

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)
Minutes of a Meeting held on
Wednesday 14 August 2013
Kingspark Hotel, Mill Street
Rutherglen G73 2LX

PRESENT:	Mr Ross Finnie Mr Paul Gillon Mrs Margaret Dakers Thomson Ms Joan Miller Mr Wallace Stevenson	Deputy Chairman Lay Member Lay Member Non-Contractor Pharmacist Member Contractor Pharmacist Member
IN ATTENDANCE:	Mr Michael Stewart Mrs Gillian Gordon	Legal Advisor, CLO Secretariat, NSS SHSC
	With permission: Mrs Linda Bunney Mrs Lesley Garbutt	NHS Dumfries & Galloway (Observer) NHS Dumfries & Galloway (Observer)

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

ACTION

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

1. APOLOGIES

Apologies were received from Mr Michael Roberts

The Chair informed those present that Mrs Linda Bunney and Mrs Lesley Garbutt wished to observe the proceedings as a training exercise and sought the permission of those attending. This was given and they joined the meeting sitting at a table set apart from the main participants..

2. Section 1 – Applications Under Regulation 5 (10)

APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

Case No: PPC/INCL05/2011

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

The Committee was asked to consider an application submitted by Kyle Square Ltd to provide general pharmaceutical services from premises situated at Unit 5, 151 Western Road, Whitlawburn, Glasgow, G72 8PE under Regulation 5(10) of the National Health

Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Mr Dryden agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC 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, Mr David Dryden, appeared in person and was accompanied by Mr Michael Balmer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Ms Nicola Burns (Burns Pharmacy) accompanied by Mr Jonathan Clarke; Mr Alasdair MacIntyre (Burnside Pharmacy); Mr Martin Green (M&D Green Dispensing Chemist Ltd) and Mr John Collington (Dickson Chemist).

The Chair asked the Applicant and the Interested Parties to confirm that they were not attending the Committee in the capacity of solicitor, counsel or paid advocate. They confirmed that they were not.

Prior to the hearing, the PPC had collectively visited the vicinity surrounding the Applicant's proposed premises, the existing pharmacies and GP surgeries and facilities in the immediate area of Whitlawburn, Cambuslang, Burnside and Cathkin.

The Committee noted that the premises were constructed and were in the Applicant's possession. They would be registered with the General Pharmaceutical Council in the Applicant's name dependent on the Committee's decision on the application.

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

The Applicant's Case

Mr Dryden opened by drawing attention to the travel distances involved for residents of Whitlawburn to access pharmacy services. He stated that, if walking, they had to make a

more than two mile round trip to get to Cambuslang or Burnside. There was also a pharmacy in Cathkin but this also involved quite a walk. He stated that although there were buses, they all went along Western Road which would involve a walk to the bus stop. Taxis were not an economic option and the majority of residents did not have access to private transport. This caused problems for the elderly and also for parents with young families.

He continued to describe the neighbourhood as one of the most deprived in Scotland and communities with high levels of socio-economic deprivation had a higher requirement for pharmacy services. He stated that Whitlawburn had a number of services to help health and social well-being and that the new dental practice had been a welcome addition and that they deserved a pharmacy which was easy for them to access along their normal patterns of travel. He said that they were unlikely to go to Cambuslang Main Street on a daily basis but rather for special trips to the library or GP and Cathkin was out with a normal pattern of travel.

He defined the boundaries as: Greenlees Road to the east, the A749 dual carriage way to the West and the picket fence separating the social housing from Lomond View to the South and the playing fields and open ground to the north. He said that this was a defined neighbourhood which was well recognized by both the council and the people who lived there.

He pointed out that pharmacies were more than just dispensing prescriptions and had a role to play in promoting health and to do this, a pharmacy needed to be in the neighbourhood. The fact that residents of Whitlawburn had to travel to access these services pointed to it being inadequate.

He referred to the letters in objection and noted that most of these related to Burns Pharmacy and many referred to supervised methadone provision, which was part of Health Board policy. He also referred to the open letter from Burns which stated that a new pharmacy could affect its continued survival. He contended, according to research undertaken by his accountant, that there was no danger either Burns or to the wider network of pharmacies in the area. He acknowledged that these letters demonstrated a strong commitment to Burns as a local pharmacy but did not provide evidence that Whitlawburn had adequate access to pharmacy services and this was the area he was concerned with.

He then referred to the letters he had in support of a pharmacy in Whitlawburn which generally stated that pharmacy services were difficult to access, that the walk was too far and that the transport costs were high. He also referred to the problems with compliance aids (dosette boxes) where the other pharmacies had an issue with capacity and Kyle Square pharmacy in Rutherglen were providing this service for Cambuslang, Cathkin, Springhall and Whitlawburn.

Finally he urged the committee to approve the application.

The Interested Parties Question the Applicant

In response to questioning from Ms Burns (Burns Pharmacy Ltd), Mr Dryden responded that he disagreed with her GPS calculation that Burns Pharmacy was within 0.41 miles and said that it depended on where in Whitlawburn one lived. He said that his pharmacy would be at

the heart of the community and would be within 0.5 miles of anyone in Whitlawburn. Regarding dosette boxes, he disagreed that the GPs would be aware if there was a problem as it was normally the receptionists or nurses who dealt with repeat prescriptions and would get the calls from patients. He also said that he did not believe that Fernhill North was included in his prescription load projections as he had used the ISD datazones and if it was then this had been an oversight. He was making the point that there was ample prescription volume in the area to support an additional pharmacy.

In response to questions from Mr McIntyre (Burnside Pharmacy), who expressed doubts that the GP would be unaware if there was a difficulty in obtaining compliance aids, Mr Dryden replied that the GP had a wider range of duties than prescribing and that reception staff had a bigger role in the management of repeat prescriptions.

Mr Green, Dukes Road Pharmacy, asked Mr Dryden how many people in the area were over 90 or between 85 and 90. Mr Dryden did not know and Mr Green informed him that the numbers were 3 and 10 respectively which he did not think indicated significant numbers of elderly residents. Mr Dryden replied that the actual age was not so important but that Whitlawburn people, because of the socio-economic conditions, would suffer ill health earlier and go downhill rapidly. He also indicated that the majority of Whitlawburn residents lived south of Western Road and that there was high density housing, including the tower blocks west of the centre.

He confirmed that Whitlawburn had been previously criticised for not having services and that there was a large population in one place and it constituted a neighbourhood. Mr Green observed that there was a difference between the dictionary definition of a neighbourhood and a neighbourhood for all purposes.

Mr Dryden confirmed that he still had the premises on a lengthy lease and that the "To Let" sign was there at the request of his landlord to allow him the opportunity to find new tenants quickly, should the application fail.

The Chair asked CLO to clarify the issue of neighbourhood. Mr Stewart replied that there was no statutory test and it was primarily a matter for the PPC; the existence or otherwise of amenities had to be taken into account but were not a determining factor.

Mr Collington (Dickson's Pharmacy) had no questions.

The PPC Question the Applicant

In response to questioning from Mrs Dakers Thomson, Mr Dryden said that a new pharmacy would provide a pharmacy service near to other Whitlawburn services and would cover: advice, prescriptions, minor ailments, smoking cessation, various public health messages such as vaccines. His previous experience indicated that if the pharmacy was in the community, it encouraged access to all the services and increased health benefits. Beyond the statutory level, he would be providing nicotine tablets which would avoid the need to go to a support group, as clients would if they went to their GP; he would also offer a collection and delivery service, although if the pharmacy was local, the need for deliveries could be avoided. At the younger end of the scale he could offer the morning after pill and offer advice if the same person was coming in repeatedly.

When questioned by Ms Miller, Mr Dryden said that he had come to know that the services were difficult to access from speaking to the locals. He accepted the need to travel to schools but there were two schools in Springhill and no pharmacy there or on the route there. He confirmed that his accountant had looked at the accounts of Burns Pharmacy to confirm that their financial viability would not be threatened by the opening of a pharmacy in Whitlawburn.

In response to questions from Mr Gillon, Mr Dryden confirmed that the picket fence referred to as a boundary was on the north side of the Housing Association. He confirmed that his view was that as there was a lot of high density housing and a lot of deprivation, Whitlawburn on its own could support a pharmacy without impacting on others. He also stated that he would be proactive in that he would follow up on people on the champix programme and would engage with the local community. He gave as examples what he had done in Rutherglen where he had given talks to the Guild, had a health promotion event at the local primary and sponsored the primary football team by buying strips for them. He would propose to engage with the Whitlawburn community in the same manner and had already developed links with the West Whitlawburn Housing Corporation.

When questioned by Mr Wallace, Mr Dryden said that he had chosen the picket fence as a boundary because Lomond View was completely separate, in that there was one way in and one way out with no thoroughfare and Lomond View was not seen as part of the locality.

In response to questions from the Chair, Mr Dryden could not say to which community Lomond view belonged. Regarding the bus service, Mr Dryden believed that, although frequent, it was inadequate because it did not go into the residential streets. The people of Whitlawburn did not see why they had to take a bus to get to a pharmacy as people in other areas did not have to do so. He indicated that there were problems with the buses for buggies and wheelchairs as, if the space was already occupied, the individual would have to wait for the next bus. Also this was not conducive with the modern concept of a community pharmacy which was in part to take pressure of the GP. If people had to travel to a pharmacy, they would be as well going to their GP. He strongly believed that the pharmacy should be part of the local community.

The Interested Parties' Cases

1 Ms Nicola Burns – Burns Pharmacy

Ms Burns opened by stating that the application rejected in March 2011 was less than twelve months prior to the present application in August 2011 and contended that this application should have fallen on the basis that there had been no significant change but set out her objection based on the legal test..

She first laid out what the neighbourhood was: North – B762, Dukes Road, along Cambuslang Main Street (A724); East – B759 Greenlees Road; South East Kilbride Road proceeding westwards to its junction with Dukes Road (A749). The basis for this was that these were main arterial roads encapsulating a wealth of amenities and could be defined by data zones and had a population of 7152. This was a larger neighbourhood than that described by the applicant which had a population of 2945 with a possible rise of around 61 when the new houses in Cathkin Rise were completed and occupied. She contended that

Whitlawburn was an area within the larger neighbourhood. She stated, that to be a neighbourhood, there had to be a range of basic amenities (schools, churches, banks, post office, library, supermarket, child-care, GP surgeries and access to pharmaceutical services). Whitlawburn lacked these key amenities and a recent newspaper article indicated that the Whitlawburn Community Resource Centre may face closure. She said that the neighbourhood she outlined was a reflection of a true neighbourhood where the residents shared a wealth of amenities encapsulated in natural boundaries.

