

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
Minutes of a Meeting held on
Wednesday 28th November 2012 at 11.37am in
The Premier Inn, Ballater Street,
Glasgow G5

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| PRESENT: | Dr Catherine Benton | Deputy Chairman |
| | Mr Alan Fraser | Lay Member |
| | Councillor Luciano Rebecchi | Deputy Lay Member |
| | Mr Ian Mouat | Non Contractor Pharmacist Member |
| | Mr Colin Fergusson | Contractor Pharmacist Member |
| | Mr Gordon Dykes | Contractor Pharmacist Member |
| IN ATTENDANCE: | Janine Glen | Contracts Manager – Community Pharmacy Development |
| | Dale McGinley | Contracts Supervisor – 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 interest in the application to be considered.

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

2. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**Case No: PPC/INCL06/2012****Mr Mohammed Ameen, 460 Ballater Street, Glasgow, G5 0QW**

The Committee was asked to consider an application submitted by Mr Mohammed Ameen to provide pharmaceutical services from premises situated at 460 Ballater Street, Glasgow G5 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 Charles Tait (Boots UK Ltd), Mr David Henry (Lloyds Pharmacy Ltd) and Mr Asgher Mohammed (Abbey Chemist Ltd), assisted by Mr Abdul Alvi.

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 Hutchesontown, Laurieston, Oatlands, City Centre and Gorbals.

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 to the River Clyde.

The Applicant advised that it was clear that there was a need for a pharmacy offering the core services such as Minor Ailment Service (MAS), Chronic Medication Service (CMS) Nicotine Replacement Therapy (NRT) and Long Term Services (LTS). The existing pharmacies in the area were not able to fully engage with these services due the volume of prescriptions being dispensed in their branches. Mr Ameen had detailed information which confirmed that the existing pharmacies had higher waiting times. The MP for Glasgow

Central had confirmed this to be the case. He was of the opinion that the area would benefit from a new pharmacy. The public consultation had allowed the Applicant to talk to patients – and it was clear that waiting times were unacceptable. Letters from the public showed a 45 minutes waiting time.

Mr Ameen advised that he now wanted to focus on the existing services in the neighbourhood. He suggested that the existing contractors were too busy to know people for services such as NRT and Heart Failure. The Heart Failure service was designed such that patients were seen on a monthly basis. Mr Ameen had learned, through a Freedom of Information (FOI) request to the Pharmacy and Prescribing Support Unit (PPSU) for performance indicators that in Gorbals 37.3% of the population had long term illnesses. As such you would expect there to be a high uptake of the Heart Failure service but actually the opposite was true. The figures showed that Lloydspharmacy had carried out only 9% of its reviews and, no information was available for Boots as they had opted out of service. In Mr Ameen's opinion there was a need for this service as the number of patients involved was significant. One of the existing pharmacies was performing poorly and other had opted out. Figures for NRT were much the same. The area had a smoking population of 44.7%, nearly half the total population. A high uptake of service might be expected, however both pharmacies had the lowest uptake of smoking patients. In 2009, one of the existing pharmacies had 10 patients in their service. This number had increased but they remained the poorest performers in their particular CHP. Mr Ameen stressed that it was not that there was not enough patients to provide the service to, rather the existing pharmacies were too busy and couldn't focus on the correct services.

Mr Ameen advised that he had made a FOI to Practitioner Services Division (PSD) regarding CMS and MAS registration. It was clear that both existing pharmacies had very low numbers when the characteristics of the population were taken into consideration. Mr Ameen suggested that the population was made up of those elements who would utilise both services, however the population was not engaging with the services as the existing pharmacies were too busy dispensing and didn't had time to focus on relevant services for the population. Lloydspharmacy dispensed on average 8,000 items per month. Boots, 9,000 per month. These figures showed that both pharmacies only focused on dispensing and nothing more. They were not able to appropriately cater for the population.

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.

None of the existing pharmacies provided extended opening hours in line with the surgery times of the many GP practices in Gorbals Health Centre.

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.

The area of Oatlands was being regenerated, with still more housing to be built in this location. The total number of residential dwellings to be built in Oatlands lay in the region of 1,400. 500 of these were already built. Regeneration was starting in Laurieston which

would see approximately 1,700 new homes. 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.

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.

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.

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. He would attend local meetings and events, local advertisement and posters.

He advised that he would operate 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.

The Interested Parties Question the Applicant

In response to questioning from **Mr Mohammed** regarding MAS registrations, the Applicant advised that the Boots branch in Crown Street had 1,100 registrations and the Lloydspharmacy branch had 453.

In response to further questioning from Mr Mohammed regarding CMS registrations, the Applicant advised that the Boots branch in Crown Street had 228 registrations and the Lloydspharmacy branch had 111.

Mr Mohammed asked the Applicant where his statistic of 7,000 of a transient population was derived from. The Applicant advised that he had contacted organisations and local amenities on Ballater Street and calculated an average amount of visitors, which he projected to come to the figure provided. He advised that anyone not being a resident of Gorbals would be unlikely to know about the two existing pharmacies as they were hemmed in the scheme. He advised that the proposed premises were clearly visible to

passing traffic and provided easy access.

Mr Mohammed asked the Applicant if he agreed that the majority of people who visited the mosque attended to read prayers and then left. The Applicant advised that there were 23 GPs & 3 Dentists within Gorbals Health Centre who attracted transient population to the area. In addition one of the GPs had a significant 1st generation immigrant element to his practice list. When challenged by Mr Mohammed to answer the question put, specifically regarding the mosque, the Applicant advised that mosque representatives knew the expressions and needs of their worshippers. They had expressed a need for a pharmacist who was fluent in Urdu and Punjabi. The Applicant also pointed to one of the GPs in Gorbals Health Centre who had a high number of BME patients registered. It was these patients that the Applicant was trying to target as they couldn't access an adequate service from the current pharmacies.

Moving the question on, Mr Mohammed asked the Applicant if he agreed that visitors to the mosque would likely access their local pharmacy. The Applicant questioned why visitors to the area should go to another area when they had come in to Gorbals to get their services. He was talking about a pharmacist that was culturally aware and sensitive. Mr Mohammed questioned whether the Applicant was talking about first generation immigrants, who would have been in the country for nearly 50 years and would in all probability have had a basic knowledge of English. The Applicant advised that the mosque themselves had put a case forward not just for their worshippers.

Mr Mohammed asked again if the Applicant would agree that visitors to the mosque left the area after they had read their prayers. The Applicant agreed they did.

Mr Henry asked the Applicant how he could decide whether the number of registrations for MAS and CMS was low for a particular contractor. The Applicant advised that when he made the FOI request to PSD he also asked about the average number of registrations. He considered that given the population of Gorbals, a higher number of registrations would be expected, but the opposite appeared to be true.

Mr Henry asked if every individual contractor had a target based on what their transitional payment has been in the past and both existing contractors were meeting their target, how could it be said that they were not supporting the service. The Applicant advised that targets were only there for average populations. He reminded the PPC that the population of Gorbals was very deprived. It should be easier to register patients onto CMS and MAS; however in his opinion the existing pharmacies were too busy to do this. They were not in tune with the needs of population at large.

Mr Henry asked the Applicant if he had any evidence to support his claim that waiting times were high in the existing pharmacies. He advised that his evidence came in the form of the MP for Glasgow Central. Mr McAveety had attested to the long waiting times in the area and that the area would benefit from new pharmacy. Mr Henry asked if the evidence was that Frank McAveety used services in the Gorbals. The Applicant advised that it was quite obvious that he used the existing pharmacies as there was no alternative available. He was sure that if there was a pharmacy on Ballater Street, he would use it.

Mr Henry asked the Applicant if he was aware how patients got involved in the service. The Applicant advised that one day a week he worked as a heart failure pharmacist. He

referred patients to pharmacies who were to review patients on a monthly basis. He was aware that for several years both of the existing pharmacies had been told that there were a significant number of patients that should be seen. Lloydspharmacy had only achieved 9% of their target patients and Boots had opted out of the service so hadn't seen any patients. Mr Henry asked if Boots were entitled to opt out. The Applicant advised that pharmacies participating in the service could initially not take part, however if they continually performed badly, the Service would remove them from the participation list. He conceded that if Boots hadn't opted in to the service, they would never provide the service.

In response to questioning regarding the apparent support from the mosque, Mr Henry asked why the Applicant hadn't mentioned the overwhelming weight of public support against the new pharmacy. Mr Ameen advised that most of the objection related to the supervision of methadone and not to a pharmacy in particular. He advised that most of the general public was supportive of a pharmacy, but were against the dispensing of methadone. The source of this objection was the Crown Street pharmacies. The Applicant advised that over a decade or so there had been significant public disorder on Crown Street and now the public felt methadone patients were the problem. He advised that he had translated this need into the establishment of a pharmacy which would provide services, however if asked, most members of the general public would say they didn't support an additional pharmacy purely because of the methadone provision.

Mr Henry asked the Applicant if he would refuse to dispense methadone if presented with a legitimate prescription. He advised that given the public backlash against methadone, it would be in the area's best interests not to dispense methadone. Anyone seeking to have this item dispensed would be able to go to the two existing pharmacies in Gorbals. He advised that the authoritative group who knew most about the health needs of the local population, the South Sector CHP considered that methadone delivery was not needed in the area, but that the area was in need of a pharmacy that focused on services for long term conditions, minor ailments and CMS. In Mr Ameen's opinion, this endorsement showed that the two existing pharmacies weren't doing a good job.

In response to final questioning from Mr Henry regarding what % of the population would require a Punjabi or Urdu speaking pharmacist, the Applicant advised that 11.6% of Gorbals was of a BME background. There was also a significant asylum seeking population with approximately 1,000 residents of this background. This information had come from the community healthy profile. When Mr Henry challenged the Applicant to answer the question posed, Mr Ameen advised that the mosque had said they had a high number of worshippers who needed a Punjabi or Urdu speaking pharmacist.

Mr Tait asked the Applicant if he considered the whole of the Gorbals area to be deprived, or whether there were pockets of deprivation across the area. The Applicant advised that there was general deprivation across the area, with pockets of higher deprivation and vulnerable groups around the proposed premises which was close to the high rise flats. This part of the area was significantly more deprived than say Oatlands.

As a follow up question, Mr Tait advised that there were seven datazones covering the area. Six of those datazones reflected high deprivation; one was towards the bottom end of the spectrum for deprivation. Mr Tait further advised that if the datazone with the least deprivation was removed from the equation, this would result in approximately 40% of the residual population being registered for MAS. He asked the Applicant if he would agree

that this level was relatively high in comparison to other areas. The Applicant did not agree. Mr Tait asked if the Applicant would agree that the datazone with the least deprivation ranked 1,969 in the rankings related to access to services, and therefore could not be in the bottom 10%, where the lowest rank was 6,342. The Applicant agreed this to be the case.

