar of Southside Central Ward also voiced significant opposition on behalf of her constituents against the granting of a further pharmacy contract. Mr Sim suggested it was unusual to see such opposition from groups regarding an application for a new pharmacy which was evidence that the existing pharmacies were meeting the requirements of patients and residents in the neighbourhood.

For the above reasons Lloydspharmacy would submit that the pharmaceutical services already provided in the neighbourhood were adequate and therefore he respectfully asked the PPC to refuse the application as being neither necessary nor desirable.

The Applicant Questions Mr Sim

The Applicant asked Mr Sim if he knew why Lloydspharmacy were poor performers in long term condition services and whether he would agree that this was due to the pharmacy being too busy. Mr Sim said no.

In response to further questioning from the Applicant regarding how Mr Sim knew that services were adequate, he advised that Lloydspharmacy would never turn a patient away. He asserted that the low uptake of services was more to do with the population than any other reason.

The Applicant asked Mr Sim who conducted MAS consultations in Lloydspharmacies. Mr Sim advised that it could be trained healthcare assistants, pharmacists or dispensary staff. He advised that regardless of who conducted the consultation, the pharmacist always had to check any prescription generated.

Mr Alvi left the meeting at this stage.

The Applicant asked Mr Sim why pharmacies should be awarded a fee for MAS when it was counter staff who were conducting consultations. Mr Sim advised that the pharmacist had the sole overall responsibility.

In response to questioning from the Applicant regarding the Florence Street facility, Mr Sim did not share the Applicant's view that Florence Street had not made any significant changes to Crown Street. In terms of the loitering issue, Mr Sim asserted that this was a social problem and not one specifically related to methadone users.

The Applicant asked Mr Sim if Lloydspharmacy had capacity to increase activity in relation

to methadone why they did not close the Florence Street facility. Mr Sim advised that this was not his decision; it was the Health Board's.

Mr Sim declined to share details of Lloydspharmacy MAS activity with the Applicant.

In response to further questioning from the Applicant, Mr Sim reiterated that Lloydspharmacy did not operate a policy of restricted methadone supervision and it was not something he was aware was happening in the Crown Street branch.

In response to further questioning from the Applicant, Mr Sim advised that he did not know where the additional patients had gone subsequent to the capping of numbers at the Crown Street branch. He advised that the Crown Street branch had sufficient space to cater for the number of people requiring the service in the neighbourhood. Their capacity was significantly higher than the capped number.

In response to final questioning from the Applicant, Mr Sim reiterated that Lloydspharmacy did not operate appointment slots for those patients requiring methadone supervision and therefore this wouldn't contribute to the issue of loitering.

There were no questions to Mr Sim from Mr Mohammed

The PPC Question Mr Sim

Mr MacIntyre asked Mr Sim if he knew if there was a historical decrease in the number of patients or whether Lloydspharmacy's additional capacity was relatively new. Mr Sim advised that the overall numbers of methadone users were decreasing from the capped amount to the position Lloydspharmacy was experiencing at the moment.

In response to final questioning from Mr MacIntyre, Mr Sim advised that he was not aware if the CAT teams operated clinics with the participation of nurses and councillors or whether most clinics were run by GPs.

In response to questioning from **Dr Johnson**, Mr Sim agreed that the majority of the objections related to social disorder issues rather than the concept of an additional pharmacy.

In response to further questioning from Dr Johnson regarding whether Lloydspharmacy ever had more than one pharmacist in the branch, Mr Sim advised that the level of business at the moment did not require an additional pharmacist but that if this was ever needed it would be put in place.

Dr Johnson asked Mr Sim if providing compliance aids did not take up substantial amounts of time which could detract the pharmacist from spending time with patients, Mr Sim advised that the majority of compliance aids for Crown Street were made up in the Lloydspharmacy hub in Polmadie.

In response to questioning from **Mrs Anderton** regarding the balance between the transient population and the residential population, Mr Sim advised that the vast majority of patients served by the Crown Street branch resided in the G5 area. He advised that it

was strange to see an outlying prescription. He was not aware of where the transient population might access services.

In response to further questioning from Mrs Anderton regarding whether Lloydspharmacy had capacity in other services, Mr Sim advised that capacity had increased compared to before the refit.

Mrs Anderton asked Mr Sim if he could explain the low uptake of some services. Mr Sim advised that this was more to do with the nature of the population than what was being offered. Lloydspharmacy used an in house facility called "Colour Clip Care" which prompted staff to engage with patients when collecting prescriptions to promote services and raise any condition specific issues.

In response to questioning from **Mrs Lynch**, Mr Sim advised that Lloydspharmacy had not been asked for any service they could not deliver.

In response to questioning from **Mr Imrie** regarding set times for addiction patients to come in for their methadone, Mr Sim advised that there was no need for set times in the Crown Street branch. There was a security guard in the premises who provided a physical deterrent to antisocial behaviour. The visibility of the guard helped to create a perception of safety for customers and staff. The guard had also forged positive relationships with members of the community.