Turning to the adequacy of Pharmacy services, she said that within her neighbourhood there were currently 4 pharmacies with an additional 2 on the periphery which provided a fully comprehensive range of core and enhanced services which had been endorsed by the PPC previously. To indicate the service she provided she said that 41% of her smoking cessation users were from Whitlawburn and 38% of her minor ailment prescriptions were from Whitlawburn residents which indicated that the residents were easily accessing pharmacy services.

Referring to the public support for the application, she had attended the open night which was attended by less than 2% of the applicant's defined neighbourhood and another public meeting in February 2013 which was attended by less than 1% of the defined neighbourhood. She did not feel that this indicated overwhelming public support for the opening of a pharmacy. She became aware that perhaps the residents of Whitlawburn were unaware of the services available in the area and had completed a leaflet drop, confirming opening hours and the services available. She intended to build on this in future as it took time to educate the population.

She acknowledged that the applicant had obtained letters of support from members of the public, local councilors and the MSP and while not doubting that these were genuine and in support, she doubted whether they were fully informed about the process of awarding new contracts, as many cited "convenience" as a reason. One letter had been submitted from a local councilor who had previously opposed the opening of a pharmacy in Whitlawburn. She referred to the letters she had submitted opposing the opening of a new pharmacy which cast doubt on the validity of the West Whitlawburn Housing Corporation as a vehicle for public opinion. Regarding the MSP's high profile support and petition, she believed that the content of his letter was misleading as Burns Pharmacy was not mentioned and on analysis of the results only 6.21% of the population in the applicant's defined neighbourhood responded in favour. This indicated that the majority thought the service was adequate.

She urged the committee to look at the evidence she had submitted, particularly from the GPs who had not mentioned any inadequacy or gap in the service but provided proof that the current service was adequate.

Regarding access to services, Ms Burns stated that the applicant had mentioned perceived barriers to accessing the existing pharmacies as there were no pharmacies within 0.8 miles of the proposed premises. She pointed out that Burns Pharmacy was 0.41 miles by foot (7 minutes) and 0.7 miles by car. It was also easily accessible by foot as there was a walkway and staggered pedestrian crossings which were suitable for prams and buggies. She pointed out that there was also a bus service from Western Road to Cathkin Bypass which took only 4 minutes. She believed this to be reasonable access to the services.

Ms Burns referred to the age of the population and particularly the elderly and quoted local statistics which showed that Whitlawburn had a relatively low elderly population and a significantly higher proportion of young people in contrast to Cathkin which had a higher average elderly population. This proved that Burns Pharmacy was in the best possible position to serve these communities being slightly closer to the elderly who may not be so mobile and have a greater need of the service. The letters she had submitted in evidence showed that there were no barriers to access. She felt this highlighted a real concern if Burns Pharmacy were to close as a result of a new pharmacy in Whitlawburn.

Ms Burns then also referred to the other pharmacies in Cambuslang and Burnside which could easily be reached by bus and many people made the journey on a daily basis to access other amenities.

She went on to state that the introduction of a new pharmacy would have a destabilizing effect on the adequate provision of services as it could affect the viability of either a new pharmacy or Burns Pharmacy. The recent reduction in the pricing of the drug tariff would have a significant impact on all pharmacies in Scotland.

She pointed out that Whitlawburn had little in the way of amenities and residents regularly travelled to access a wide range of services and would still have to do so, even if there were a pharmacy there. She said that the applicant had made efforts to look at the finances of her company which she found somewhat intrusive. In any event, these were the abbreviated accounts held in Companies House which provided limited information and could not be used to confirm whether or not the company was viable and on a sound financial footing as the applicant claimed. What was more relevant was the dispensing figure which showed that Burns Pharmacy was a low dispensing pharmacy. Indeed it could efficiently operate with at least double the number of prescriptions. She stated that 30% of Burns' prescriptions were from Whitlawburn and such a loss would jeopardize the future.

She then referred to the GG&C plan which showed that there is an average population of 3792 per pharmacy contract. Within her defined area there was a population of 1192 per contract, including the 2 pharmacies on the periphery. If a new contract were offered this would reduce to 1021 per contractor. In addition, in GG&C there is on average a pharmacy every 1.4 square miles. In this neighbourhood, there are 4 pharmacies in 0.9 square miles with an additional 2 on the periphery. This would indicate that the area is densely populated with pharmacies and could indicate an overprovision.

Turning to any significant changes since the last application, Ms Burns said that the dental surgery had been considered the last time and she had built up a relationship with the practice and had not been made aware of any difficulty in fulfilling prescriptions. In any event the number of dental prescriptions was insignificant. The new housing development was small and almost complete and would result in another 11 persons. It was equidistant from Burns Pharmacy and the proposed pharmacy. To date Burns Pharmacy had experienced no problems in servicing those needs.

Ms Burns then continued to highlight the changes and improvements she had made since taking over the pharmacy in July 2010. These were: increased opening hours; more staff; collection and delivery service; approved for pre-registration training; engagement with local community through health promotion; higher smoking quit rates than the average for GG&C;

participation in pilot service for safe alcohol consumption; hosting a blood pressure event; a new website with online ordering.

In conclusion, she said that there had been no significant change in the area, there was adequate pharmacy provision; a new contract would destabilize current services. She therefore asked the PPC to reject the application.

Before proceeding to allow questions to Ms Burns, the Chair intervened to seek advice from Mr Stewart (CLO) as to whether the Regulation raised by Ms Burns regarding the need for an Applicant to demonstrate substantial change in circumstances if an application was made within twelve months of rejection applied in this case. The Applicant and the Interested Parties made their respective positions on this point and it was agreed to continue with the hearing and hold a brief adjournment before the summations to allow Mr Stewart to consider the legal position.

Questions to the Interested Party

In reply to questions from Mr Dryden, Ms Burns stated that she had held 3 or 4 smoking cessation events which she tried to time around the mother and toddler groups and the café opening hours. She also confirmed that she had been doing these since she took over the Pharmacy in 2010 and had had positive feedback with people signing up for the programme. She restated that she did not believe that the area described by Mr Dryden had the population to maintain 2 pharmacies and if there was one in Whitlawburn then people would not come to her pharmacy and Whitlawburn contributed about 30% of her prescription business. The rest of the population currently filled their prescriptions in Cambuslang where they went regularly to access the amenities.

In response to questions from Mr MacIntyre, Ms Burns confirmed that all the pharmacies in the area offered a full service and that the residents of Whitlawburn had access to these as part of the fabric of their daily lives.

In response to a questions from Mr Collington, Ms Burns replied that she tried to engage with the residents of Whitlawburn and did what she could to participate in the wider area by: leafleting, visiting the community, offering a delivery and collection service, all the care services and blood pressure testing. She also made efforts to keep up to date and participated in PHAG initiatives to improve the services offered.

The committee then put their questions to Ms Burns

In reply to a question from Mrs Dakers Thomson, Ms Burns replied that she had initiated the letters from the GPs when she had visited them after the last application to find out if there were any problems with the pharmaceutical services and dosette boxes. She had also raised the petition to explain the situation and put her position to customers.

In reply to a question from Ms Miller, Ms Burns confirmed that she had plenty of capacity and could double her prescription load without any trouble. She employed local staff and trained and upskilled them. She believed that she offered a personal service, where her staff knew the customers and their backgrounds. She confirmed that the residents of Cathkin, Whitlawburn and Springhall all moved between the 3 areas as part of their daily

lives. She also stated that she was not aware of any complaints made about the service she gave.

In reply to questions from Mr Gillon, Ms Burns confirmed that the situation had not changed since the previous application and her reference to the Whitlawburn Centre closing was something she had ready a couple of days previously but believed it was worth noting. She confirmed that she had had a positive reaction from her leaflet drop which had been initiated by her attendance at the public meeting when she realised that there was low awareness of her services even though she had advertised when she took over in 2010. When referring to the Councillor's letter, she would have liked an acknowledgement that she had changed her mind rather than seeing her letter in the evidence for the new application. She restated that she believed the opening of a new pharmacy would affect the viability of Burns; the other pharmacies had been there a long time and existed before the Regulations but they were able to survive because they were in areas with large footfalls and close to GP surgeries.

In response to questions from Mr Wallace, Mr Burns said that the service in the neighbourhood she had described was more than adequate; there had been no complaints and the information in the pharmacy care plan showed how densely populated the area was with pharmacies compared to others.

2 Mr Alasdair MacIntyre – Burnside Pharmacy

Mr MacIntyre opened by defining the neighbourhood as the area bounded by : to the North the B762 Dukes Road which intersects and carries on along the A724 Glasgow Road/Cambuslang Main Street until it meets the B759 Greenlees Road; to the East the B759 Greenlees Road; to the South following the B759 Greenlees Road until it meets the A749 Glasgow Road/East Kilbride Road and to the West heading north along the A749 East Kilbride Road until it meets the northern boundary, the B762 Dukes Road. This was the same definition given by Ms Burns and the major arterial roads formed natural boundaries of the area of residential development south of Cambuslang town centre where most of the essential services and facilities were located.

He argued that Whitlawburn was a small community within a larger neighbourhood containing a relatively young population who as part of their daily lives accessed the facilities (schools, churches, shops, supermarkets, banks, libraries, GPs and leisure facilities) in the larger neighbourhood. In addition the centres of Burnside and Rutherglen were also within easy reach for access to services.

He stated that within the neighbourhood he defined there were already 4 pharmacies, there were 2 immediately on the border and a further 5 pharmacies in Rutherglen. Every one of these provided all of the core and the majority of the additional NHS pharmacy services as listed in the GG&C Pharmaceutical List which illustrated the availability of a full and comprehensive list of services. The applicant's main case seemed to be one of access and he referred to the frequent bus services; the fact that the distance was easily walkable and that delivery services were available for the housebound so access to pharmacy services was fully available. He also referred to Burns Pharmacy which was just outside his southern boundary but within a short easy walking distance of Whitlawburn. He acknowledged that it was on the far side of the A749 but this road was easily crossed via a staggered pedestrian

crossing and was not regarded as a barrier. Residents regularly crossed and recrossed the road to access the bus stops, to go the shops and to attend the primary and high school. He believed that from this it could be seen that the access to pharmaceutical services was adequate.

He noted that the only changes since the previous application, mentioned by the applicant were in the 12 new houses and the dentist which were not significant.