The PPC Question the Applicant

Mr Dykes asked the Applicant if the worshippers to the mosque were allowed to drive to prayer, and in so doing would be likely to disperse to their home neighbourhood after prayers had ended. The Applicant advised that this assertion was true to a certain extent. The mosque conducted various services including funerals and other ceremonies. Worshippers, in his opinion, could spend more than the average time within the mosque. He advised that when they returned to their community, they were unlikely to be able to access a pharmacist who could speak languages in which they were fluent. Mr Dykes asked why such a service would be needed when the visitors to the mosque would be able to access existing services. Mr Ameen advised that a significant transient population used Ballater Street and as such would not be aware of services in Crown Street. He felt the area deserved a pharmacy especially considering the numbers who frequented the area on a weekly basis.

Mr Dykes asked the Applicant if the long waiting times experienced had perhaps been when the pharmacist within the branch was on lunch. The Applicant advised that the public representatives who had brought this issue to his attention were aware of the feelings of the general public and he didn't think the examples happened at a time when the pharmacist was on a break. He advised that during the public consultation he had managed to speak to people who said the existing pharmacies were busy. This was evident with Lloydspharmacy only meeting 9% of their target interventions for the Heart Failure Service. They were not engaging with this service because they were too busy. This was also true of the Smoking Cessation Service. The existing pharmacies were bottom of the league in terms of engaging their patients. When Mr Dykes advised that he remained unconvinced of long waiting times, he asked the Applicant if he felt it was possible to have a busy pharmacy and have short waiting times. The Applicant didn't think this applied to Crown Street which was busy and had long waiting times. He reminded the PPC that the CHP were clearly saying there was a need for an additional set of services. He felt the only reason they would say this was if both existing pharmacies weren't doing well.

Mr Dykes informed that Applicant that the Pharmacy Manager in the Boots branch on Crown Street had told the PPC that they had 300 patients registered for CMS and all had been fully reviewed. Mr Dykes asked if the Applicant's information regarding this service was out of date. The Applicant advised that his information came from 2011. He was aware that since then targets had increased and the service was now moving into a new phase. He was confident that despite the branch registering 300 patients, the experience of patients would be different. He was aware there had been a drive to improve services since the application was put in.

In response to questioning from Mr Dykes, regarding the 9% heart failure figure, the Applicant advised that as a Heart Failure Pharmacist he was privy to much of the information, but had made a FOI request to access information.

In response to questioning from **Mr Mouat**, the Applicant advised that in his opinion a reasonable time to wait for a prescription would be in the region of 15 mins. He confirmed that members of the public who had experienced long waiting times had fed their experiences back to Frank McAveety.

Mr Mouat asked the Applicant a series of questions relating to the public disorder issues which the Applicant had mentioned in his presentation. He asked what this was and was it still happening. The Applicant advised that within Gorbals there been long standing issues relating to methadone which was because the two pharmacies were so close to each other. The perception was that methadone patients were the cause of loitering. The Health Board had intervened and implemented measures by capping the numbers of patients which both pharmacies could dispense methadone to. A facility had been designed further away from Crown Street to alleviate the issue. Mr Mouat asked if the facility had helped the situation. The Applicant advised that such a situation did not exist anywhere else in the Board's area. He felt that the facility's existence was indicative that the service was not being provided by the two pharmacies.

Mr Mouat asked the Applicant what he would consider his main point to be out of the seven he had put forward to the PPC. The Applicant considered that the lack of access via long waiting times would be the most important and the knock on effect on important services i.e. MAS and CMS. He advised that this affected the population at large. The lack of ability of pharmacies to tackle this issue was a concern and he felt the only solution to the problem was another pharmacy on Ballater Street.

In response to questioning from **Councillor Rebecchi** regarding the Smoking Cessation Service and what the Applicant would do to engage patients in this service, the Applicant advised that the numbers he had quoted were not related to quit rates, but to initial engagement and he felt the existing pharmacies had failed in this area. One of the existing branches had only engaged with 10 patients (2009). He didn't agree that patients in the area didn't have the will to succeed. They didn't have the service.

In response to further questioning from Councillor Rebecchi regarding the methadone service, the Applicant confirmed that he would not participate in the supervised methadone administration service. Councillor Rebecchi questioned this stance, given the Applicant's assertion of the lack of services in the area and was interested to know what consideration the Applicant had given to the needs of this element of the population. The Applicant advised that he had a duty to listen to members of the general public and the local CHP who were clearly against the provision of supervision services. The CHP had clearly stated that an extra set of methadone services was not needed. They needed other services and this was why the Applicant would focus on these. There had been a backlash from members of the community who didn't want a pharmacy which dispensed methadone. However the same public was supportive of a pharmacy but not one which dispensed methadone. Certain pockets of the community didn't realise that methadone users needed services as much as they themselves might need them.

In response to questioning from **Mr Fergusson**, regarding how an additional pharmacy would disperse addicts away from Crown Street if it didn't take part in methadone services. The Applicant advised that if the Health Board continued to support the supervised methadone programme then the new pharmacy would participate, but the CHP had clearly

stated that an additional methadone service was not needed and any provision of this service would be contrary to their wishes.

Mr Fergusson asked the Applicant if he agreed that CMS had changed the way services were delivered and that Heart Failure patients could be seen through this route. Mr Ameen agreed this to be the case.

Mr Fergusson asked the Applicant what he would offer in his pharmacy to address the issue of patients who required intervention or assistance with their medication, given the Health Board's message that compliance aids were not necessarily appropriate for all patients. The Applicant advised that he would work closely with such patients, perhaps using the vehicle of CMS to test other ways to improve compliance.

Mr Fergusson advised that the Applicant had said that Lloydspharmacy were only offering one of five long term services. He asked what the other four services were. The Applicant advised that they were Medicines Management, Diabetes Monitoring, Heart Failure and Care Homes. Mr Fergusson asked if one off blood results was a good thing to be doing and the Applicant suggested that if they were fasting samples then, yes.

In response to final questioning from Mr Fergusson regarding long waiting times, the Applicant agreed that CMS might address this issue.

Mr Fraser asked the Applicant about his reluctance to take part in the supervised methadone service and how this would impact on the waiting times in the other pharmacies. The Applicant advised that the only reason he would not take part in the service was because the CHCP said they didn't need the service and he had had to yield to their wishes. It wasn't that the Applicant didn't want to engage with the service, but the CHP were saying they didn't need it. The Applicant was fully prepared to take part in the service if it was required.

In response to further questioning from Mr Fraser regarding development in the area, the Applicant advised that the first phase of development were complete in the Oatlands area. It would be another few years before the full extent of the development was realised. In Laurieston, 600 houses had started in Cumberland Street, but this development would take a few years to complete.

In response to questioning from **the Chair**, the Applicant advised that he would employ two pharmacists to accommodate extended opening hours.

The Chair asked the Applicant why people would choose to come to a new pharmacy, what type of trade he hoped to attract and how he would advertise his services. The Applicant advised that his target population was the most deprived population of Gorbals. The proposed premises were surrounded by social rented accommodation which housed the most vulnerable groups. He would definitely cater to their needs. He felt the transient population was an important target population. 7,000 passing Ballater Street per week. This population wouldn't know of the pharmacies in Crown Street. The pharmacy would provide improved access to services such as CMS, MAS and various other services which the two existing pharmacies weren't providing. He advised that in terms of viability, there would be negligible effect on the two existing pharmacies as they were intensive dispensing sites.

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

Mr Tait advised that in his opinion, the neighbourhood should be defined as Gorbals/Hutchesontown. This neighbourhood had been agreed at every hearing. The defined neighbourhood was:

North: River Clyde;
East: Railway line;
South: Southern Necropolis to the River Clyde swinging back to the west;
 and
West: Railway line and Eglinton Street.

He advised that the area which the Applicant had described as Oatlands was normally considered to be Shawfield or Polmadie. Mr Tait suggested that anyone living in this area would be unlikely to say they came from the Gorbals. He advised that the housing being built in this area didn't bear any resemblance to any housing existing in the Gorbals.

Mr Tait advised that as at 2011, the population of the area was in the region of 4,480. There was reasonable deprivation, with pockets of less deprivation in 2,000 bracket rankings for geographical access to services. The rankings of the other datazones ranged from 4,048 to 6,342. Mr Tait suggested this is what would be expected in a city centre area.

It had been said that the prevalence of smoking and lack of smoking cessation activity was an issue. The estimated prevalence in the area was 45%, which was common in deprived areas. What was also common in such areas was that people didn't want to stop smoking and this could be one of the reasons for the perceived poor uptake of service

Mr Tait advised that the Applicant had based his application around other issues including heart failure, which, in Mr Tait's opinion, the Applicant had apportioned greater importance to than drug addiction services, which it could be argued was a more significant problem for Scotland. Furthermore Mr Tait suggested that the registrations for MAS and CMS would, if looked at, prove higher than average when the numbers of eligible patient were taken into consideration. Regardless of this, he did not believe that registration figures for these services indicated poor application of pharmaceutical services. He argued that the figures might indicate good pharmacy services.

Mr Tait explained to the PPC that the Applicant's proposed premises were situated in a neighbourhood in which there were two existing pharmacies. There were four pharmacies within a 15-20 minute walk from the premises, which in Mr Tait's opinion was not a significant distance. All these pharmacies provided the services which the Applicant intended to provide.

Mr Tait suggested that the Applicant hadn't checked ethnicity as a population drive. Mr Tait averred that within the area 4% of the population was born outwith the United Kingdom. This was not a big percentage. Ethnically these people could come from any background. Most would have no problem speaking the language and for those who did have a problem there was a perfectly adequate translation service operated by the Health Board. In addition, Boots UK Ltd maintained a list of bilingual pharmacists who could

translate into different languages

Mr Tait advised that the development of the Oatlands area was separate to this neighbourhood and was significantly far off in time to impact on service requirements. He advised that the Applicant had failed to show inadequacy of pharmaceutical provision and the application shouldn't be granted.

The Applicant Questions Mr Tait

In response to questioning from **the Applicant** regarding what services and amenities those living in Oatlands would use, Mr Tait advised that they would have several choices. They could either travel to Rutherglen, Toryglen, or into Bridgeton. All these areas would be equally or more accessible than going to Gorbals. Mr Tait did not agree with the Applicant's assertion that this would be illogical. He advised that most of the streets from Oatlands into Gorbals were narrow and had one way access, whereas the new road infrastructure around Oatlands provided a major bridge and through way to Bridgeton or the Forge. He did not agree that people living in Oatlands would travel into Gorbals for shopping given the restricted offering that existed in that area.