In response to questioning from **Mr Irvine**, Mr Sim confirmed that MAS and CMS were available in the Crown Street branch.

In response to final questioning from Mr Irvine, Mr Sim confirmed that staff within the Crown Street branch were trained and that they were currently considering employing an ACT (Accredited Checking Technician).

In response to questioning from **the Chair**, Mr Sim advised that the waiting times in Lloydspharmacy branches were audited regularly by a member of the field team.

In response to further questioning from the Chair, Mr Sim confirmed that he was surprised at the position of Lloyds within the CHP league table concerning smoking cessation.

In response to further questioning from the Chair, Mr Sim confirmed that the capacity for methadone in the Crown Street branch was 60.

The Chair asked Mr Sim how badly affected Lloydspharmacy would be if the application were granted. Mr Sim advised that he did not believe the branch would become unviable. He believed there would be an impact, but was not sure of the extent.

Following a further question from **Mrs Anderton**, Mr Sim clarified that the 60 methadone patients was the capped level and not places currently available.

Summing Up

Mr Sim advised that the Health Board had previously heard an application at this address

before and had made a decision. The Applicant had not shown any evidence of inadequacy and therefore he asked the Committee to decline the application.

Mr Mohammed advised the Committee that his pharmacies provided very good services to the G5 postcode area. These were close by and the pharmacy had capacity and he felt that the methadone issue was a red herring. He advised that in general terms, pharmacies had more capacity.

The Applicant advised that his application was based on 8 points:

Waiting times – he asserted that the busier the pharmacy the less time it could devote to other services;

Deprivation – the area was one of high deprivation with a prevalence of disadvantaged residents in the rented high flats;

Extended hours – He would open the pharmacy at 7am on a Thursday, following the hours of the GP practices in the area;

Transient Population – this element of the population needed a pharmacy. There were 23 GPs and three dentists who needed another pharmacy;

Housing – Oatlands was being regenerated and the SNS showed a slow increase in population from 1996 to 2010;

Access – there was unmetered parking outside the proposed premises;

Bilingual pharmacist – the Applicant spoke several languages;

Methadone – there had been no increase in methadone spaces. More than 70 patients were going outwith the area for methadone. 20 patients were going to Florence Street, the costs of which were not justified. He reminded the Committee that objectors were in favour of a pharmacy without methadone.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Mr Mohammed and Mr Sim to confirm that they had had a full and fair hearing. All three 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:
 - Abbey Chemist, 144 Trongate, Glasgow G1.5.;
 - Boots UK Ltd – various addresses; and
 - Lloydspharmacy – various addresses.

All had recorded their objections to the application.

The Committee noted that:

- Dickson Chemists, 41 Main Street, Glasgow G41.1;
- Govanhill Health Centre Pharmacy, Calder Street, Glasgow G42.7 ;
- High Street Pharmacy, 128 High Street, Glasgow G1.1;
- David L L Robertson, 558 Cathcart Road, Glasgow G42.7; and
- Bridgeton Health Centre Pharmacy, 201 Abercromby Street, Glasgow G41.1

were 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 - Glasgow City CHP – South Sector PPF – response received in objection to the application.
- e) The following community councils:
 - Hutchesontown Community Council - response received in objection to application;
 - Laurieston Community Council - response received in objection to application;
 - Crosshill/Govanhill Community Council – no response received;
 - Toryglen Community Council - no response received;
 - Calton Community Council – no response received.
- f) Mr Anas Sarwar MSP – no response received;
 Ms Nicola Sturgeon MSP – no response received within consultation timescale (response within the application pack was submitted by Applicant as part of their public consultation);
 Councillor Danny Alderslowe – response received in objection to application;
 Councillor Jahangir Hanif – response received in objection to application;
 Councillor Anne Marie Miller - response received in objection to application;
 Baillie James Sclanlon - response received in objection to application; and
 Councillor Shaukat Butt – no response received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;

- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors G5.0, G5.9 and G40.1;
- j) Information from Glasgow City Council's Department of Development and Regeneration Services providing details on planning 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, along with decision of NAP (where the original PPC decision had been appealed);

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 considered that the neighbourhood should be defined as follows:

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

The Committee agreed that the River Clyde was a major physical and natural boundary. Shawfield Drive marked delineation between new residential housing and an area more industrial in nature. The railway line formed a major physical boundary, much more so than the relatively new M74 motorway, which had access points underneath the road which allowed access from one side to another. Eglinton Street marked a boundary beyond which was an area of industrial land.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

pharmaceutical services in that neighbourhood.

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

The Committee considered separately each of the eight points highlighted by the Applicant.