Turning to the other pharmacies in the area, he stated that Burns was a low intensity pharmacy and could easily cope with an increase in population on its own without taking into account the other pharmacies within his defined neighbourhood and pharmacies in Burnside and Rutherglen. Therefore, the existing pharmacy network could adequately provide pharmaceutical services to the residents of the new development.

He concluded by referring to the many previous applications for a pharmacy in Whitlawburn over the past 8 years which had all been turned down by the PPC and the National Appeals Panel who had commented on the potential destabilizing affect the granting of a new contract would have on the existing network. He asked the panel to refuse the application.

Questions to the Interested Party

In response to questions from Mr Dryden, Mr MacIntyre referred to the figures presented as concrete evidence of how a new pharmacy would adversely affect the viability of Burns Pharmacy. He also said that the low prescription volume of this pharmacy was due to the fact that residents naturally gravitated to Cambuslang, Rutherglen or Burnside to access services and had a wide choice of pharmacies in that area. If a pharmacy opened in Whitlawburn this would likely have a bigger impact on Burns as about 30% of prescriptions were from Whitlawburn residents; he imagined the other 70% of residents were fairly evenly spread over the other pharmacies and therefore made up a smaller proportion of their prescription load.

The other interested parties had no questions. The Committee then questioned Mr MacIntyre.

In response to questioning from Mrs Dakers Thomson regarding who serviced residential care homes, Mr MacIntyre said that he did not think that there were many in the area and he thought the Leslie's and Green's would provide this, along with Boots who had a central service on a national contract. The homes or their Head Offices would make the decision on which pharmacy to use and he could not see them changing provider unless there was a problem.

In response to questions from Mr Gillon, Mr MacIntyre said that there was a range and diversity of housing and socio-economic groups in Whitlawburn including bungalows valued at £250k, modern housing development, social housing and tower blocks. He agreed that the A749 was a distinctive boundary but all residents went back and forth across the road frequently and could use the crossing or underpass.

3 Mr Martin Green – Dukes Road Pharmacy

Mr Green began by defining the neighbourhood from his point of view which was: North - Dukes Road (B762) onto Glasgow Road and Main Street, Cambuslang (A724); East – Greenlees Road (B759) to its junction with East Kilbride Road in the south and West – East Kilbride Road (A749) to its junction with Dukes Road. He believed these boundaries defined the residential area south of Cambuslang town centre which contained houses of varying style and age and residents of varying socio-economic status. All the essential services for the neighbourhood were provided within these boundaries.

Using data from Scottish Neighbourhood Statistics gave a population of 8055 and within this area there were four pharmacies and two immediately outside the neighbourhood. This gave an average of one pharmacy for every 1611 of population. In addition to this there were further pharmacies in Rutherglen and more in Halfway and Fernhill. These pharmacies provided a comprehensive range of core and non-NHS services. Speaking for his own pharmacies, he stated that they were not at capacity and would welcome any new patient wishing to access the service. He further stated that pharmacies within and on the periphery of this neighbourhood could easily be accessed by foot and by both public and private transport, indeed most of the Whitlawburn residents routinely travel to access the services which are not available there. He believed that the neighbourhood he described was adequately provided for and had a wealth of choice in pharmacy services.

He said that in the neighbourhood defined by the Applicant, there was no evidence to suggest that it was a “neighbourhood for all purposes” as most of the essential services required for daily living were missing (schools, churches, doctors, banks, post office). He referred to the Scottish Neighbourhood Statistics and said that Whitlawburn was not an exact fit for any of the datazones but he had identified 5 datazones which largely covered Whitlawburn but included Kirkhill and Springhall. From these zones he estimated the population of Whitlawburn to be 2500/2600 and that it appeared to be a fairly young population who tend to have less reliance on pharmacy services and are easily able to access services either on foot or by public transport.

Mr Green pointed out that there had been many applications to open a pharmacy none of which had been found to be either necessary or desirable. The amendment to the Regulations was supposed to give Boards powers to deal with repeat applications and he was concerned that this application would set a precedent for all applications which had been turned down since April 2011, The changes which the applicant referred to were: the new housing development which had been considered in previous applications;’, the opening of a dentist which would have little or no effect on the amount of prescriptions fulfilled; the list of public support which has been demonstrated before and appears to be balance out by the public objections to the application.

To conclude he stated that, while not having access to commercial information, some of the pharmacies had a relatively low prescribing volume and the introduction of another could result in destabilizing the current network. There was a need for a pharmacy in the area to the South of Cambuslang and Burns was already there. He contended that it was highly unlikely that the area would be able to support two pharmacies regardless of local preference. He therefore asked that the committee reject the application.

Questions to the Interested Party

In response to questions from Mr Dryden, Mr Green restated that the petition was not new information as previous applicants had also submitted one. He confirmed that his pharmacy was yards outside the area and he could have included it but as it was custom and practice to use main arterial routes so he had done so when defining the neighbourhood. He acknowledged that one previous application had been approved by the PPC but had been rejected by the NAP. He confirmed that the residents of Whitlawburn would commonly access amenities and services in Cambuslang or Rutherglen

The other interested parties and the Committee had no questions for Mr Green.

4 Mr John Collington – Dickson’s Pharmacy

Mr Collington began by stating that he had a statement which he would read. The Chair reminded him that Interested Parties who were there to make representation should be prepared to answer questions. This was noted.

Mr Collington stated that Dickson’s were strongly opposed to this repeated application as they firmly believed that, while it would be convenient for a pharmacy in this location, it was not necessary. He indicated that this application had already been turned down and it was his understanding that it was only being heard as a result of technical errors.

He restated Dickson’s previous opinions that:: Burns pharmacy already served the population of Whitlawburn; Burns was not at capacity nor was it inaccessible as it was only a short walk away; there was a larger ageing population in the area around Burns Pharmacy; a new pharmacy would close or seriously destabilise Burns’ service provision; Whitlawburn residents could not go about their daily lives without accessing services (banks, schools, shopping) in Burnside, Rutherglen or Cambuslang; there was an extremely good public transport system with frequent buses; there was arguably an overprovision of pharmacy services in the locality, albeit not in the most perfect locations which were historical; almost every pharmacy offered delivery services to cover for any historical gaps in accessibility.

He then summarised the financial strains community pharmacies were facing due to the transition to the new contract and any new pharmacy would automatically reduce the pool of patients.

He urged the committee to reject the application.

Questions to the Interested Party

In response to questions from the Applicant, Mr Collington stated that he had only mentioned pharmacy payments to make it clear that pharmacies were increasingly limited in resources to develop staff and services and that by introducing another pharmacy would be an example of robbing Peter to pay Paul. He also stated that he believed that all pharmacies in the area would lose business, not just Burns.

There were no questions from the other Interested Parties nor from the Committee.

ADJOURNMENT 4.30 pm to 5 pm for CLO to consider the relevant regulatory provisions

Following the adjournment, Mr Stewart, noted that the Committee was considering an application which had first been submitted on 5 October 2011; that an earlier application by the Applicant had been refused in March 2011; and that the 2009 Regulations had been amended in April 2011 to provide that new applications made within a period of 12 months from the refusal of a previous application relating to the same neighbourhood required to demonstrate evidence of significant change in circumstances in the neighbourhood since the refusal of the earlier application. He advised, however, that the amendments which came into effect in 2011 were not retrospective in effect. That meant that the Applicant in this case was not required as a condition precedent to submitting his Application to demonstrate that there had been significant change in the neighbourhood between March and October 2011 (or subsequently).

In response to a question regarding the terms of the application form used by the Applicant, Mr Stewart stated that the application form had probably been updated by the Health Board after the amendments referred to above came into effect in April 2011 and this would be why the applicant had included reference to changes since his previous application. However, the obligations on the Applicant were determined by the effect of the Regulations rather than by the form which the Health Board had provided.

The applicant confirmed that he had completed this section because he did not want to leave it blank. Mr Stewart indicated that changes in the neighbourhood (however defined) were still a relevant factor as the PPC would be basing its decision on the position today rather than the position when the application was first submitted in October 2011. The Committee required to consider the full extent of the application based on neighbourhood, adequacy of services and, if necessary, on the question of whether services were necessary and desirable.

The Chair stated that the Committee would proceed on the basis set out by Mr Stewart and invited the Interested Parties and the Applicant to sum-up their respective cases.

Summing Up

Ms Burns stated that there was no doubt that existing provision adequate and the perceived barriers did not exist as pharmaceutical services were easily accessible. In fact, there was an overprovision of service in the area which was 6 times more than other areas in the GG&C area. There was little public support for a new pharmacy other than for convenience. Further, the future of Burns Pharmacy would be jeopardised if the application was granted. She concluded by saying that this process had been going on for over 2 years and had caused her considerable time and stress to provide the necessary information to the committee to prove that another pharmacy was not required and asked the committee to reject the application.

Mr MacIntyre said that Whitlawburn was a small community in a bigger neighbourhood. He stated that the Applicant had not demonstrated inadequacy. He had shown that the current network was entirely adequate in the range of services offered and in the number of pharmacies was more than sufficient. He asked the Committee to conclude that the

application was neither necessary nor desirable.

Mr Green stated that in his view the Applicant had not given sufficient evidence to establish Whitlawburn as a neighbourhood. The current provision was adequate and there was a wealth of choice. He, therefore, recommended that the application be rejected.

Mr Collington said that the existing provision was more than adequate to serve the area and a new pharmacy would destabilise the viability of other pharmacies. He asked the committee to reject the application.

The Applicant stated that Whitlawburn was a neighbourhood in every sense of the word and that the local population were desperate to get a local pharmacy and felt aggrieved that they had to travel to access pharmacies. He said that a collection and delivery service was no substitute and that taxis and buses were not relevant as the service should be available in the community. He believed that inadequacy had been proved by the interested parties and referred to the smoking cessation clinics were only held 3 or 4 times a year. He believed that the residents of Whitlawburn required this service and it should be within their own community. He asked the Committee to take the opportunity to invest in health care by allowing a pharmacy service which would make a positive contribution to the local community.

The Chair thanked all for their contributions and said that he would now close the open session. He reminded them that if further legal advice was required, all parties would be asked to come back and invited them to wait if they wished.

The Chair advised all parties that the Committee's decision would be relayed to the Board within 10 working days. After which the decision would be formally relayed to the applicant and interested parties within 5 working days. Thereafter, there would be 21 days within which appeals could be lodged against the PPC's decision (full details of how to do this would be included in the formal written notification of the decision).