In response to further questioning from the Applicant, Mr Tait confirmed that he did not consider Oatlands to be part of Gorbals despite the fact that several parties e.g. New Gorbals Housing Association considered it to be so.

There were no questions to Mr Tait from Mr Henry or Mr Mohammed

The PPC Question Mr Tait

In response to a question from **Mr Fraser** as to how an additional pharmacy would affect the business of the Boots branch in Crown Street, Mr Tait responded that it would surely decrease the business and would have an impact on numbers

In response to a question from the **Chair**, Mr Tait agreed that pharmacies that had a higher than average number of CMS registrations would make a difference to the ability of the pharmacy to provide services. Mr Tait advised that it really depended on the perception of average.

In response to further questioning from the Chair, Mr Tait advised that anyone wishing to access Crown Street by car would need knowledge of the area to allow them to get in to the street. People not wishing to drive could park their car at the bottom of the street and walk into Crown Street.

Mr Dykes asked Mr Tait if he considered competition to be a good thing. Mr Tait advised that competition could be good. He did not agree with Mr Dykes that being part of a big company could result in complacency within the organisation. Boots UK Ltd had five contracts in the surrounding area and shares in the two health centre pharmacies. In such situations sometimes companies had to work harder to stay still.

In response to further questioning from Mr Dykes regarding the heart failure service, Mr Tait confirmed that the Boots branch in Crown Street had not opted in to the service. They did not feel that participation in the service offered a viable proposition. Mr Tait reminded

the PPC that with the advent of the CMS, patients who would be seen under the heart failure service, could be seen under CMS.

In response to final questioning from Mr Dykes regarding ethnicity and diversity, Mr Tait confirmed that Boots didn't staff their pharmacies depending on the ethnic background of the patient population. Such an issue did not enter into Boots consideration. Mr Tait suggested that any company doing so, might be in breach of racial equalities laws by actively depriving other ethnic types of the opportunity of employment.

There were no questions to Mr Tait from Mr Fergusson, Councillor Rebecchi or Mr Mouat.

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

Mr Henry thanked the PPC for the opportunity to speak at the hearing.

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

Mr Henry advised that he was happy to agree with the neighbourhood as defined by the PPC and NAP to be:

North: the River Clyde;

East: Shawfield Drive;

South: the railway line following west;

West: Eglinton Street, crossing Norfolk Street to Bridge Street where it meets the River Clyde.

Mr Henry fully accepted that each application should be considered afresh, however there had been no 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 he would maintain this was a sensible definition to uphold.

He advised that the Application was making the same case as he did in 2010. In 2010 the PPC decision summarised Mr Ameen as stating *"He advised that the Community Health Profile for the area showed the population of the neighbourhood to be 8,204 in 2006, with new housing later being built in the Oatlands area. The population of Oatlands currently stood at 1,212 with a potential rise to 3,178 with the new housing. Furthermore additional development would take place in Laurieston with approximately 800 houses being built. The Applicant had seen plans which indicated that these developments would happen in the short term and not far into the future."* Mr Henry suggested that this was the same for the fresh application.

He advised that the Applicant mentioned in his application that core services were not being adequately provided. There was no evidence of this. Uptake of the Minor Ailments Service 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 the Chronic Medication Service. Mr Henry thought this to be untrue and doubted whether such a claim could 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, around half an hour. Mr Henry did not understand how the Applicant had arrived at this figure as the branch on Crown Street had continued to deliver their KPI of achieving an average eight minute wait.

Since the previous application was considered Lloydspharmacy had fully refitted the premises and now had fantastic premises from which to provide services to the local population. They had invested significantly in the area. The pharmacy 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 it could be argued 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 evidence by the Applicant's suggestion that they were well used.

The Applicant made reference to the level of deprivation but there were already pharmacies which served these residents. The existing pharmacies already met 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 prescription collection and delivery service.

The branch had an active and well attended NRT programme and would not turn anyone away. This was the same for EHC, which were both conducted within a private consultation room.

Mr Henry averred that for the above reasons, he would submit that adequate pharmaceutical services were already provided in the neighbourhood and therefore he respectfully asked the Committee to refuse the application as being neither necessary nor desirable.

The Applicant Questions Mr Henry

In response to questioning from the **Applicant** regarding comments made by the CHP that they were keen for an additional offering of MAS and CMS, Mr Henry advised that the two existing pharmacies in Gorbals were providing these services. He advised that the figures the Applicant quoted were inaccurate. The existing pharmacies provided more than the average for MAS and CMS. To say they were not providing these services was inaccurate

The Applicant asked Mr Henry if he had evidence that Lloydspharmacy met the eight minute wait target. He advised that he didn't have evidence with him. He provided the detail on how Lloydspharmacy calculated the wait time. That they had used an electronic tool for four or five years which measured when the prescription was handed in or out. He confirmed that he didn't have evidence with him.

The Interested Parties Question Mr Henry

In response to questioning from **Mr Tait**, Mr Henry advised that he did not believe that the CHP equated directly to the Health Board. He did not think the CHP spoke on behalf of the Health Board.

There were no questions to Mr Henry from Mr Mohammed.

The PPC Question Mr Henry

In response to questioning from **Mr Dykes**, Mr Henry explained that the "green sticker" system within Lloydspharmacy branches meant that the branch was achieving its KPIs. The Gorbals branch had been nominated for branch of the year. He further confirmed that in exceptional circumstances the eight minute target could be manipulated by the members of staff, although this was highly unlikely.

In response to further questioning from Mr Dykes regarding Lloydspharmacy's 9% achievement figure for the heart failure service, Mr Henry advised that the service involved a 3rd party referral. Often once the patient had received a letter from the heart failure pharmacist, the patient chose not to get involved. In addition, funding hadn't been consistent. Funding had stopped and had then been reintroduced at a lower rate. He did not agree with Mr Dykes that it was sad that Lloydspharmacy apparently didn't engage with the service because of financial considerations. He advised that CMS now provided a platform for the management of these patients.

In response to **Mr Mouat** regarding the eight minute waiting time, Mr Henry confirmed that the majority of prescriptions dispensed in Crown Street were repeats, and therefore the waiting time did not apply. This allowed the company to build in an element of time management to their workflow which provided them with capacity to undertake other services.

In response to questioning from **Councillor Rebecchi** regarding the electronic system operated by Lloydspharmacy which measured waiting times, Mr Henry advised that a bar code system was used. The prescription was scanned in and out.

In response to questioning from **Mr Fergusson**, Mr Henry advised that the payments had ceased for the heart failure service approximately four years ago.

Mr Fergusson asked Mr Henry if he felt there was any situation in which waiting time might indicate good clinical input to an intervention. Mr Henry advised that it was important to manage patient's expectations, especially where patients were signed up to CMS. Such patients might need to expect a slightly longer time in the pharmacy in order to get a better service.

In response to questioning from **the Chair** regarding whether Lloydspharmacy measured outliers in terms of waiting times, Mr Henry advised that the company generated a weekly report which showed exceptions to KPI targets. He was not aware of any issues.

There were no questions to Mr Henry from Mr Fraser.

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

Mr Mohammed advised that he was in attendance today because part of the legal test related to the existing pharmaceutical services in the neighbourhood or adjoining neighbourhood. His pharmacies served a significant amount of patients from Gorbals. His pharmacies dispensed below the average number of prescriptions and he was sure that the granting of an additional contract would affect the viability of his pharmacies

He advised that his pharmacies provided many services, including: NRT, Blood Pressure Monitoring, Needle Exchange, EHC and a newly developed erectile dysfunction clinic. He advised that his pharmacies undertook any service the Health Board wanted. He felt that if the Applicant's figures were correct, the low uptake of services such as MAS and CMS could be explained by his pharmacies location in the city centre.

Mr Mohammed suggested that the last three applications for new contracts in this area had focused on the provision of methadone, and now the Applicant had confirmed that it was not his intention to provide this service. With this omission, Mr Mohammed struggled to identify the focus of the application.

He advised that patients in Gorbals could walk to his pharmacies. In addition the number 65 bus operated in the area. Accessibility to services outside the defined neighbourhood was good and walking wasn't difficult.

Mr Mohammed advised that in terms of the mosque, he had never once been given an indication that they needed services for their worshippers. The vast majority of people who went to the mosque went to read their prayers then they left. Mr Mohammed was not sure that the provision of pharmaceutical services was a priority for the mosque. There was an elderly care centre in the mosque, with less than 20 attendees who might need a pharmacy, however his pharmacies were easily accessible across the bridge and patients generally had a choice. He felt sure that if the mosque required a pharmaceutical care service, he would have been approached by this time. He felt the application should be rejected.

The Applicant Questions Mr Mohammed

The Applicant asked Mr Mohammed if he found it strange that the Committee of the mosque had not mentioned to him their need for pharmaceutical services. Mr Mohammed advised that he did not find this strange at all. He disagreed with the letter from the mosque and suggested that it might not be representative of the true needs of the congregation.

In response to further questioning from the Applicant asking if he could characterise why

patients traveled from Gorbals to his pharmacies in the city centre, Mr Mohammed advised that he had been providing services for over 20 years. His pharmacies provided patients with an element of choice. He hoped patients liked the service they provided and that their attendance was testimony to the standard of service he provided

The Applicant asked Mr Mohammed to identify the neighbourhood of Gorbals. He advised that he didn't think those resident in the Laurieston area would expect to go to new pharmacy but would go over to the City Centre. He advised that the majority of people would know where the current pharmacies were. People were well aware. He confirmed that he did not consider that the two pharmacies that he represented were located in the Gorbals neighbourhood.

The Interested Parties Question Mr Mohammed

In response to questioning from **Mr Tait**, Mr Mohammed confirmed that he had lived and worked in Glasgow for more than 50 years. He knew the area reasonably well. Mr Tait put it to Mr Mohammed that if the Gorbals had an entire set of service provision and anyone living there could obtain anything they wished in the area and had their own identity, would they continue to migrate to the city centre to obtain services. Mr Mohammed confirmed that they would.

There were no questions to Mr Mohammed from Mr Henry

The PPC Question Mr Mohammed

In response to questioning from **Mr Mouat**, Mr Mohammed confirmed that he didn't have any special relationship or tie in with the Committee of the mosque. He attended to pray. He also undertook charitable works for the mosque and in addition provided them with camphor for burials and gloves. He felt that he had a fairly good rapport with the mosque Committee and they had not indicated to him that there had been any demand for services

In response to questioning from **the Chair** regarding whether the methadone numbers were capped in either of his two pharmacies, Mr Mohammed confirmed that his numbers weren't capped. He further estimated that approximately 10-20% of his methadone clients were from the Gorbals area.