Waiting times – the PPC had observed both pharmacies on Crown Street on a Friday which although considered a busy day, provided no evidence of pressure. The PPC concluded that waiting times could be high on specific occasions because pharmacists were engaged in the provision of other services. The Applicant had provided no evidence to show that the waiting times referred to by him as experienced by patients were anything other than isolated incidents or specifically related to the level of dispensing. The PPC had looked at prescription load figures and had not found these to be excessive. On the contrary they were regarded as easily manageable.

Deprivation – the Applicant had not provided any evidence that the current network was not providing adequate services to the neighbourhood population. While the PPC recognised that the area was one of relative deprivation, it believed that services currently available were provided with the population in mind.

Need for Extended Hours – the PPC recognised that the Health Board had not received any complaints from members of the public suggesting that the current hours operated by pharmacies in the area was limiting. The PPC was confident that the existing network of pharmacies would address the issue of extended opening hours if there had been specific request for this from the local population. The Applicant had not provided any evidence to suggest that extended opening hours were required in the area.

Transient Population – the PPC recognised that the transient population would utilise services in their resident area. There was no evidence that anyone had communicated to the Health Board that they required services in this area and therefore it was believed that existing services could cope with any demand emanating from the transient population.

Housing – the PPC considered that there was spare capacity within the existing services that would allow these to cope with any expected increase in population. The PPC noted that most of the residential developments were at Oatlands and not Ballater Street. The PPC did not consider these developments to be relevant to the application.

Access – the PPC recognised that the bus stop on Laurieston Road provided easy access to Crown Street. The local population could access the existing pharmaceutical services from any part of the identified neighbourhood.

Bilingual Pharmacists - the Committee discussed the Applicant's assertion that there was a need for a bilingual pharmacist in the neighbourhood. The Committee was aware that NHS GG&C had recently brought their translation service "in house" and that this service was facilitated through a concept called "Language Line". Community Pharmacies like other independent contractors could utilise this service which provided access to a full

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.

Methadone – the Committee noted the particular problems which had been experienced in this area over a period of time and how this had impacted on the existing pharmaceutical network and also the residents in the area. The Committee was aware that Board Officers were actively engaged with community representatives on these issues. The PPC also recognised the evidence which showed that the numbers of addicts requiring methadone services/supervision was in decline across the city as a whole.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Kenneth Irvine, Dr James Johnson and Alasdair MacIntyre, left the room during the decision process:

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 with pharmaceutical services.

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.

**Contractor
Services
Supervisor**

In accordance with the statutory procedure the Pharmacist Members of the Committee, Kenneth Irvine, Dr James Johnson and Alasdair MacIntyre, rejoined the meeting at this point.

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

The Committee having previously been circulated with Paper 2012/05 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/MRELOC01/2012 – Lloydspharmacy, Unit 6, Bargarran Neighbourhood Centre, Erskine, PA8 6BS

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

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

Regulations 2009 as amended.

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

Case No: PPC/MRELOC02/2012 – Lloydspharmacy, Portacabin, Car Park, Neighbourhood Centre, Erskine, PA8 6BS

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

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

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

NOTED/-

6. PHARMACEUTICAL CARE SERVICES PLAN

The Committee having previously been circulated with Paper 2012/06 agreed the Pharmaceutical Care Services Plan for 2012/2012.

The Committee noted that the Plan submitted was a reflection of the current position and represented a starting point. The Plan would develop over time as additional guidance was issued from the Scottish Government.

AGREED/-

7. REVIEW OF REMIT OF THE COMMITTEE

The Committee having previously been circulated with Paper 2012/07 noted the remit of the Committee which would be submitted to the Health Board under the annual review of governance arrangements.

AGREED/-

8. MODEL HOURS OF SERVICE

i) Case No: PPC/ALT01/2012 – Reach Pharmacy, The Village Store, Main Road, Howwood PA9 1BQ

The Committee was asked to consider an application submitted by Reach Pharmacy, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at The Village Store, Main Road, Howwood PA9.

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 Reach Pharmacy had opened a new pharmacy in Howwood in 2011; the contractor now wished to close the pharmacy all day on a Saturday and open from 10.00 on weekdays. The reasons given by the contractor were that the pharmacy was struggling to retain viability and that the contractor could not fund the loss of running the business. The Committee noted that the APC CP Sub-committee had not recommended approval of the contractor's proposal, but had suggested that the contractor provide model hours, which would allow him to reduce his commitment by 11 hours. The Committee, after comprehensive discussion, recognised that the provision of pharmaceutical services was wider than dispensing prescriptions and focused attention more to a pharmacy as a point of advice than the GP surgery. For this reason the Committee agreed that the Applicant be requested to operate within the parameters of the current Model Hours of Service Scheme.

DECIDED/-

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

**Contractor
Services
Supervisor**

9. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

10. DATE OF NEXT MEETING

The next meeting of the Committee was to be confirmed.

The meeting ended at 3.20pm