Before the Applicant, Interested Parties and Mr Stewart left the hearing, the Chair asked the Applicant and the Interested Parties to confirm that they had had a full and fair hearing. All confirmed individually that they had and then left.

At this juncture Mrs Bunney and Mrs Garbutt, the observers, also left

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 Applicants' premises, namely:

Boots UK Ltd
M&D Green Dispensing Chemist Ltd
Leslie Chemist
Burnside Pharmacy
Burns Pharmacy
J& J G Dickson & Son Ltd

had made representations to the Committee.

The Committee noted that:

Lloyds Pharmacy

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

- b) The Greater Glasgow & Clyde Area Medical Committee had responded outwith the time period.
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee had made representation.
- d) NHS Lanarkshire Area Pharmaceutical Committee had made representation.

The Committee noted that in accordance with the requirement (Paragraph 2, Schedule 3) to consult those who might use the pharmaceutical services provided (if the application were granted), notification of the application had been sent to:

- e) Public Involvement Group CHCP had made no response

- f) The following community councils:

Rutherglen- no response was received;
Halfway – no response was received;
Cambuslang – no response was received;
Burnside – no response was received;

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Information from Glasgow City Council's Development & Regeneration Services

advising of the known developments within a one mile radius of the proposed premises and information from Roads Section at South Lanarkshire Council.

- j) Glasgow City Council's Department of Roads and Transportation and South Lanarkshire Council's Planning & Building Standards had also been consulted but had made no response.
- k) Population/Census information relating to the postcode areas surrounding the Applicant's proposed premises.
- 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) Complaints received by the Health Board regarding services in the area;
- o) Applications considered previously by the PPC for premises within the vicinity;
- p) The Pharmaceutical Care Services Plan;
- q) PPC and NAP decision of Kyle Square Ltd's application;
- r) A letter from a member of the public;
- s) Additional Information submitted by Mr David Dryden of Kyle Square Ltd;
- t) Additional Information submitted by Ms Nicola Burns of Burns Pharmacy;

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 B762 Dukes Road between its junctions with East Kilbride Road and Cambuslang Main Street;

East - the B759 Greenlees Road;

South – continuing along the B759 Greenlees Road until it meets the A749 Glasgow Road/East Kilbride Road

West - north along the A749 East Kilbride Road until it meets the, the B762 Dukes Road.

In reaching this decision the Committee took the view that in general, whilst the neighbourhood defined by the Applicant was undoubtedly a community it was not a neighbourhood for all purposes as there were few facilities/amenities available within the area defined. In particular, the Committee found the picket fence on the Southern boundary separating Lomond View an arbitrary division and not a natural boundary and equally did not

find the playing fields straddled by a school to be a natural boundary to the north. The Committee preferred the boundary proposed by the interested parties utilizing the main arterial roads which were capable of being crossed. The Committee believed its defined area had all the necessary amenities of churches, schools, GP surgeries, Post Office, banks and all the facilities which would be expected in a neighbourhood and easily accessible by a regular bus service.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having defined the neighborhood, 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 there were 4 existing pharmacies namely Boots UK Ltd, 2 x Leslie's and Dukes Pharmacy and 2 on the immediate periphery namely Burns and Burnside. In addition there were further pharmacies in Rutherglen.

The PPC considered that the population within the neighbourhood could access services both within the neighbourhood and out with the neighbourhood.

The Committee considered this existing network provided comprehensive service provision to the neighbourhood 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 Committee considered the capacity of the existing network and noted that the prescribing statistics were generally quite low which indicated that there was scope for expansion and there were no plans which would indicate a significant increase in the population of the neighbourhood.

The PPC considered letters in support and the letters against the new pharmacy and noted that these were both solicited and would be expected represent the view of the individual soliciting the response. They also considered that these were evenly balanced with no overwhelming support for either case.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Ms Joan Millar and Mr Wallace Stevenson 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.

It was the unanimous decision of the PPC that the application be refused.

5. ANY OTHER COMPETENT BUSINESS

There being no further competent business the meeting was closed.

The meeting ended at 6.45 pm

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (05)
Minutes of the Meeting held on
Wednesday 18 September 2013
Premier Inn, 80 Ballater Street
Glasgow G5 0TW

PRESENT:	Mr Ross Finnie	Deputy Chairman
	Mr Stewart Daniels	Lay Member
	Mr Paul Gillon	Lay Member
	Ms Joan Miller	Non-Contractor Pharmacist Member
	Mr Michael Roberts	Lay Member
	Mr Wallace Stevenson	Contractor Pharmacist Member
	Ms Yvonne Williams	Contract Pharmacist Member
IN ATTENDANCE:	Mrs Tracey Turnbull	Legal Advisor, CLO
	Mrs Fiona Kennedy	Secretariat, NSS SHSC

Prior to the consideration of business, the Chair 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

No apologies had been received.

2. Minutes

Revised pages 5 and 9 of the minutes of the Committee meeting held on Wednesday, 14th August 2013 (PPC[M]2013/04) were circulated to the members. Subject to the inclusion of these revised pages the minutes were approved as an accurate record.

3. Matters arising not included in the Agenda

There were no matters arising from the minutes.

Mrs Kennedy tabled updated papers submitted by Boots UK Ltd (Appendix 1) confirming that no complaints had been submitted. Also Appendix 2 from Abbey Chemist confirming that the Mosque had responded directly to the Health Board with regard to their position on the application.

Mrs Kennedy then invited the Applicant and Interested Parties into the meeting.

4. Section 1 – Applications Under Regulation 5 (10)
APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST
Case No: PPC/INCL06/2011

Mohammed Ameen, 460 Ballater Street, Glasgow, G5 0QW

The Chair welcomed everyone to the meeting and introductions were made.

The Applicant and Interested Parties were informed that the Committee members had all confirmed that they had no interest in the application to be considered.

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

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

The Chair advised that that National Appeal Panel had issued a Practice Note stating that in the event of the PPC needing to take advice from the CLO, the advice was required to be given in open session. This meant that the Applicant and Interested Parties were invited to remain behind during the Committee's private deliberations and would only be called if the Committee required legal advice. The Chair stressed that it was entirely up to the Applicant and Interested Parties whether they wished to remain or not.

The Chair stated that only one person would be allowed to speak on behalf of the applicant and each interested party and reminded all present that they must speak through the Chair.

The Chair reported that the Committee, the Applicant and Interested Parties had previously been circulated with all the papers regarding the application from Mr Ameen and asked for confirmation that all had received the paperwork. All confirmed.

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, Mr Mohammed Ameen, appeared in person. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Ashgar Mohammed representing Abbey Chemist and High Street Pharmacy accompanied by Mr Abdal Alvi and Mr Charles Tait representing Books UK Ltd.

The Chair asked the Applicant and the Interested Parties to confirm that they were not

attending the Committee in the capacity of solicitor, counsel or paid advocate. They confirmed that they were not.

Prior to the hearing, the PPC had collectively visited the vicinity surrounding the Applicant's proposed premises, the existing pharmacies and GP surgeries and facilities in the immediate area and surrounding areas including Gorbals, Hutchesontown, Oatlands, Laurieston and Trongate.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions of the Applicant. The Interested Parties would then be asked to make their submissions. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions of the Interested Parties. The Interested Parties and the Applicant would then be given the opportunity to sum up.

The Applicant's Case

The Applicant asked if he could display a large map which defined his neighbourhood. The Chair asked all present if there were any objections. No objections were given.

The Applicant stated that he would begin by defining his neighbourhood and then present a further eight issues to explain why the application should be granted. Firstly the neighbourhood, as he defined it, was essentially the G5 postcode area which was referred to as the Gorbals. To the North was the River Clyde which was a natural boundary, the Eastern boundary was Shawfield Drive to the M74 motorway as beyond that lay industrial land. The Southern boundary was the new M74 extension, a man-made boundary and to the West was the railway line from Bridge Street along Eglinton Street. This neighbourhood included three communities: Hutchesontown, Oatlands and Laurieston.

He advised that local organisations such as the Gorbals Health Living Network, Glasgow City Council, South Sector, the New Gorbals Housing Association and the PPC all considered Hutchesontown, Laurieston and Oatlands to be part of the neighbourhood called Gorbals.

The Applicant then went on to discuss the eight issues for granting the application.

1. Existing pharmacies are very busy

The Applicant stated that the existing pharmacies were very busy with evidence of long waiting times which he reported could be from 30 minutes up to 45 minutes. This had the knock on affect on the quality of all other services being provided by the current two pharmacies.

He then quoted from the letter submitted by the South Sector Community Health Partnership (CHP) which stated that the "application appears to focus on the provision of services that reflect local unmet need such as the Chronic Medication Service, Minor Ailment Service etc..." Which, according to the Applicant clearly demonstrated that these services were not currently being provided by the current pharmacies within the neighbourhood; yet, he advocated, were very much needed.

He then quoted the MP for Glasgow Central who had stated: "long waiting times, the

need for extended opening hours, and a higher than average need in the Gorbals area”.

He then referred to a quote from MSP Frank McAveety who stated: “the area certainly would benefit from a new pharmacy”

The Applicant went on to state that the public consultation which took place in 2011 also had support, not just objections. He referred to other evidence that had been received which detailed the lengthy waiting times for prescriptions and the low uptake of the Minor Ailment Service (MAS) as one individual had stated that they tended not to go to the pharmacy for this service as they knew the pharmacist was busy therefore they went to their GP. This highlighted, in his opinion, that in general the core services were being compromised.

The Applicant then reported that he had made a Freedom of Information (FOI) request in 2011 which demonstrated that the uptake for additional services such as Smoking Cessation and Long Term Conditions (LTC) was also low. For Smoking Cessation it was noted from the CHP figures that 44.7% of the population in the neighbourhood smoked but as noted by the Director of the South CHP both pharmacies had the lowest quit rates.

With regard to Heart Failure, according to the CHP included 37.3% of the population – Lloyds only completed 9% of their expected reviews and Boots had opted out of the service completely.

The Applicant reported he had also made a FOI request to the Information and Statistics Division regarding the uptake of the Chronic Medication Service (CMS) and the information provided showed that registration were very poor.

The Applicant stated that the aforementioned evidence demonstrated that the current two pharmacies were providing nothing above the basic dispensing of medicines.