There were no questions to Mr Mohammed from Mr Fergusson, Councillor Rebecchi, Mr Fraser or Mr Dykes.

The Applicant sought permission from the Chair to ask a supplementary question of Mr Mohammed. The Chair allowed the question after seeking the agreement of all present.

In response to final questioning from the Applicant, Mr Mohammed advised that he did not feel that it was contradictory of him to object to the application even though he had previously applied for a new contract in Eglinton Street which was in the G5 postcode area.

Summing up

Mr Tait advised that he had nothing further to add.

Mr Henry advised that the Applicant had shown no credible evidence of inadequacy. The figures he had provided for MAS and CMS had been inaccurate. Public opinion was against the application. It wasn't necessary or desirable and the PPC should refuse the application accordingly.

Mr Mohammed advised that there was a pharmaceutical service within the neighbourhood and also in adjoining neighbourhoods. The Applicant had changed the focus of their application and was not now willing to provide a supervised methadone service. He further advised that the CHCP didn't represent the Health Board. He felt that the Applicant was not willing to provide the pharmaceutical care which the community needed and which could be accessed elsewhere. The Application should be refused.

The Applicant urged the Committee not to focus on the:

- objections of existing contractors – they had financial interest in preventing another pharmacy opening;
- objections of residents or their elected officials, as their objections were solely concerned with public disorder issues of methadone patients loitering, and elected officials merely echo the wishes of their voters.

The Applicant advised that he was confident that their objections had no relevance as he did not propose to dispense methadone.

He urged the PPC to focus on necessary and desirability. Did the residents in the defined neighbourhood have reasonable access to adequate services?

South Sector Community Health Partnership was responsible for providing health services in Glasgow. In their letter, they supported a pharmacy that focused on MAS, CMS, NRT and services for patients with long term illnesses. That was exactly what he proposed.

The Applicant wished to prove there were deficiencies in services in seven other areas.

There were inadequacies in core services.

Waiting Times – ISD figures showed that items dispensed by pharmacies in G5 were 50% higher than the Glasgow average. Waiting times were high and this affected the quality of all core services. The busier the pharmacy, the less time it could devote to MAS, CMS, NRT and long term services.

Deprivation – Gorbals was seriously deprived. The proposed pharmacy was surrounded by rented high flats; they needed MAS, CMS, NRT and long term services. Deprived areas used pharmacy services more.

Extended Hours – Existing pharmacies did not reflect GP extended hours. The new pharmacy would open in line with GP extended hours. The pharmacy would open at 7.00am on Thursdays.

Transient Population – The Applicant had detailed figures showing there was a minimum

7,000 transient population on Ballater Street which needed a pharmacy. The patients of the 23 GPs and the three dentists in the Health Centre needed another pharmacy.

Increased Housing – New Gorbals was one of the most successful regeneration projects in Europe. It drove the regeneration of adjoining Oatlands, still more houses were to be built there. Laurieston regeneration was a direct extension of the New Gorbals momentum. House construction may have slowed due to the poor economic climate, but the master plan showed that Laurieston was central to linking New Gorbals and Tradeston to the city centre, so regeneration was currently underway at Cumberland Street, where the first phase of 600 homes were being built in a total of 1,700 homes. The SNS clearly showed a slow increase in population from 1996 to 2010 which would increase sharply now.

Poor Access – Crown Street shopping area was intended to serve New Gorbals. It was not meant to be readily accessible by Oatlands or Laurieston. There was no public transport on Crown Street, but there was a bus service on Ballater Street and it had unmetered parking. The Proposed pharmacy was easily visible and easily accessible.

Bilingual Pharmacist - The Mosque worshippers came to live in the Gorbals in the 1960s. Most attended Dr Allan Berkeley's surgery on Oxford Street, as it was near the old Mosque on the same street. He passed the surgery onto his son Dr Peter Berkeley in Gorbals Health Centre. Asians moved to adjoining areas when Gorbals was demolished, but a sizable proportion still visited their traditional GP in Gorbals Health Centre. It was these patients that needed Urdu and Punjabi services.

To recap, he would promote MAS, CMS, NRT, EHC, long term services, public health services and a free collection and delivery by practice leaflets to G5 residents, attending meetings, and advertisement in the local press. He advised that he would offer keep-well health checks to vulnerable groups including BME groups and asylum seekers. He would collaborate with local services to tackle the serious alcohol issues in the area.

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 5EN;
Boots UK Ltd – various addresses; and
Lloydspharmacy – various addresses.

The Committee noted that:

All had recorded their objections to the application.

The Committee noted that:

Bridgeton H C Pharmacy Ltd – 201 Abercromby Street, Glasgow G40 2DA
 Dickson Chemist – 40 Main Street, Glasgow G40 1QA
 Govanhill Pharmacy Ltd – 233 Calder Street, Glasgow G42 7DR
 High Street Pharmacy – 128 High Street, Glasgow G1 1PQ
 David L L Robertson Chemist – 558 Cathcart Road, Glasgow G42 8YG

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) did not respond;
- 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 Public Involvement Group – had no objections to the Applicant's proposals;
- e) The following Community Councils:
 - Hutchesontown Community Council – response received objecting to application;
 - Laurieston Community Council – response received objecting to application;
 - Crosshill/Govanhill Community Council – no response received;
 - Toryglen Community Council – no response received; and
 - Carlton Community Council – no response received.

- f) The following elected representatives:

Mr Anas Sarwar MSP - no response received;
 Ms Nicola Sturgeon MSP - no response received;
 Councillor Danny Alderslowe - response received objecting to application;
 Councillor Jahangir Hanif - response received objecting to application;
 Councillor Anne Marie Miller - response received objecting to application;
 Baillie James Scanlon - response received objecting 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) Report from Glasgow City Council Planning Services Development and Regeneration Services;
- 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;
- n) Applications considered previously by the PPC for premises within the vicinity; and
- o) The Pharmaceutical Care Services Plan.

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 that the neighbourhood should be defined as follows:

North: the River Clyde;

East: Shawfield Drive;

South: the railway line following west;

West: Eglinton Street, crossing Norfolk Street to Bridge Street where it meets the River Clyde.

The River Clyde was a boundary separating the area commonly known as "the south side" from the city centre. The Committee agreed that the River did not now constitute a physical barrier as there was more than one route of access across it. Shawfield Drive separated the area of Gorbals from Rutherglen. The railway line was both a physical barrier and a boundary delineating residential land from commercial land. Eglinton Street constituted a natural break beyond which lay the predominately commercial area commonly known as Tradeston. The Committee agreed that the area as defined contained many amenities consistent with the normal definition of a neighbourhood. These included places of worship, shopping facilities, places of employment, a library, and schools. The area also included public places where a community would meet and interact, such as leisure facilities (the Adelphi Centre), theatres (Citizen's) and public houses. There was a public transport network into and out of the area.

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 noted that the pharmacies offered all core contract services along with a comprehensive range of additional services.

In addition there were five further pharmacies situated within the general city centre location. All pharmacies met the needs of the different elements of the neighbourhood including the transient population and the resident population.

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 car. A collection and delivery service was available for any resident finding access to services problematic.

The PPC considered the comments made by the Applicant citing the support of the South Sector CHCP for further provision of core pharmaceutical services in the area. The PPC gave consideration to Pages 81 and 82 of the papers for consideration. This was a letter from the Public Partnership Forum (PPF) and not from the CHCP Executive Group. The PPC recognised that the PPF could not speak on behalf of the CHCP in terms of health policy and pointed out that while the PPF mentioned that they would broadly be supportive of a pharmacy application which did not include provision of methadone prescribing, this was purely aspirational and did not reflect the views of the CHCP themselves. The PPC noted that the overall focus of the letter was in objection to the application.

The PPC further noted that the Applicant did not intend to take part in the supervised methadone scheme and had in fact stated that he would not dispense any prescription presented for methadone. The PPC had reservations that such a stance would be detrimental to the service requirements of a vulnerable element of the population.

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

Waiting times – the PPC had observed both pharmacies on Crown Street and seen 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.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Gordon Dykes, Colin Fergusson and Ian Mouat 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 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**

The Chemist Contractor Members of the Committee, Gordon Dykes, Colin Fergusson and Ian Mouat rejoined the meeting at this stage.

5, ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

The next meeting of the Committee would take place on 11th December 2012.

The meeting ended at 3.00pm

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (07)
Minutes of a Meeting held on
Tuesday 11th December 2012 at 11.45am in
Local Medical Committee Offices, New City Road
Glasgow G4 9JT

| | | |
|----------------|---|--|
| PRESENT: | Mr Ross Finnie Mr Peter Hamilton Mr Stewart Daniels Mr James Wallace Mr Gordon Dykes Mr Kenny Irvine | Deputy Chairman Lay Member Deputy Lay Member Non Contractor Pharmacist Member Contractor Pharmacist Member Contractor Pharmacist Member |
| IN ATTENDANCE: | Janine Glen Trish Cawley | Contracts Manager – Community Pharmacy Development Contracts Supervisor – Community Pharmacy Development |

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

ACTION

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

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL03/2012
Eggle Ltd – 199 Gallowgate, Glasgow G1 5DY

The Committee was asked to consider an application submitted by Eggle Ltd to provide pharmaceutical services from premises situated at 199 Gallowgate, Glasgow G1 5DY 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 Eggle 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 David Dryden, assisted by Mr Michael Balmer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Abdal Alvi (Abbey Chemists and High Street Pharmacy), assisted by Mr Asgher Mohammed, Mr Sanjay Majhu (Townhead Health Centre Pharmacy and Apple Pharmacy) and Mr Scott Robertson (Dickson Chemist).

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 City Centre, Gallowgate, St Andrews Square, Saltmarket, Calton, Bridgeton, and Drygate.

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.

Before the Applicant commenced his presentation, the Chair reminded him that the Regulations placed a responsibility on the Applicant to provide the boundaries to the neighbourhood in which the proposed premises were located. The PPC had noted from the Applicant’s initial submission, that two neighbourhoods had been advanced, along with an invitation to the PPC to make a determination on which neighbourhood was most appropriate. The Chair asked the Applicant to ensure that in his presentation he defined a single neighbourhood.

The Applicant’s Case

The Applicant advised that he was here to ask for the Committee’s support, to bring a new pharmacy and modern pharmacy services to a famous yet dilapidated part of the east end of Glasgow, where such services were conspicuous by their absence. He said the district was known as the Barras/market hub. It contained 15 pubs, a market place, and traders. You could do a weekly shop at Morrison’s Supermarket. You could go to a dentist and, you could worship. There was a bridal shop, a pet shop, a bike shop, a computer shop; newsagents, polish delicatessen, polish supermarket and the list went on and on.

The Applicants were therefore of the opinion that you didn’t need to look beyond the

boundaries of the Barras/market hub district to find the characteristics and the services you would expect to find in a neighbourhood.

The Applicant advised that they could have extended the boundaries to define a neighbourhood with a size of population which the PPC were more accustomed to at hearings. This may have encroached on the neighbourhoods served by other pharmacies and taken the focus away from what the Applicants believed to be the crux of the matter: the needs of the Barras/market hub district. They therefore proposed that the neighbourhood was the Barras/market hub.

He advised that North of the Barras/market hub was a residential area known as Drygate. These two areas were separated by a railway and by open ground; both boundaries. While some of the open ground had been developed in recent years there was still a great deal of derelict space and the railway line marked a boundary as well as a barrier.

To the West, London Road and Charlotte Street brought the neighbourhood to a terminus. Beyond that Glasgow Cross represented the start of the recently rejuvenated Merchant City. Within the Merchant City there could be identified a change in street furniture, types of retail, higher standard of housing etc. The Merchant City was well recognised and well signposted and the Applicants doubted that many people would put the Barras/market hub into the same neighbourhood as the more affluent and trendy area known as Merchant City.

To the South the housing and trading stopped on its meeting with Glasgow Green which along with the River Clyde clearly demarcated the East End of Glasgow from inner city areas such as the New Gorbals.

To the East, Barrack Street and Bain Street represented an area of transition, at which point the use of land shifted from trading to housing. The residential areas to the East were exactly that; residential areas. The people living there would most probably associate themselves with the Calton rather than the Barras/market hub.

By the same token, the people living within the Barras/market hub district would likely identify themselves as being from the Barrowlands. Not the Calton and not the Merchant City.

The Applicant advised that the Barrowlands was world famous. He doubted that many in Australia would have heard of the Calton but the Barrowlands....perhaps.

Life was altogether different in the Barrowlands compared to areas such as Calton.

The Barrowlands was predominantly a commercial district giving home to a vibrant market place and a range of established retailers. On days when Celtic were playing at home the area was transformed into a sea of green and white. But the needs of the neighbourhood didn't hinge on the needs of the residents.

He advised that the National Appeals Panel (NAP) offered guidance that retail outlets such as shopping centres should be considered neighbourhoods in their own right, owing to the volume of people using the facilities. There were pharmacies in Braehead, Silverburn,

Buchanan Galleries, St Enoch Centre, East Kilbride town centre and the Fort. Commercial areas with heavy footfall could be considered neighbourhoods.

In 1999 Greater Glasgow Health Board gave permission to open a pharmacy in the Buchanan Galleries. The minutes read:

“given the nature of the shops available it would be reasonable to suggest that users of the development would expect to access pharmaceutical services as part of their normal shopping pattern and to that extent the application was desirable.”

In 2003 Queen Street Station was awarded a pharmacy contract citing the large transient population.

The Applicant welcomed the recognition that pharmacy services would be integrated into shopping patterns and travel patterns.

He advised that from a public health perspective however, this may introduce disparity. Large, modern retail developments catered predominantly for the upwardly mobile, relatively affluent members of society with disposable income. In other words those cross sections of society with only a moderate need for pharmacy services.

In the Barrowlands there was a retail centre at the other end of the spectrum. Instead of Beaverbrooks there was Pharaoh’s Gold. Instead of B&Q, there was Bill’s Tool Store. Instead of DFS there were sofas for sale literally on the street. Tattoo parlours, bookmakers and pubs.

The people who used the services there and the people that provided the services there were populations that had a high requirement of pharmacy services. The Applicants suggested that it was logical and necessary that users of the development could expect to access pharmaceutical services as part of their normal shopping or working patterns.

The Applicant asked whether pharmacies outwith the Barrowlands area provided an adequate service for the Barrowlands?

He asked the PPC if they were shopping in a facility such as Braehead or Buchanan Galleries would they expect to have to leave the facility to access a pharmacy? Would they expect to have to make an additional trip to use the pharmacy in say Pollok Health Centre?

He advised that anyone going to the Barras would go to the Barras. That was the destination. They wouldn’t expect to make additional trips or onward journeys for what were basic NHS services that were envisaged to be the gateway to NHS care.

He suggested that the services that pharmacies offered and their success in terms of integrating pharmacy with the larger NHS family, were devised on the basis and were entirely dependent on the understanding that pharmacies were readily accessible.

Apart from the consumers and producers requiring pharmacy services within this neighbourhood there was a sizeable transient population made up of those staying in the

hostel on East Campbell Street and at Monteith House and those 150 vulnerable members of society making use of the facilities provided by the Lodging House Mission on a daily basis. 80% of the men and women using the Lodging House Mission had drug and/or alcohol problems.

He suggested that pharmacy was not able to fix everything, but had a remit, particularly in terms of supporting patients with addictions. They helped to stabilize chaotic and erratic lifestyles. By definition this required immediate access to pharmacy services. The Applicant argued that the best way to achieve this was to place pharmacies at the centre of patient's lives. He felt pharmacy had an important role for the patients in this neighbourhood, a view shared by the Lodging House Mission. In addition, the PPC should further note that there was not one letter from the public in disagreement to the proposals.

The Applicant asked if the Barrowlands could be considered a neighbourhood? The services here were too numerous to mention and the characteristics and the needs of the neighbourhood were quite different from all adjoining areas, as described by Glasgow City Council.

Its boundaries were readily identifiable. In terms of characteristics of a neighbourhood, the Applicant suggested it ticked all the boxes.

The Applicant asked if it had adequate access to pharmacy services? He suggested that there was a sizeable resident population who must travel outwith their neighbourhood in order to access pharmacy services when currently they might not need to leave to worship, to the supermarket, or go to work. He suggested then that the provision of pharmacy services was inadequate for the resident element. He went on to suggest that for the populations that were working there or shopping there or taking refuge and for the vulnerable sections of society that take refuge there, access to pharmacy services was wholly inadequate.

The Applicant posed the following question: *"Would granting the application to open a pharmacy at 199 Gallowgate secure adequate provision of pharmacy services for this neighbourhood?"* The Applicant suggested the answer was *"Without a doubt."*

He believed that granting this application was in fact the only way to secure adequate provision of pharmacy services within this neighbourhood.

The unit itself would be finished to a high standard, containing a discreet consultation area and two private consultation rooms. This would allow the delivery of all aspects of the modern pharmacy contract. The unit was in a good location and a good size.

The minor ailments service would enhance the network of out of hours care particularly in view of the Applicant's commitment to opening seven days per week and the plans to provide a pharmacist prescribing clinic to enhance the smoking cessation service. The Applicant was qualified to do this and had experience.

In this setting improvements could be made in the use of medicines and a contribution made to the management of long term conditions through the Chronic Medication Service. These services were essential and they were required in the neighbourhood.

The importance of having a health professional in this area could not be overstated. To have face to face contact with a pharmacist, able to provide the full range of modern services within an area of demonstrable need was of paramount importance.

The Applicant finished by saying this part of the city had not received the investment experienced in the Merchant City or further East towards the site of the Commonwealth Games, though investment was planned. The Application represented an important opportunity for pharmacy to make a meaningful and sustainable contribution to the regeneration of this area and its people. Investment in the fabric of the area and diversification of retail was hugely important, but the cornerstone of this regeneration, in the Applicant's opinion, must be to redress the health inequalities, and to set in motion improvement in health.

The Interested Parties Question the Applicant

Mr Alvi asked the Applicant to confirm his neighbourhood population. He advised that there were 150 day users of the Lodging House Mission and around 20 at Monteith House. There were a large number of people commuting into the area. The residential element was relatively low at around 900.

In response to questioning from Mr Alvi regarding the Lodging House Mission, the Applicant advised that the Mission provided day care facilities. There was no overnight accommodation. He advised that many of those using the Mission spent their day in the Barrowlands district. He advised that many stayed at the Lodging House Mission for the entire day as there were classes run, others left the area. He estimated that many of the service users spent 50% of their day in the area.

Mr Alvi asked the Applicant if he knew what time the Mission closed at. The Applicant confirmed that he was not aware. Mr Alvi suggested that the Mission closed at two and asked the Applicant that if a service user spent 50% of their day in the area, was it not feasible that they would pass other community pharmacies. The Applicant advised that they might pass other pharmacies, but felt that the focus of his application was to make services more accessible as part of their lives.

Mr Alvi asked the Applicant a series of questions relating to the Calton Area Development Framework. He asked the Applicant to go over the facilities that existed in his defined neighbourhood. The Applicant advised that there was a dentist, church, places of work, a pet shop, newsagents, 15 pubs, and a market place. The Applicant did not agree with Mr Alvi's suggestion that as an extension of the East End of Glasgow other areas had very similar shops. He felt that the services in the Barrowlands were unique. Facilities such as McIver's market were unique. He was unaware of any other area where you would find a bridal shop next to a pet shop. In his opinion, the Barrowlands was a unique little world with diverse retail facilities.

Mr Alvi asked the Applicant whether he was seriously drawing a comparison between shopping centres such as Buchanan Galleries and Silverburn and the Barrowlands. The Applicant confirmed that he was. He advised that places such as Buchanan Galleries were a lot more affluent. It attracted more footfall and service users who were more upwardly

mobile and in better health. As such he suggested that such a place would have less to gain from having a pharmacy. The % of people who would benefit from pharmacy was lower. In comparison, the vast majority of those who visited the Barrowlands District had health needs. In essence you would get more for your buck in putting an additional pharmacy in the Barras district.

In response to final questioning from Mr Alvi regarding what days of the week the retail facilities in the Barras district were open, the Applicant advised that the working week tended to be Wednesday to Sunday. He further advised that there a number of buses running in the area which, in his opinion, showed there was lot of activity there.

Mr Majhu asked the Applicant if he had any evidence that patients found it difficult to access services. The Applicant advised that it could be argued that because there was a bus station right across from Buchanan Galleries, it could be argued that a community pharmacy was not needed in this facility as the existing network was good. Customers using the facility however fully expected there to be pharmacy provision. He suggested the same could be said for the Barras. Service users would expect to find a pharmacy there. He agreed that the public transport network into and out of the area was good and that there was no issue of accessibility into and out of Barras, but reiterated that people using the area would expect there to be pharmacy provision.

In response to further questioning from Mr Majhu, the Applicant confirmed that there was no school within his defined neighbourhood. He confirmed that there were schools in the wider Calton area, but he had not included these as the two areas were not the same. He suggested that a further point to bear in mind was that the population had a small amount of young people and as such a reduced requirement for education services.

In response to further questioning from Mr Majhu, the Applicant agreed that as there were no schools within his defined neighbourhood, there would be a need for anyone needing to access such services to leave the neighbourhood. He reiterated that there was flow out of all neighbourhoods and repeated that the neighbourhood was characterized with a low residential population with a small number of children; therefore there would only be a small number leaving for education purposes.