2. Deprivation

The Applicant advised the Committee that the community health profile for the Gorbals showed blanket deprivation. Most people within this neighbourhood did not have access to cars, did not work and were on long term benefits. He argued that this was not the typical neighbourhood therefore basic pharmaceutical service provision was not enough. He further argued that deprived populations tended to access services more but that the current pharmacies were not able to provide anything more because as he had highlighted earlier they were too busy dispensing medicines. He noted that Scotland had massive health inequalities and the gap was widening in this area where vulnerable groups, such as ethnic minorities, lone parents and methadone users were prevalent. Therefore, he believed, that it was important that pharmacists went above and beyond what was normally expected of them.

He advised that he was involved in the Keep Well Health Checks within a GP Practice which empowered patients to take control of their health, and they also

screened for high cholesterol, high sugar levels for other long term conditions and believed this type of service was crucial in such an area of high deprivation. He expressed his surprise that considering this neighbourhood had a substantial population with long term conditions that the current pharmacies had not been more involved in these areas.

He concluded this point by stating that the NHS was actively trying to anticipate and deal with these issues as noted in the Health and Inequality report and pharmacies could not rely on advertising alone to get people to take control of their health but that they had to find innovate ways of accessing the population, which he argued he would.

3. Need of Extended Hours

The Applicant stated that the neighbourhood was serving more than 10,000 patients therefore it was important to accommodate patients at different times during the week and that is what he proposed to do. He reiterated that all issues led back to inequalities and the impact they had on the population.

4. Transient Population

The Applicant stated that there was a large transient population within this neighbourhood which incorporated the Mosque, the College and the Hotel, approximately 7,000 people surrounding Ballater Street. He stated that the current two pharmacies were located in a scheme very close together and were difficult to access but his proposed premises in Ballater Street would be much more visible especially for this transient population.

At this point Mr Ameen (**the Applicant**) interrupted his delivery to complain to the Chair about what he perceived as bad behaviour and bad manners on the part of Mr Mohammed and Mr Tait who could be heard exchanging remarks. The Chair stated he had been on the point of interjecting and agreed with Mr Ameen and asked that all parties give appropriate courtesy to Mr Ameen and the conduct of the hearing. Mr Ameen repeated his displeasure but thanked the Chairman and continued with his presentation.

5. Housing

He reported that within Oatlands there were 500 new homes with the possibility of and additional 3,100 homes. Also Laurieston was now opening up more land for development. As a result of this he questioned the ability of the current two pharmacies to cope with this increasing demand.

6. Access

The Applicant advised that there was no public transport on Crown Street. It was unique in that it only had a taxi rank. As most people were not in employment within this neighbourhood this meant that they found it difficult to access the pharmacies on Crown Street due to lack of public transport.

7. Bilingual Pharmacist

The Applicant advised that the transient population was very mixed, particularly within the Glasgow Central Mosque where the vast majority was of South Asian descent. As he stated earlier he was involved in Keep Well Health Checks and it

was important to offer services such as this to the transient population and by offering access to a pharmacist who could speak their language would ensure that they were not marginalized. He referred to recent successful efforts made in Stornoway to contact ethnic minorities who were not accessing health services.

8. Methadone

According to **the Applicant** the dispensing of methadone has been a long-term and at times a toxic issue which tended to overshadow the other points he had made. He stated it was important to look at the methadone issue because he believed that the current pharmacies had not dealt with this issue adequately, namely the disorderliness and public nuisance issues it had caused. The Health Boards imposed a cap on the number of methadone patients each pharmacy could have (60 patients each) which had appeased the residents but he argued it had not taken away the public disorderliness. He argued that the fact that the Health Board imposed these measures proved there was an inadequacy. He advised that there were currently 219 registered methadone patients within the G5 postcode area. 120 of these were served within the existing neighbourhood which meant that another 100 patients had to go outwith the neighbourhood to get their prescription.

The **Applicant** believed that this again added to health inequality issues as 100 methadone patients had to travel outside their neighbourhood when they could access all other services within the neighbourhood apart from the one thing that they most relied on.

The **Applicant** also stated that the current pharmacies only dispensed methadone at restricted timings. He stated that Lloyds pharmacy had been giving patients specific timings to collect their methadone which led many to wait outside the pharmacy and loiter waiting on their friends. He argued that the appointments system created more loitering issues.

The **Applicant** concluded his presentation by stating that he intended to go out to the neighbourhood and provide a more anticipatory role to ensure the health needs of the population were met. He acknowledged that the current pharmacies were providing the core service but argued that additional services were much needed within this deprived neighbourhood. He reported that there were 140 health improvement organisations located within this neighbourhood which again showed how deprived this areas was. He argued that his pharmacy would have extended opening hours and would provide additional physical access for the local population to obtain additional services such as smoking cessation and it would also provide additional help for those 100 methadone patients that currently had to go outwith the neighbourhood. His focus would be very much on helping patients come off methadone as he had the necessary qualifications to do so. He would provide a greater clinical involvement with patients in a modern, dedicated consultation area which would assist in reducing social problems on Crown Street by providing another outlet for the dispersal of methadone.

The Interested Parties Question the Applicant

Mr Mohammed (Abbey Chemist & High Street Pharmacy) noted that the Applicant made much of his involvement with LTC and Keep Well Health Checks and asked the Applicant to confirm that these were part of a referral system from GP Practices. **The Applicant**

disagreed and stated that anyone could access the Heart Failure check up system but Boots had opted out of this. He further went on to state that a referral system was a very draconian way to work and that Keep Well health checks and Heart Failure intervention were very important in such a deprived neighbourhood and it was important for pharmacists to be more proactive therefore he could not say it was only a referral system.

Mr Mohammed noted that the Applicant also referred to the large transient population which encompassed the Central Glasgow Mosque and asked the Applicant if he was aware that the Mosque had now withdrawn their letter of support. **The Applicant** stated he found it baffling as it was clearly a high transient population which had specific health issues and the letter contradicted everything that he had discussed. **Mr Mohammed** stated that like any other places of worship the majority of people attend worship then leave to go home therefore were not in need of any pharmaceutical services.

At this point the Chair intervened and asked the Applicant to confirm, for the avoidance of doubt, that he was aware that the Mosque had withdrawn their support for the application. The Applicant confirmed he understood that they had withdrawn their support.

Mr Mohammed noted that the Applicant had stated that the residents could not adequately access the current services because there was no public transport on Crown Street and asked if the residents could walk to the current pharmacies. **The Applicant** acknowledged they could walk but the vast majority were on long-term benefits and the two pharmacies were very closely situated together which was not beneficial for the wider neighbourhood.

Mr Mohammed then referred to the Applicant's argument that the neighbourhood would benefit from having a bilingual pharmacist and asked the Applicant if he thought that was really necessary as the first generation Asians had been in the country for over 50 years and could speak English perfectly well. **The Applicant** argued that there was still a need as the majority of the population that came into this area on a daily basis were elderly and there were cultural sensitivities to take into consideration. It was proven that ethnic minorities did not access healthcare services because of such issues.

Mr Mohammed referred to the Applicant's arguments on methadone and stated that he took offence at the use of the word 'toxic'. He advised the Applicant that his pharmacy served a significant amount of the G5 population who came to his pharmacy to get their methadone because they stated they preferred to access this service outwith their own neighbourhood for a variety of reasons. He asked the Applicant if he could accept that many methadone users wished to access this service outside the Gorbals. **The Applicant** apologized for using the word 'toxic' but stated that he was baffled by people wishing to leave their own area to access methadone. He stated that on visiting the Community Council meeting the local police had stated that nobody was accessing those services outwith the G5 postcode. **The Applicant** accepted that there was a very small minority that worked outside the area and perhaps accessed their methadone elsewhere but otherwise he could not understand anyone else accessing that particular service outwith their neighbourhood.

Mr Tait began his questing by asking what the residential population was of the neighbourhood as the Applicant had defined it. **Mr Mohammed** replied that according to the SNS data from 2010 it was 8,500 but from the census data from 2001 it was maybe closer

to 10,500.

Mr Tait noted that the Applicant had referred to a number of services that his pharmacy would provide but asked the Applicant if those services were considered core services. **The Applicant** replied they were not core services.

Mr Tait then asked how these additional services would be paid for. **The Applicant** replied that this was the fundamental problem with the current services as everyone took a hegemonic view point and were only concerned with monetary costs. **Mr Tait** again asked how these services would be funded. **The Applicant** replied that he did not know.

Mr Tait referred to the earlier discussion about there being no public transport available on Crown Street where the current two pharmacies were located. He asked how difficult it was for the population to access Hutchesontown, Ballater Street and Caledonia Road. **The Applicant** acknowledged that they could be accessed on foot but that there was only a bus service available on Ballater Street, as far as he was aware.

Mr Tait again referred to the earlier discussion about the transient population particularly from the Mosque and asked the Applicant if he was able to provide data on how many of the population were second generation. **The applicant** replied he did not have specific data. **Mr Tait** asked if he thought it would be in excess of 60%. **The applicant** replied he could not hazard a guess but that a great deal of the population was elderly which is why he thought it was important to target those visiting the Mosque.

Mr Tait finally referred to the Applicant's argument for extended opening hours and suggested that residents would find it quick and easy to access the Boots pharmacy located at Central Station which was open to midnight six nights a week. **The Applicant** replied that it was the PPCs remit to decide whether the services in the neighbourhood were adequate not to rely on the wider network of services that were located outwith the neighbourhood. **Mr Tait** argued against the applicant's reasoning and suggested that if he lived at the foot of Eglinton Street, which was in the defined neighbourhood it would be quicker to walk to Central Station. **The Applicant** disagreed stating that it would probably be no better.

The PPC Questioned the Applicant

Mr Daniels referred to the argument made by the Applicant that it was important to offer the services of a bilingual pharmacist in the area but asked the Applicant what about the other 140 languages that were spoken in the city. **The Applicant** took on board the point that was being made but he stressed that he had examined the population of the neighbourhood and there was significant need for these specific languages.

Mr Daniels then asked where the Applicant had got the population figure of 7,000 in relation to the transient population. **The Applicant** replied that he had called round various places such as the College, the Hotel and the Mosque to get an idea of the numbers and that 7,000 was actually an under estimate.

Ms Williams noted that in the application that the Applicant had mentioned serving 150 methadone patients should his application be granted and asked the Applicant if it was his intention to serve 150 methadone addicts. **The Applicant** replied that he had only

mentioned that figure to give the logistic capability of his pharmacy and that he had no intention to take on 150 methadone addicts. He stated it was more important to tackle the mindset and psyche of the area with regard to methadone use and inform them of the different ways of treating methadone patients. **Ms Williams** asked for clarity on whether the Applicant had capacity to take on 150 methadone users. **The Applicant** replied they could not deal with that many.

Ms Williams again asked for further clarity with regard to his statement on methadone and asked if the Applicant was now suggesting that should his application be granted he would not take on any methadone patients, in addition to not taking any away from the current two pharmacies. However, she highlighted that in page 31 of the Application it stated that a new pharmacy would free up the existing time of the other pharmacies to handle services. **Ms Williams** asked the Applicant to explain how he would be freeing up their time. **The Applicant** replied that he had alluded to the fact that the current pharmacies were primarily concerned with the core services and did not have sufficient time to handle additional services therefore by having a pharmacy on Ballater Street would reduce waiting times for prescriptions and free up the other pharmacies' time to provide additional services. **Ms Williams** then asked if the Applicant was suggesting that he would rather focus on such issues as NRT and CMS as they were much more pervasive. **The Applicant** agreed but stated that he would also provide all the expected Core Services.

Ms Williams then asked if the Applicant did not see the need or have the capacity to serve 150 methadone addicts why he had stipulated in his application that there would be separate entrance for such patients. **The Applicant** replied that if the pharmacy had a certain number of methadone users it was better to give them more options, it was essential to get more clinically involved with them and it was about anticipating their needs, as he had stated earlier. He mentioned he had visited other pharmacies where the consultation room was blocked off as it was being used for storage and people could not access it.

Ms Williams asked when the Applicant had submitted the FOI requests for MAS and CMS. **The Applicant** replied 2012. **Ms Williams** suggested that perhaps these figures were now out-of-date compared with 18 months ago as these services were more rolled out across the area. **The Applicant** acknowledged that might now be the case as he did not have the most up-to-date figures but he knew there were still lengthy waiting times and proposed that these services would still have a lower uptake than the Scottish average because they were very busy.

Ms Williams noted that the Applicant had stated that there were 3,100 new houses to be built in Oatlands and asked how this would increase the current population. **The Applicant** replied that he had been told that the rough calculation would be to allocate 2.2 or 2.5 people per household so in excess of 6,500.

Ms Williams then asked if the Applicant proposed that all of those entrants to the neighbourhood would be new to the area. **The Applicant** acknowledged that there had been some decanting of people from the recently demolished flats but that this was to be an entirely new population particularly to Oatlands.

Mr Stevenson asked how many additional hours a week would the Applicant's pharmacy be open. **The Applicant** replied about five to six hours extra in comparison with the other

pharmacies.

Mr Stevenson noted that the Applicant had stated he would work with methadone users to come off methadone and asked how that would happen as only prescribers could do that. **The Applicant** informed him that he was a qualified independent prescriber and it was his intention to work with methadone patients with the ultimate aim to get them off the drug. **Mr Stevenson** then asked for confirmation that the Applicant was going to provide a methadone prescribing and dispensing service. **The Applicant** confirmed that was correct.

Mr Stevenson asked if the Applicant was aware if the appointment system in the current pharmacies were still in place. **The Applicant** replied that they were in place at Lloyds when he last checked in November 2012.

Mr Stevenson then asked if the Applicant was still under the impression that the methadone places were still capped and asked who imposed this. **The Applicant** informed him that the Health Board had imposed the capping system and he believed they were still in place.

Mr Stevenson asked if it was possible that it had since changed. **The Applicant** replied that the Community Council were very vociferous about maintaining the cap so he assumed they were still in place. **Mr Stevenson** asked if he thought his pharmacy, if granted, would also have a cap placed on it. **The Applicant** replied that he would really like to avoid that situation and the type of behaviour that had caused the caps to be put in place in the first instance.

Mr Stevenson noted that the Applicant had alluded to the fact that he thought it would be advantageous to provide a heart failure intervention service within the Mosque. **The Applicant** confirmed that he thought that form of targeting patients was important as it was often difficult to engage at the health service level.

Mr Stevenson concluded his questioning of the Applicant by asking if there was anything stopping the Applicant from providing the additional services he had mentioned to the neighbourhood now, namely those outwith the core services. **The Applicant** confirmed there was nothing stopping him from providing those particular services now.

Ms Miller asked the Applicant what evidence he had to show that the waiting times were long in the current pharmacies. **The Applicant** replied that it was contained within the letters from the public consultation and from him visiting the pharmacies at certain busy times.

Ms Miller noted that the Applicant had suggested that the number of reviews, 9%, carried out by Lloyds with regard to the Heart Failure intervention scheme was low. **The Applicant** confirmed that was correct. **Ms Miller** then asked if he knew how many reviews were carried out across the Health Board. **The Applicant** replied that he did not have the figure but would hazard a guess at about 30% being the average.

Ms Miller then referred to the Applicant's evidence that he was involved in Keep Well Health Checks that were carried out in the GP surgery and asked the Applicant if he was aware that there was no longer funding for this service for pharmacies therefore they could not provide that service. **The Applicant** replied he was working on a proposal to get funding.

Ms Miller asked again for the Applicant to accept that pharmacies could not provide that service because there was no funding. **The Applicant** confirmed that was correct.

Mr Gillon asked what nationalities the Applicant was including under the term South Asian. **The Applicant** informed him that it incorporated India, Pakistan, Bangladesh, etc. these were generally the ethnic minorities who did not typically access services. **Mr Gillon** suggested that from looking at the statistics of the general population in the neighbourhood it could also be argued that the white Caucasian population was a minority. **The Applicant** agreed that they were all suffering the same, not just ethnic minorities, as they were all deprived.

Mr Gillon then referred to the Applicant's quoted number of methadone users of 219 and asked if he was still working on the assumption of a cap at each of the two pharmacies. **The Applicant** confirmed he was. **Mr Gillon** asked if some of the methadone users would be handled by the Florence Street Clinic. **The Applicant** replied he did not know.

Mr Gillon noted that the Applicant had stated that the majority of the residents were against the dispensing of methadone. **The Applicant** replied that was correct but there was a small minority in support of it.

Mr Gillon informed the Applicant the from the site visit conducted earlier that day there did not appear to be a large group of people loitering outside the pharmacies and asked the Applicant if that surprised him. **The Applicant** replied that it did not as they had visited at a random moment, a snapshot in time. He then referred back to the Community Council meetings where they talked about different ways of tackling the loitering issues.

Mr Gillon then noted from the application that the Applicant's proposed premises were surrounded by rented high storey flats, where according to the Applicant, addicts resided and asked if he knew how many addicts lived there. **The Applicant** stated that he had no idea and was just making the comment in general about the social housing.

Mr Gillon asked where the Applicant had got information that suggested that the current two pharmacies were the poorest performers in smoking cessation services. **The Applicant** replied it was contained within the distributed paperwork.

Mr Gillon noted that the Applicant had stated in his submission that by opening up another pharmacy in the area would reduce the effects that the methadone users had on the neighbourhood. **The Applicant** replied that was correct, and argued it would be one of the benefits.

Mr Gillon noted that also in the Applicants submission he had made much of the restricted timings for methadone, particularly that Lloyds did not dispense methadone before 10am or after 5pm but he had learned from the site visit conducted earlier that they did dispense at 8:30am and asked if he would attribute this change in timing to his application. **The Applicant** replied that it would absolutely be the case as it had been some time since his initial application therefore allowing them to change their practice. He went on further to suggest that the pharmacies had changed their processes because of his application and not to do with serving the community needs. A possible side effect of competition.

Mr Roberts asked how many staff the proposed premises would have. **The Applicant** informed him that he would employ at least one full-time and one part-time pharmacist for methadone dispensing and at least two dispensers and one front office staff member.

Mr Roberts referred back to earlier comments made by the Applicant regarding focusing on helping methadone users to quit and asked how that would impact on the time he could spend with other patients. **The Applicant** reiterated that there would be at least one and a half pharmacists employed therefore there would be no impact.

Mr Roberts stated that he had trouble reconciling the number of pharmacists that would be available particularly if the Applicant was talking about supporting methadone users to reduce and eventually come off methadone. **The Applicant** informed him that if the Committee looked closely at the objections made they all came down to one issue the dispensing of methadone. The residents inexorably link methadone with the opening up of another pharmacy. He explained he felt it was important to work with the psyche of the residents as many of them were against methadone but he was a strong proponent for the methadone programme. **Mr Roberts** acknowledged the comments made but suggested there was more to pharmacy provision than dispensing methadone and there were a lot of other needs from the local population. **The Applicant** acknowledged this and stated that methadone tended to overshadow other issues.

Mr Roberts then asked the Applicant how he could accommodate methadone users, the general public and still go out and canvass the local people, for example from the Mosque. **The Applicant** replied that it would be concerted effort and as he had explained he would have at least one and half pharmacists working as a team an important part of a community pharmacy.

Mr Roberts noted that there were an overwhelming number of objections to the opening of this pharmacy. He also noted that the Applicant had highlighted that the majority of objections against another pharmacy was to do with the dispensing of methadone and the issues of loitering. He asked the Applicant if the pharmacy offered health checks, prescriptions and dispensed methadone, would there not be the chance that it could lead to an increase in loitering. **The Applicant** argued that Ballater Street was a main arterial road and busy thoroughfare and because of that people would not congregate as there were not the same set of circumstances that currently existed in Crown Street.

Mr Roberts concluded his questioning by asking how people would access services in Ballater Street. **The Applicant** replied that he hoped people would walk to his premises.

The Chair referred back to the earlier discussions regarding methadone users loitering outside the current two pharmacies and advised that from the site visit the staff from those pharmacies indicated that the issue of loitering had declined over the years and suggested that the improved methods of dispensing had made this service more efficient therefore avoided people waiting for their friends, and asked the Applicant if he recognized that.

The Applicant stated that he first made the application in 2011 and accepted that methadone dispensing had changed but argued that the pharmacies would revert back to their previous habits if this application was refused. **The Chair** asked if the Applicant was suggesting that the improved dispensing of methadone services through the use of

fingerprint identification had only been installed to appease the PPC and that afterwards they would remove this technology. **The Applicant** replied that he was not making any assertions. **The Chair** again asked the Applicant to confirm if he could accept that improved dispensing methods had reduced the loitering problems. **The Applicant** acknowledged that perhaps the use of technology had improved the service but that it did not allow for the fact that there were still issues and asserted that once the threat of a new pharmacy had been removed that the pharmacies would revert back to previous practices.

The Chair then referred to the argument for the requirement of a bilingual pharmacist and advised that he had also asked the staff in the current pharmacies during the site visit if they had any difficulties in speaking with customers regarding giving and being asked for information on medications. They all replied that they had never experienced any such issues and that the standards of English being spoken were very high. In addition they had never had any recourse to ask for the translation services available from the Health Board. **The Applicant** acknowledged that there were elements of the population who could speak English very well but asserted that there were many reports from the Scottish Government which highlighted health inequalities particularly within these minorities so it was important to bridge the gap.