Mr Majhu asked what evidence the Applicant had that a further pharmacy in the area was necessary. The Applicant advised that the area itself provided the evidence. He asked the PPC to consider in the same way as Buchanan Galleries and suggested that if they did so you could rehash the previous PPC statement for an additional pharmacy. He suggested that the majority of those visiting the area would have high requirements for pharmacy services The argument was stronger.

In response to questioning from Mr Majhu regarding complaints, the Applicant advised that people didn't tend to complain about services. He pointed to the lack of response to the public consultation and suggested that most complaints made regarding pharmaceutical services were about dispensing mistakes being made and not about the lack of availability. He felt that those who shopped in the Barras would not complain about the absence of provision.

Mr Majhu asked the Applicant that if he had no evidence of necessity, what evidence did

the have of desirability. The Applicant pointed to the letters from the Calton Area Assoc, MSP and Councillor Thewlis but suggested that these belied the strength of support. He advised that there was further evidence in the case of Buchanan Galleries. He advised that there was an opportunity here to have a positive impact on people's lives.

In response to further questioning from Mr Majhu regarding the e-mail from John Mason, the Applicant advised that he couldn't respond on behalf of Mr Mason, but hazarded a guess that the statistic showing 18 pharmacies within a 1.1 mile radius was taken as the crow flies. The Applicant suggested that people didn't use services "as the crow flies". It was a long walk from the proposed premises to Bridgeton. In inner city areas a higher density of pharmacies was expected. The Applicant suggested that someone in the Barrowlands wouldn't use pharmacy in New Gorbals. It wasn't practical on a day to day basis.

Mr Majhu asked the Applicant if he would agree that those responding during the public consultation exercise did not appear to have any issues with the current service, but that they all just wanted a pharmacy to help with local issues. The Applicant advised that most members of the general public wouldn't understand the legal test and therefore could put their point across in the only way they could. The comments received showed strength of feeling.

Mr Majhu asked the Applicant if he would agree that the transient population in the area was in decline. The Applicant agreed that the area was not as busy perhaps as it had been in the past; however he contended that the area was still busy; still vibrant. He maintained that the Barras continued to play a large part in the lives of those who visited it. He reasserted that there was less to be gained from placing a community pharmacy in Buchanan Galleries, yet the PPC had granted that application. There was more to gain approving an application in the Barras.

Mr Robertson asked the Applicant if he could explain what pharmaceutical service was not being provided given the number of pharmacies in the area and the well established public transport services. The Applicant reasserted that although there were 18 pharmacies within a 1.1 mile radius, service users did not fly. As such travel to many of the current pharmacies was not practical or feasible. There were many of the existing pharmacies which were not relevant to the application. The Applicant maintained that there remained a tract of land that was devoid of pharmacy services. He advised that the two pharmacies in Bridgeton dispensed high volumes of prescriptions, but these pharmacies were not going to help those at the facilities in the Barrowlands. He advised that there was a need to install services central to people's lifestyles.

The PPC Question the Applicant

In response to questioning from **Mr Irvine**, the Applicant confirmed that there was a residential population of approximately 900 people within his defined neighbourhood. He advised that the maximum population he would serve including transient population over the course of a week would be between 1,600 and 2,000 people, comprising; 900 residents, 150 service users of the Lodging House Mission, 50 Monteith Hotel, the weekend population including 800 football fans when Celtic played a home game, and approximately 300 tourist trade through the year.

Mr Irvine asked the Applicant which existing pharmacy he considered was closest to his proposed premises. The Applicant advised that Abbey Chemist, Trongate would be the closest. He confirmed that the population within his defined neighbourhood would be able to access this pharmacy; however it would be preferable for there to be a pharmacy within the defined neighbourhood. He suggested that those visiting the area would expect to find a community pharmacy within it. He felt it unlikely that those using the Barras would travel to Abbey Chemists if they needed pharmaceutical services. He felt that those using the hostel services in the Barras would use a pharmacy in the neighbourhood if there was an anchor in their life. They would then have no need to use Abbey Chemist.

In response to questioning from Mr Irvine, the Applicant advised that Abbey Chemist was approximately 0.6 miles from the proposed premises.

In response to final questioning from Mr Irvine regarding how he would show inadequacy within the neighbourhood and in the service provided by the peripheral pharmacies, the Applicant advised that his defined neighbourhood was clearly deprived. The area was well used by shoppers, traders and the transient homeless population with high health needs. There were currently no pharmaceutical services to offer on a daily basis. Access to minor ailments service was difficult given the provision was on the edge of the neighbourhood. He conceded that those presenting with a prescription would not suffer, however they would not benefit from public health services or smoking cessation services. He advised that there was a well known disparity between rich and poor and that this was getting worse. There was a need to target resources at the target population. He believed the application provided an excellent opportunity to provide a service which would benefit people's lives.

Mr Dykes advised that he was still struggling with what was inadequate about current services and asked the Applicant if he could reiterate. The Applicant advised that the commercial draw of the Barras meant that it was not logical for there to be no pharmacy. He pointed to the decision to grant a new pharmacy contract for Buchanan Galleries and suggested that it was only fair that the same opportunity should be offered to a population which was less affluent.

In response to questioning from Mr Dykes, the Applicant confirmed that he knew what a "destination store" was. He suggested however that the Barras themselves were the destination. It was the Barras which drew people to the area. Many people traveled to the area to see the market itself. There were other shops on the periphery which fed off this.

Mr Dykes asked the Applicant if he would consider other facilities which were only open two days per week, say a football ground, as being a neighbourhood. The Applicant advised that the Barras was operational seven days per week but busier at the weekend. The market didn't function during the week, but the number of outlets that were currently functioning showed the area to be a high in activity.

Mr Hamilton asked the Applicant if he could develop this line of questioning and sought information on the activity in the area during the week. The Applicant confirmed that the market operated two days per week, but that the majority of the other shops were open more days than the market. He conceded that the number of shops open seven days per

week was smaller.

Mr Hamilton asked the Applicant to provide a definition on his term “*street furniture* “. The Applicant advised that he meant signs, benches, the lack of vandalism, higher standard of pavements and the increase in money invested in public space. The Applicant advised that by contrast the Barras area had significant amounts of derelict space. There was a triangle of waste ground fenced off just at the entrance to the area. He considered that anyone walking under the railway bridge at Glasgow Cross coming in to the area would know they were in a different neighbourhood.

In response to final questioning from Mr Hamilton, the Applicant confirmed that there was significant tourist activity in the Barras area. The market itself was a big attraction, with historical value. It was next to Glasgow Green and the Peoples Palace. There were a number of things which tied it to the area to make it a tourist attraction.

M Wallace asked the Applicant if he had any evidence that the market traders all had high health needs. The Applicant agreed that this was an assumption, but a logical one given the retail services they provide and the environment in which they worked. He felt that those working on the street, standing behind stalls for long periods of time tended to be less affluent and had higher requirements for services as they had ill health.

Mr Daniels asked the Applicant if he would agree that Buchanan Galleries which was open for more than ten hours seven days per week was different to the Barras market which at the most was open six hours on two days per week. The Applicant agreed that there would be a difference in the number of people accessing both facilities. He asked the PPC to consider however, the difference an additional pharmacy would have on the population using the area. He advised that if you could reach out and affect change and provide direct access to services, more could be done in those two days in an area such as the Barras than could be done in a retail facility used by a more affluent population, with lower health needs. He still thought there would be more than sufficient numbers to make the pharmacy viable.

In response to further questioning from Mr Daniels, the Applicant said he felt those using the Lodging House Mission would use a pharmacy in the area if it was available. He felt that if they could get this population into the pharmacy, along with those using other facilities in the area, they could have an effect. If there was no pharmacy it would be a missed opportunity. The Applicant felt that there was a need to explore what could be done to affect change. He advised that he had taken part in a study in his other pharmacy relating to alcohol reduction. Why couldn't the people in this area have the same benefit? Why could we not get smokers in when they're outside the pub having their cigarette?

In response to final questioning from Mr Daniels, the Applicant advised that he still believed the Lodging House Mission which was run by a Christian organisation offered meals free of charge. He was not aware how many meals the Mission provided.

The Chair asked the Applicant to illustrate how he had come to the overall conclusion in terms of the current pharmacy regulations that the current service was inadequate. The Applicant advised that those using the area would have a higher need for pharmaceutical services. They shouldn't have to leave the neighbourhood to access services. He felt the

application represented a small investment for a large population with high health requirements. In terms of people coming into the neighbourhood; they couldn't access adequate services and were limited in their opportunity to use facilities outside the neighbourhood. He felt it was desirable to grant the application.

The Interested Parties' Case – Abdal Alvi (Abbey Chemist and High Street Pharmacy)

Mr Alvi advised that in his opinion the Board's area could be split into many populations which would contain similar traders. He advised that the Applicant had himself conceded that there was not a high resident population within the neighbourhood. He had also admitted that the area was not as busy as it had once been. He had included in his catchment area, residents, traders, football fans and a significant transient population which would normally come from the city centre as most people would be travelling by train. Tourists also would pass other pharmacies. The Applicant has estimated the population at around 1,500. Mr Alvi stated that assuming 1 in 10 of the population required pharmaceutical services, this would amount to around 180 people. The Applicant had focused on a small area. Mr Alvi advised that the letters received by the Applicant had not been letters of complaint about the current service, and one had even mentioned Catalonia. He advised that the letters from the elected representatives were more letters in support, but had mentioned nothing about canvassing the views of the resident population or obtaining feedback from constituents. Mr Alvi didn't feel the Applicant had shown inadequacy.

Mr Alvi advised that the Applicant had referred to "The Calton Area Development Framework" (CADF March 2012) from Glasgow City Council's Development and Regeneration Services. The document gave boundaries which it stated "represent most people's understanding of Calton." The Applicant had quoted this document and yet had opted to cut out the North-West corner of the area which included the area up to Duke Street. The reason for this was to include the Collegelands development which formed an important part of the consultation framework as it was the new location for Glasgow City Council offices. By cutting out this area, the Applicant had thereby removed High Street Pharmacy from the neighbourhood.

Mr Alvi suggested that consideration should also be given to the fact that although the Trongate was part of the Merchant City, very few locals would draw a distinction between the Trongate, Saltmarket, Gallowgate and London Road. The majority of people would consider all to be the start of Glasgow's East End. Indeed the G1 postcode extended up to the end of the Trongate, where Argyle Street began. This was the point at which the big retail units started and road layout became pedestrian only. Even if Abbey Chemist in Trongate was determined to be in an "adjoining neighbourhood" according to the legal test, Mr Alvi believed strong consideration should be given to these points and the opinions of local people.