The Chair concluded his questioning by asking if the Applicant could clarify the number of houses that were to be built and how many were for single occupancy. **The Applicant** did not have the figures but advised that the vast majority were two/three bedroom homes and there was a mix of social housing.

Mr Tait intervened at this point and asked the Chair if he could put one final question to the applicant which had arisen out of the questioning from the PPC. The Chair agreed.

Mr Tait noted that the Applicant had stated he would have one and a half pharmacists and the part-time pharmacist would offer the clinical methadone service therefore would it be the Applicant's intention to work part-time as he had stated he was only qualified to do this. **The Applicant** replied he would be offering this service but he would not be part-time and apologized for his earlier misleading statement. **Mr Tait** asked for one final point of clarification on whether the Applicant would be offering an appointment service as he would only have the support of one part-time pharmacist. **The Applicant** replied that it would depend on what service he was offering.

The questioning of the Applicant concluded.

The Interested Parties' Cases

The Chair invited Mr Ashgar Mohammed of Abbey Chemist & High Street Pharmacy to present his case.

Mr Mohammed advised that although the pharmacy at the Trongate was outside the defined neighbourhood, the Legal Test clearly stipulated that any existing pharmacies within and from any adjoining neighbourhood should also be considered when determining the adequacy of service provision. He went on to inform the Committee that he had traded in the Trongate for over 20 years and at a recent meeting, the Health Board had informed

them that they were doing everything expected of a pharmacy and more. He reported that they provided a vast range of services and people could easily walk to the chemist from the defined neighbourhood and there was also a bus service. In addition patients came from a wide area as some lived and worked nearby and also it was cheaper for people to park their cars on that side of the river. He advised that he had asked patients why they came to his pharmacy when they could access services in the Gorbals and many had stated that they preferred to get their methadone out of the Gorbals. **Mr Mohammed** informed the members that they had informed local groups including politicians of this fact. It did not matter what the service was or what colour the patient was; patients' accessed services outside their neighbourhood, as was their choice.

Mr Mohammed then referred to the argument for a bilingual pharmacist and advised that Mr Alvi was bilingual but that the vast majority of patients were well versed in English and it was disrespectful to suggest otherwise. He accepted that there may be a very small minority who could not speak English very well but they tended to bring someone along with them if there was an issue. He advised that they had a very good relationship with the Mosque but that the vast majority of people attended the Mosque to pray then went home. **Mr Mohammed** concluded by stating that he agreed with Mr Roberts that he had never seen so many objections to the opening of a pharmacy from people who stayed within this area and knew this area and therefore, in his opinion, proved that the current services were adequate.

Questions to the Interested Party

The Applicant referred to the argument for a bilingual pharmacists stating that a vast majority of people who had long-term conditions were elderly and that they still spoke Urdu etc. therefore he proposed that these people required a bespoke service. **Mr Mohammed** did not believe there was a problem and did not agree with the Applicant's argument.

The Applicant then referred to the application made by Mr Mohammed for the High Street pharmacy which had made reference to the transient population and an increase in housing and the provision of a new methadone outlet and this application had been granted. He asserted that there was no doubt that Mr Mohammed was providing a great service but despite this Mr Mohammed was against his application which was making similar points and suggested that this was duplicitous behaviour from Mr Mohammed.

The Chair intervened at this point and stated that the application would be dealt with on its merits and it could not and would not be compared with a different application and stated that the accusation made could be considered defamatory.

The Applicant retracted his statement but went on to express his confusion that he found it very odd that Mr Mohammed was stridently opposing this application when he had made those same arguments for his pharmacy application some time ago.

The Chair questioned the relevancy of this line of questioning and reiterated that the circumstances between the pharmacies were different and that the PPC could only consider the facts of the case put before them.

The Applicant then questioned why Mr Mohammed was present at the hearing. **Mr**

Mohammed replied that he was entitled to be present as they served 15% of the population in the Applicant's defined neighbourhood. It was also part of the Legal Test.

At this point Mrs Turnbull, the CLO representative intervened and explained to the Applicant that in considering the adequacy of services it was appropriate and relevant that Mr Mohammed attend the hearing.

The Applicant went on to state that his concerns were of the pharmacies located within the neighbourhood. **Mrs Turnbull** replied by stating that it was a matter for the PPC to decide whether there was adequate provision of services and what pharmacies to take into consideration.

Mr Tait confirmed he had no questions for Mr Mohammed.

The Committee were then invited to question Mr Mohammed.

Mr Daniels, Ms Williams and Mr Stevenson confirmed they had no questions.

Mr Gillon asked whether Mr Mohammed delivered any medication into the G5 postcode area. **Mr Mohammed** confirmed they had a collection and delivery service within 2 miles of their pharmacy.

Mr Gillon asked if the viability of Mr Mohammed's business would be affected if the application was granted. **Mr Mohammed** replied that yes it would affect them, but he was not suggesting that all their patients would move to Ballater Street but there would be some impact.

Mr Gillon then asked if, in respect to both branches, what other services these pharmacies carried out in respect to reaching the wider community. **Mr Mohammed** replied that he had close links with the Central Mosque and had regular contact with people from the Health centres. He advised that the pharmacy in the Trongate had been there for 100 years although he had only been running it for over 20 years. He acknowledged that there was a lot of work still to do with the community.

Mr Roberts asked if Mr Mohammed experienced issues with people loitering outside their premises. **Mr Mohammed** confirmed that sometimes they did have those issues.

15:25 - At this point Mr Alvi left the meeting.

The Chair then invited Mr Tait of Boots UK Ltd to present his case.

Mr Tait began his presentation by detailing the boundaries of the neighbourhood. To the North was the River Clyde, which was a natural boundary, Eglinton Street to the West and the new motorway extension to the South and he proposed that he would not include the area known as Oatlands. He advised that the housing development in the Oatlands area had been put on hold and the new gateway development for the Commonwealth Games had taken over. The neighbourhood he described had a population of approximately 7,500 with comparatively mixed housing, the majority were not affluent but some were. The Hutchesontown area was where the vast core of the population existed. As noted two pharmacies currently existed in Crown Street which was the hub of the neighbourhood. The current pharmacies were easy to access from Ballater Street both within easy walking

distance and it was also easy to walk from Ballater Street into the city centre.

Mr Tait advised that he had submitted statistics, contained within the circulated documentation, as they were required to do on a regular basis to comply with the Patients Right Act, which confirmed that they had no complaints about the services they provided. He further reported that their pharmacy provided all the core services and some additional services such as the needle exchange programme.

Mr Tait reported that they had no evidence of excessive waiting times; the average time was about eight minutes but accepted there were times when it would be longer. It would depend on the medication required or if it was during a busy period. He informed the Committee that there had been a big push on referring methadone users to the Florence Street clinic but addicts for some reason did not appear to like using this facility. Nevertheless the Health Board continued to push for addicts to use Florence Street as it was under utilised.

Mr Tait advised that the neighbourhood was well served by the two pharmacies located directly within it but also by seven pharmacies located on the other side of the river. He advised that the Central Station pharmacy was open from 6am till midnight every night apart from Sunday therefore he failed to see why opening an additional six hours per week as proposed by the Applicant was necessary. Residents had the option of walking, or taking a taxi or travelling by bus to a number of pharmacies. **Mr Tait** argued that the Applicant had provided no evidence of a shortfall or inadequacy of current service provision. **Mr Tait** went on to state that any inadequacies highlighted were down to voluntary services carried out by the pharmacies; not core services. In addition these were services that the Applicant had stated that he would like to do but they were not services that a pharmacy would get paid for. **Mr Tait** stated that it was not possible to do voluntary work at a time where businesses were struggling to make ends meet. In conclusion **Mr Tait** argued that the Applicant had not made a case for inadequacies therefore the application should be rejected.

Questions to the Interested Party

The Applicant opened the questioning by referring to the letter from the South Sector CHP which stated that the current pharmacies focused on core services and questioned why that was the case particularly from such large service providers such as Boots and Lloyds. **Mr Tait** replied that the uptake for the Minor Ailment System (MAS) in comparison to the size of the population in the area then it was a fairly high uptake. **Mr Tait** further argued that when the Applicant referred to CMS it was at a time when people were not ready to take that service on board as it was not a priority; now that situation had changed. **Mr Tait** advised he could not speak for Lloyds but both pharmacies had registered patients that were sufficient to maintain their payment level and were comparable to the Scottish average.

The Applicant then asked Mr Tait if he did not think that an additional six hours opening was an improvement. **Mr Tait** replied that was an extension to the opening hours but that it did not warrant another pharmacy to be open.

Mr Mohammed confirmed he had no questions.

The Committee were then invited to question Mr Tait.

Ms Williams noted that the Heart Failure service and Keep Well Health Check were not core services and therefore not funded and asked Mr Tait how these services would be funded by the Applicant if the application was granted. **Mr Tait** replied that the Applicant's family might pay for them. He proposed that to conduct a full service based on non-core services at that level would be difficult.

Ms Williams noted that the Applicant had stated that Boots did not engage in the Smoking Cessation service and asked was that because Boots provided it as part of the Public Health Service or for some other reason. **Mr Tait** replied it was part of the Public Health Service.

Ms Williams noted that on the site visit conducted earlier that the Boots branch had a notification on display informing that it had been selected as one of the regional finalists for Branch of the Year and asked how a branch became a finalist. **Mr Tait** replied that it was primarily through great customer feedback which was anonymised as the people spoke with a third party company and also people completed questionnaires or submitted comments online. The areas covered were maintaining high standard and achieving waiting times targets, etc. overall the branch had to demonstrate efficiency. **Ms Williams** asked if it was an accolade to be nominated. **Mr Tait** confirmed that it was.

Ms Williams asked Mr Tait if he was aware of the perception from staff with regard to any loitering issues. **Mr Tait** replied that a number of years ago this was an issue, Crown Street was naturally where people gathered for a number of reasons some of them just to buy a newspaper but unfortunately people got tagged as loitering. He believed this was no longer an issue.

Mr Stevenson asked if Boots were proactive in discouraging loitering. **Mr Tait** replied that they did and also had a security guard but they did not have a booking in service.

Mr Stevenson asked if methadone places were capped. **Mr Tait** responded by stating that his understanding was that this had disappeared but there was still a push to use the Florence Street Clinic for methadone users.