He advised that the neighborhood as defined had no schools, post office, or library. The CADF listed the lack of community facilities and amenities as a 'weakness'. Approximately 25-30% of this area was greenery and park space with large vacant areas. The CADF further stated that although a large number of sites had planning permission for development the current economic climate meant that "many of these sites may not be

developed in the short or medium term.”

He attested that Mr Dryden’s residential data showed a population of 4,500 but closer examination showed that this population was not evenly distributed throughout the area. In fact datazones S01003271, S01003331 and S01003333 were adjacent to the health centre and pharmacies in Bridgeton and zone S01003335 was a few minutes walk to Abbey Chemists in Trongate. The area in which the applicant had applied, S010033328 had the best SIMD ranking of all data zones he had used, with the percentage of income deprived and employment deprived people lower than the Scottish Average (2008).

He advised that to describe the Barras as a focal point for life in the East End of Glasgow was disingenuous. The local shops were independent retailers similar to those throughout the East End.

He further advised that the Applicant had gone on to quote SIMD data, which was over ten years old, with regards to persons in overcrowded households and those without central heating, without any explanation as to why this information was currently relevant to his area. The CP Subcommittee noted that there were 18 contractors within 1.1 miles from the proposed premises, with a transient population that would pass existing provision on the way to the area. The Applicant himself had stated that the area “draws in groups of users from outside the neighbourhood”. This was especially true for the tourist population the Applicant suggested would require pharmaceutical services, as these tourists would almost certainly be going into the area from the City Centre, so would pass many pharmacies including Abbey Chemist in Trongate.

Mr Alvi informed the Committee that the pharmacies at Trongate and High Street had been helping service users of the Lodging House Mission and local hostels for years. Indeed the Barras area did have services for vulnerable people, yet there were not so many that a new pharmacy contract would be merited. Nor was there a need in terms of lack of pharmaceutical provision, as these patients had long been accessing his services without any complaints.

The Lodging House Mission, as the letter from John Hamilton stated, dealt with many people who were homeless and who had chaotic lifestyles, with 80% using drugs and alcohol. Abbey Chemist and High Street Pharmacy had been dealing with the Homeless Health Services and the local Addiction Teams for many years, regularly relying on the approachability and expertise of the pharmacy teams. They were in regular, daily contact with an array of health care professionals with the sole aim of helping these vulnerable patients, many of whom slept rough in the City Centre and passed their pharmacies to access the Lodging House Mission which was less than ten minutes walk away. The pharmacies also operated successful and efficient methadone and needle exchange services to cater for these and other patients.

High Street Pharmacy was a state of the art, modern pharmacy which opened five years ago. It was designed with the pharmacy contract in mind. It had three consultation rooms and a unique methadone dispensing room which had its own entrance/exit. Abbey Chemist in the Trongate had been operating for over 20 years and was refitted at the start of 2011; again with patient care the priority.

Mr Alvi advised the Committee that as “Investor in People” pharmacies, the company had put a lot of time and effort into developing the staff and had spent significantly to upgrade their facilities to achieve a high professional standard. The two pharmacies offered a full range of pharmaceutical services, including every service the Applicant had proposed, and they were only a short walk away from the Applicant’s proposed site. Both pharmacies were situated in the G1 postcode, and neither pharmacy was running at full capacity. Mr Alvi was also an Independent Prescriber.

Mr Alvi explained that he believed that a new pharmacy contract in such close proximity to the fit for purpose pharmacies was neither necessary nor desirable. They believed that current pharmaceutical provision for the area was adequate. He therefore asked the Committee to refuse the application.

The Applicant Questions Mr Alvi

The Applicant asked Mr Alvi if he would agree that while the area might not be as busy as it once was, there were plans for development and investment leading to improvements. Mr Alvi agreed that the CADF had illustrated inward investment, however reiterated that this was a 10 to 15 year plan, which included environmental changes and changes to green spaces.

In response to questioning from the Applicant regarding SIMD data, Mr Alvi agreed that the rankings didn’t apply to any element of the population other than the resident element. He further stated that this element of the population was relatively low at around 900.

The Applicant asked Mr Alvi how many vulnerable people, in his opinion, would be needed to merit a further pharmacy in the area. Mr Alvi clarified that he hadn’t said there wasn’t enough vulnerable people in the area to merit a further pharmacy. He said there wasn’t enough resident population that a new pharmacy contract would be required.

In response to final questioning from the Applicant, Mr Alvi confirmed that he wasn’t aware whether the Lodging House Mission provided meals free of charge.

The Interested Parties Question Mr Alvi

In response to questioning from **Mr Majhu**, Mr Alvi confirmed that neither High Street Pharmacy nor Abbey Chemist had received any complaints from patients regarding services. He advised that both pharmacies had a good relationship with the Health Board and were considered to be approachable. He didn’t feel there was a lack of adequate provision.

There were no questions to Mr Alvi from Mr Robertson

The PPC Question Mr Alvi

Mr Irvine asked Mr Alvi to clarify that his definition of neighbourhood was the larger area put forward by the CP Sub-committee. Mr Alvi advised that he agreed with the CP Sub-committee’s definition of the neighbourhood but felt that Abbey Chemist was in the same neighbourhood as the proposed premises.

In response to further questioning from Mr Irvine, Mr Alvi advised that as Pharmacy Manager in Abbey Chemist Trongate, he saw both elements of the population; transient and resident. The pharmacy drew in both elements.

In response to questioning from **Mr Dykes**, Mr Alvi confirmed that Abbey Chemist provided services to patients from Gallowgate on a daily basis. He would describe these patients as a significant part of the client base. He further reiterated that he would not be able to quantify how many patients whose addresses were outwith Gallowgate, but who used the Lodging House Mission and used the services of Abbey Chemist.

In response to further questioning from Mr Dykes regarding the Lodging House Mission, Mr Alvi advised that Abbey Chemist had developed close working relationships with many of those using the Mission either because they were new to the facility or over the long term with patients who might have a methadone prescription with the pharmacy. There were some faces the pharmacy seen every day.

In response to final questioning from Mr Dykes regarding long term clients, Mr Alvi advised that most long term clients did not miss appointments and he didn't feel that the pharmacy's location was a barrier to them attending. Mr Alvi informed the Committee that many clients accessed services while making their way to the Lodging House Mission or on their return journey from the Mission.

There were no questions to Mr Alvi from Mr Daniels, Mr Hamilton, Mr Wallace or the Chair

The Interested Parties' Case – Mr Sanjay Majhu (Townhead Health Centre Pharmacy and Apple Pharmacy)

Mr Majhu advised that the whole point of his objection was that his pharmacies along with others in the area provided a very good service. He was aware that if any shortfalls were identified, these were always covered. He did not feel that the Applicant had demonstrated inadequacy.

He advised that there had always been differing views on the definition of neighbourhood, and for this reason he was happy enough to agree the definition by the Applicant. He reiterated however that his view was that neighbourhoods supported each other. For example there was no secondary school in the defined neighbourhood, thus services from other neighbourhoods prevailed for education and other services such as banking. He saw no evidence from the application for other fit for purpose type units, nor had he ever been notified of any shortfall.

He advised that both his pharmacies provided all of the core services required by the NHS and there were no waiting times for any of these services. Though the location of this new application was relatively far away, his view was that no new contract was required in the area.

He informed the Committee that there had been no evidence of either desirability or necessity. The Applicant had received one letter and four e-mails during his consultation

exercise. His pharmacies had not received one complaint from any member of the public nor had they received a complaint from the NHS. He found the response to the Applicant's consultation dreadful.

He advised that within a 1.1 mile radius there were 18 pharmacies. The Applicant was proposing to open seven days to provide more hours, and the provision of services at the weekend was to be extended. Again no evidence that this was required either from the public or NHS. Mr Majhu pointed out that in England the 100 hour contract had been reversed as it had served to dilute the existing cover.

The Applicant Questions Mr Majhu

In response to questioning from **the Applicant**, Mr Majhu advised that he wouldn't define Glasgow Royal Infirmary as a distinct neighbourhood, even though the PPC had defined it as such previously.

In response to further questioning from the Applicant, Mr Majhu confirmed that he agreed with the definition of neighbourhood put forward by the CP Subcommittee, but was not aware how many schools were included in that neighbourhood.

In response to further questioning from the Applicant regarding neighbourhood, Mr Majhu accepted that the larger neighbourhood mentioned included two schools.

In response to final questioning from the Applicant, Mr Majhu agreed that the use of land in the Barras was different to that in other areas. He reiterated that shops in the area were closing and even the transient population was declining. He agreed that there was to be inward investment into the area, but this was still to come. He was aware that the Polish shops in the area had only opened in the last two years; however he did not agree that this was evidence of a vibrant neighbourhood.

There were no questions to Mr Majhu from Mr Alvi or Mr Robertson

The PPC Questions Mr Majhu

In response to questioning from **Mr Irvine**, Mr Majhu confirmed that he agreed with the CP Sub-committee's [c1]definition of neighbourhood.

Mr Irvine advised Mr Majhu that he had described the application as having no necessity or desirability and asked him to comment on adequacy of existing services. Mr Majhu responded that he had been led to believe that the legal test required the Applicant to provide inadequacy. In Mr Majhu's opinion, the Applicant had not provided one shred of evidence. His consultation exercise had received four e-mails and one letter which showed nothing Public transport in the area was more than adequate and access to services was fine. There was no inadequacy.

There were no questions to Mr Majhu from Mr Daniels, Mr Hamilton, Mr Wallace, Mr Fergusson or the Chair.

The Interested Parties' Case – Mr Scott Robertson (Dickson Chemists)

Mr Robertson advised the PPC that this had been a very challenging and difficult year for Dickson Chemist as a company. They had reduced opening hours in one of their pharmacies because of inherent need to reduce their wage bill. Mr Robertson felt that the issue came back to viability. The Applicant had advised the PPC that a new pharmacy could be viable, but this was in direct contrast to Dickson Chemist's experience. The company had taken the step of reducing pharmacist cover in the branch at Main Street, Bridgeton which was a far more densely populated area.

He advised that a new contract would reduce the available patients to existing pharmacies e.g. CMS would be starved of income. Other issues such as various drugs coming off patent and transition going on for six years had affected the ability of community pharmacies to retain profitability. The awarding of a new contract would destabilize the existing network.

Mr Robertson advised that the Applicant's defined neighbourhood was already serviced by pharmacies offering home delivery for vulnerable groups. The area was not hilly. In fact it was quite flat. There were good transport links. Most pharmacies offered methadone supervision. Dickson Chemists had the methamphetamine system and was not operating at capacity.

Mr Robertson informed the Committee that an audit conducted for Dickson Chemist showed that between 5.30pm and 6.00pm the pharmacy was losing money. He further advised that the regeneration for the Commonwealth Games had reduced deprivation in the area.

There were 18 local pharmacies within 1.1 miles even if this was as the crow flies. Mr Robertson advised that he had asked the Applicant if he considered there to be any gaps in service and the Applicant's response had been that he didn't think there was. He believed that if the PPC awarded the contract there might be redundancies in the existing network. He did not consider this to be point of the PPC.

Mr Robertson advised that there had been no notable increase in population in the neighbourhood defined and the Applicant agreed that it had decreased. There were no schools in the defined neighbourhood and no post office. Mr Robertson questioned whether it was a neighbourhood or a pocket. He asked the PPC to refuse the application. It was not necessary or desirable.

The Applicant Questions Mr Robertson

In response to questioning from **the Applicant**, Mr Robertson confirmed that there were three pharmacies between Dickson Chemist and the Applicant's proposed premises. The Applicant asked if this was the case, why would Dickson Chemist be affected so adversely. Mr Robertson advised that he was seeing a loss of revenue already. The Applicant asked if this was not due to some reason other than the application. Mr Robertson advised that it might not be directly relevant but he was firmly of the opinion that a further contract would be detrimental to the existing network.

In response to final questioning from the Applicant, Mr Robertson confirmed that Dickson

Chemist offered a collection and delivery service to residents in the Applicant's defined neighbourhood. The service was provided to the most vulnerable patients in the area. He confirmed he was unable to quantify the patients receiving this service.

There were no questions to Mr Robertson from Mr Alvi or Mr Majhu

The PPC Question Mr Robertson

In response to questioning from **Mr Irvine**, Mr Robertson confirmed that he would define the neighbourhood as the smaller pocket described by the Applicant in his submission as the Barras/market hub.

In response to further questioning from Mr Irvine, Mr Robertson confirmed that it was his belief that an additional contract would destabilize pharmaceutical provision in the general area.

Mr Irvine invited Mr Robertson to comment on services to the neighbourhood. Mr Robertson responded that services were excellent. No-one complained. Dickson Chemists had invested heavily in a delivery service and, in his opinion; there was no inadequacy at all.

In response to questioning from **Mr Dykes**, Mr Robertson confirmed that Dickson Chemists had reduced pharmacist cover at its Main Street, Bridgeton branch by 1.5 days. The company was utilizing ACTs more partly due to cost. He further confirmed that the company had not dropped any services. The use of ACTs to check prescriptions left the pharmacist free to focus on the provision of services.

In response to questioning from **Mr Wallace**, Mr Robertson advised that he couldn't quantify the number of patients Dickson Chemists provided services to, who came from the defined neighbourhood.

There were no questions to Mr Robertson from Mr Daniels, Mr Hamilton, or the Chair.

Summing Up

Mr Alvi advised that the Applicant had not provided evidence of inadequacy of pharmaceutical provision within the neighbourhood he defined. He advised that there was no lack of services in the wider area. High Street Pharmacy used to open on Sundays and Mr Alvi had data to suggest that such a service was not needed in the area. Mr Alvi believed that people weren't accessing pharmaceutical services on a Sunday.

Mr Alvi advised that High Street Pharmacy and Abbey Chemists provided a full range of pharmaceutical services. It was not, in his opinion, unreasonable to expect residents of the Barras to walk six or seven minutes to access established pharmacies. He advised that because the current provision was adequate and the Applicant had not proven otherwise. The application shouldn't be granted.

Mr Majhu advised that it was a fact that margins were massively reducing. Companies

had to work extremely hard to stand still and it was getting harder and harder for pharmacies to maintain profitability. A 1% swing in margin would have an effect. He advised that there was plenty cover and the existing network was good enough. He urged the PPC not to grant the application.

Mr Robertson advised that the Applicant had provided no evidence of a pharmaceutical need. The application was not necessary or desirable. Dickson Chemist had had one of most challenging years in recent times in terms of profitability. He advised the PPC that if it chose to refuse, it should not be on these grounds but on the grounds that the Applicant hadn't come up with a strong enough argument. He advised the PPC that there was no gap in services.

The Applicant advised that pharmacy services should evolve and adapt to local needs.

The Barrowlands district was unique and had needs unlike any other adjoining neighbourhood. It was unreasonable to expect this area to be sustained by pharmacies in outlying neighbourhoods that could have little impact on the users of the Barrowlands.

He advised that to target resources efficiently, the Applicant felt that ill health must be tackled at its source and make positive change where there was greatest need. Opening a new pharmacy in an area of need could do this – and at no cost to the taxpayer.

He advised that there had been applications where Committees had recognised hospitals, commercial centres and retail outlets as neighbourhood in their own right. The opportunity was here to do so again today.

The Applicant advised that the PPC hearing may be a bit different from others, because the application was not about who lived here. It was not about GP surgeries or car ownership and it was not about bus routes because the Barrowlands was the destination, not the starting point.

He felt that it should be seen for what it was. The Barrowlands. Every person in the room knew that the Barrowlands had a powerful draw for sections of our society with a great need for lifestyle change, for risk modification, for health protection and for health improvement.

In the Barras you could buy black market tobacco, second hand goods, pirate DVDs. People visiting there had the choice of 15 pubs. This was where change must begin.

The opportunity was here to use that draw to positive effect; harness that pulling power, and place a pharmacy at the heart of the neighbourhood. He advised that all ills and mentality could not be changed overnight. The Applicant's could not rehabilitate every patient with addictions or eradicate smoking, but they could give the population the opportunity to change and the opportunity to access basic NHS services within their normal shopping, working and travel patterns.

He advised that to be given this opportunity was not too much to ask; and moreover it was their basic right.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Mr Alvi, Mr Majhu and Mr Robertson 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:
 -
 - Apple Pharmacy – 584 Alexandra Parade, Glasgow G31.3;
 - High Street Pharmacy – 128 High Street, Glasgow G1.1;
 - Abbey Chemist – 144 Trongate, Glasgow G1.5;
 - Townhead Health Centre Pharmacy, Glasgow G31.2; and
 - Lloydspharmacy – various addresses.

All had recorded their objections to the application.

The Committee noted that:

- Bridgeton Health Centre Pharmacy – 201 Abercromby Street, Glasgow G40.2 and
- Royston Pharmacy – 119 Royston Road, Glasgow G21.2

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

The Committee noted that:

- Boots UK Ltd – various addresses; and
- The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

Were consulted as part of the statutory process, but their objection had been received outwith the consultation deadline and as such had not been included in the PPCs information pack.

- b) 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:

- c) - Glasgow City CHP – North West Sector Public Involvement Group – no response was received;
- Glasgow City CHP – North East Sector Public Involvement Group – no response was received.
- d) The following community councils:
 - Townhead and Ladywell – no response was received;
 - Calton and Bridgeton – no response was received;
 - Dennistoun – no response was received;
 - Merchant City and Trongate – no response was received; and
 - Hutchesontown – no response was received.
- e) The following elected representatives;
 - Councillor Yvonne Jucuk – no response was received;
 - Councillor George Redmond – no response was received;
 - Councillor Alison Thewlis – responded in support of the application;
 - Mr John Mason MSP –no response was received; and
 - Mr Anas Sarwar MP – Glasgow Central – 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 G1.1, G1.5 and G40.2;
- i) Information from Glasgow City Council's Department of Roads & Transportation advising that there were no known major road developments and Development & Regeneration Services advising of the known 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 Pharmaceutical Care Services Plan.

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 that the neighbourhood should be defined as follows:

North: Railway line – Glasgow Queen Street – Edinburgh line;
East: Abercromby Street;
South: River Clyde; and
West: Saltmarket/High Street

The PPC considered the neighbourhood put forward by the Applicant. It did not agree that the area could be defined a discreet neighbourhood as it was too small and did not contain enough of the facilities and amenities associated with the ordinary definition of neighbourhood.

The PPC agreed with the Applicant's North boundary, however did not agree with the other boundaries. They considered the Applicant's South boundary – Glasgow Green and felt that it was not appropriate as there was easy access through and across the park to the River Clyde. The river represented both a physical boundary and a psychological boundary separating the City Centre, Calton and Bridgeton from what was commonly known as "the South side". The PPC considered that the Applicant's West boundary Barrack Street/Bain Street was not appropriate as beyond that to the east lay derelict ground. The Committee did not consider that this land formed part of the Bridgeton area. As such, Abercromby Street was felt to be a more appropriate boundary as it clearly marked the beginning of the area commonly known as Bridgeton.

The PPC considered the view of the CP Sub-committee that the neighbourhood should be extended north to include the area commonly known as Drygate at Duke Street. The Committee disagreed that this should be included as the area was significantly different to that to the south of the railway line. The new Collegelands development brought business interests to the area; however a significant majority of the land was given over to car parking or remained derelict and not developed.

The Committee agreed that the neighbourhood which it had defined contained schools food shops, take aways, leisure facilities, residences, a fire station, hardware stores, public houses, a pet shop, a dental practice, a Health Centre, homeless accommodation and various other business interests. There was a sense of community within the area and it enjoyed good transport links with its close proximity and easy access to 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 ~~was~~ currently three pharmacies.

The Committee noted that the pharmacies offered all core contract services along with a comprehensive range of additional services.

In addition there were several further pharmacies situated within the general city centre location. All pharmacies met the needs of the different elements of the neighbourhood including the transient population and the resident population.

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.

The PPC considered the specific basis of the Applicant's case i.e. that the Barras was a destination which attracted a large visiting population and which could be compared to major retail facilities such as Silverburn, Braehead and Buchanan Galleries.

The Committee rejected this comparison. The retail developments mentioned above were, in the PPC's opinion major shopping facilities which all had what was termed as "destination" stores, which drew large numbers of shoppers. The facilities were all open seven days per week and attracted numbers in the thousands. All offered a significant choice of different outlets. By comparison, the main draw of the Barras, the market opened on two days. The other retail developments were generally single use facilities i.e. bridal shop which did not attract a similar level of custom to the major facilities mentioned by the Applicant. The PPC were aware that the area was of some historical value, however it was clear to see that custom to the area was only of any significance on the days the market was open.

The Committee also considered the Applicant's assertion that patients with long term conditions would be better served by a pharmacy within the defined neighbourhood; however the Applicant had not, in the PPC's opinion provided evidence that showed that this element of the population did not already enjoy access to services from the existing network.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Kenny Irvine, Gordon Dykes and James Wallace 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 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 Members of the Committee, Kenny Irvine, Gordon Dykes and James Wallace rejoined the meeting at this stage.

**Contractor
Services
Supervisor**

5. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

To Be Confirmed

The meeting ended at 3.00pm