Mr Stevenson asked if Mr Tait considered the services adequate. **Mr Tait** confirmed that they had no complaints from the public in the past two years and they provided all core and some non-core services which suggested to him that people locally thought their services were good so therefore it was reasonable to assume they were adequate.

Mr Stevenson asked where Mr Tait got his population figures. **Mr Tait** informed him they were taken from the 2011 mid year statistics and it had been noted that the population had increased over the last 10 years.

Mr Gillon asked Mr Tait if he understood that this hearing was being heard afresh. **Mr Tait** confirmed he knew that.

Mr Gillon referred to Mr Tait's definition of the neighbourhood and asked if he would stretch the neighbourhood to go beyond Eglinton Street. **Mr Tait** replied that he would not go beyond Eglinton Street because of the significant change in property prices.

Mr Gillon then referred to the waiting times and asked could it be as much as 20 minutes.

Mr Tait replied that it could as it obviously varies but he hoped it would not go beyond 20 minutes.

Mr Gillon asked Mr Tait to explain what other services Boots provided in another postcode area around community involvement. **Mr Tait** replied that in certain areas they did get more involved in other services such as Smoking Cessation but emphasised that the provision of services did not vary in terms of core service provision more in the intensity of that provision. He advised that they did target people who came into the Crown Street Pharmacy but were often told to “get lost”.

Mr Gillon then proposed to Mr Tait, that could it not be the case that by having three pharmacists in the family that the Applicant could be more adept in the provision locally of such additional services than a large a large company such as Boots.

At this point the Chair intervened and asked both Mr Gillon and Mr Tait to cease the frivolity as this was an inappropriate comment and unacceptable behaviour. Mr Gillon and Mr Tait apologised.

Mr Gillon then clarified his question as referring to unwieldy large companies being less flexible. **Mr Tait** replied that notwithstanding his company having many branches they respond to need and demand depending on their locality.

Mr Gillon confirmed he had no further questions.

Mr Roberts asked Mr Tait if they offered consultations about methadone and reducing their dosage. **Mr Tait** stated that the pharmacists asked more about the methadone users' general health and condition as that was a more immediate concern to ensure that they had not gone astray. If they had gone astray they would speak with the prescriber. In terms of getting addicts off methadone that was not the pharmacists' role; that was more the role of the Drug Addiction Service in Glasgow who controlled the whole service provision for alcohol abuse and drug addiction.

Mr Roberts asked if there was a history of violence in the area. **Mr Tait** replied not in recent years. **Mr Roberts** then asked why Boots had a security guard. **Mr Tait** replied that was to do with items going missing from the store and it was quite common in a number of their stores.

Mr Roberts noted that Abbey Chemists had no security guards and asked Mr Tait if the application was granted would it dissipate the issues. **Mr Tait** replied that it might.

The Chair noted that Mr Tait had proposed that the Applicant had not presented any evidence to show an inadequacy of service provision but he asked for Mr Tait's view on the letter from the South Sector CHP which gave contrary evidence. **Mr Tait** replied that he questioned the validity of any evidence provided and that letter was not particularly clear.

Mr Gillon asked Mr Tait to confirm what the Eastern Boundary of his neighbourhood was. **Mr Tait** confirmed it would be the boundary of the Cemetery as beyond that was industrial estate.

The Chair, having concluded that there were no further questions asked the parties to sum up beginning with Mr Mohammed of Abbey Chemist & High Street Pharmacy.

Summing Up

Mr Mohammed noted that the PPC had an important job to do and the Legal Test was an important. He reiterated that 15% of his prescription business came from the neighbourhood as defined by the Applicant. He advised the Committee they had invested a lot of time and resources into their store and had recently been granted the Investors in People award. He advised that they worked closely with local community teams and that they advertised their services and carried out leaflet drops across the community. He stated that the granting of this application would also impact on the current two pharmacies and advocated that the evidence provided by the Applicant had not been thought through.

Mr Tait stated that he had nothing further to contribute.

The Applicant stated that there had been 29 applications made to open a pharmacy within this postcode area, therefore in his opinion, other applicants could see there were a set of needs that were not being met. He stated this was the third time he had submitted this application and that it was very important to recognise this. He stated that people applied to open a pharmacy in this area because of the blanket deprivation and appreciated that the existing focus of provision was on the core services but advocated what was needed was the intervention of other long term health conditions. He advised that the population had been increasing steadily over the years and genuinely did not believe that the existing pharmacies and outside network were going to be able to cope with this demand. He referred back to the issue of approximately 220 registered methadone addicts in the G5 postcode and that 100 of those patients could not access the methadone service within their own neighbourhood. He went on to state that methadone services were a serious a issue but there were other issues such as lengthy waiting times, the transient population, and the increase in population due to new housing. He asserted that there were still issues with loitering on Crown Street and had been informed of such by both the local community council and the police. He therefore strongly advocated that the solution would be to have another methadone outlet on Ballater Street which would not be just about dispensing methadone but would include engaging with users and the local people to ensure the community did not disenfranchise the vulnerable. He concluded by proposing that the application be granted just on the basis of the evidence contained within the letter from the South Sector CHP.

The Chair thanked all for their contributions and advised that he would now close the open session. He reminded them that if further legal advice was required, all parties would be asked to come back and invited them to wait if they wished.

The Chair advised all parties that the Committee's decision would be relayed to the Board within 10 working days. After which the decision would be formally relayed to the applicant and interested parties within 5 working days. Thereafter, there would be 21 days within which appeals could be lodged against the PPC's decision (full details of how to do this would be included in the formal written notification of the decision).

Before the Applicant, Interested Parties and Mrs Turnbull left the hearing, the Chair asked

the Applicant and the Interested Parties to confirm that they had had a full and fair hearing. The Applicant replied he did but there had been some childish behaviour and comments made. **The Chair** acknowledged that point but stated that it had been brought to a halt. **The Chair** asked again for confirmation that they had had a full and fair hearing. All confirmed individually that they had.

At this juncture Mr Ameen, Mr Mohammed, Mr Tait and Mrs Turnbull left the meeting.

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 Applicants' premises, namely:
 - Abbey Chemist
 - Boots UK Ltd
 - Lloyds Pharmacy
 had made representations to the Committee.
- b) The Greater Glasgow & Clyde Area Medical Committee had not made representation.
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee had made representation.

The Committee noted that in accordance with the requirement (Paragraph 2, Schedule 3) to consult those who might use the pharmaceutical services provided (if the application were granted), notification of the application had been sent to:

- d) Public Involvement Group Glasgow City South Sector CHP had made representation.
- e) The following community councils:
 - Hutchesontown Community Council - representation was received;
 - Laurieston Community Council – representation was received;
 - Crosshill/Govanhill Community Council – no response was received;
 - Toryglen Community Council – no response was received;
 - Carlton Community Council – no response was received;

- f) The following Councillors:

Councillor Danny Alderlowe – representation was received;
Councillor Jahangir Hanif – representation was received;
Councillor Anne Marie Miller - representation was received;
Baillie James Scanlon - representation was received;

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Information from Glasgow City Council's Development & Regeneration Services advising of the known developments within a one mile radius of the proposed premises.
- j) Glasgow City Council's Department of Roads and Transportation and South Lanarkshire Council's Planning & Building Standards had also been consulted but had made no response.
- k) Population/Census information relating to the postcode areas surrounding the Applicant's proposed premises.
- 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) Complaints received by the Health Board regarding services in the area;
- o) Applications considered previously by the PPC for premises within the vicinity;
- p) The Pharmaceutical Care Services Plan;
- q) PPC and NAP decision of Ballater Street application;
- r) A letter from a member of the public;
- s) Additional Information submitted by Mr Charles Tait of Boots UK Ltd;
- t) Additional Information submitted by Mr Abdal Alvi of Abbey Chemist;
- u) Email from Dr Kauser, President of Glasgow Central Mosque withdrawing their letter of support for this application.

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:

To the North the River Clyde running in an easterly direction along the southern boundary of Glasgow Green following the path of the River Clyde down to and crossing Kings Drive continuing along the path of the River Clyde till it meets Shawfield Drive then heading South till the junction with Rutherglen Road and continuing south to the new section of the M74 motorway. Running in a westerly direction the Southern boundary runs along the new section of the M74 across Polmadie Road continuing up across Cathcart Road till the junction with Eglinton Street. The Western boundary runs along Eglinton Street in a northerly direction back up to the River Clyde.

In reaching this decision the Committee believed its defined area was a neighbourhood for all purposes and had all the necessary amenities including hotels, shops, Mosque, schools, GP surgeries; all the facilities which would be expected in a neighbourhood and easily accessible by public transport and on foot. The Committee considered that the area, as defined, constituted a distinct and identifiable neighbourhood with an approximate population of approximately 8,500.

In particular, the Committee agreed that the River Clyde on the Northern boundary was a natural boundary and the path of the river continued to provide a natural boundary towards the Eastern boundary as it cut through predominantly open land towards Richmond Park till it met the natural boundary of Shawfield Drive on the East. The Committee considered Shawfield Drive to being a natural boundary as going further east lay predominantly industrial land. The new extension to the M74 motorway provided a physical boundary to the South to where it met Eglinton Drive on the Western boundary; again this was a natural boundary as further west was again either industrial land or derelict.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having defined the neighbourhood, 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 there were two existing pharmacies namely Boots UK Ltd and Lloyds Pharmacy with a further seven on the immediate periphery.

The PPC considered that the population within the neighbourhood could access services both within the neighbourhood and out with the neighbourhood.

The Committee considered this existing network provided comprehensive service provision

to the neighbourhood 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 also available from the High Street Pharmacy at the Trongate on the periphery of the neighbourhood within a two miles radius.

The Committee considered all of the eight points specifically made by the Applicant.

The Committee considered the capacity of the existing network and noted that the prescribing statistics were slightly above the average but both pharmacies within the neighbourhood were well staffed. The suggestion that the existing pharmacies did not have the capacity to service the current population or any increase in population was not supported by the site visit, prescribing figures or minor ailment service figures.

The Committee considered the arguments made in favour of extended opening hours but the additional hours proposed were only marginal and as had been reported there were adequate services available within walking distance at the Pharmacy in Central Station which was open 18 hours six days a week and 17 hours on a Sunday.

Taking into account the issue of high deprivation in the neighbourhood the Committee again agreed that an inadequacy of current pharmaceutical service provision had not been proven. It had been recognised that the core services were being provided and although certain non-core services might be desirable in such a neighbourhood, certain services were no longer funded and in addition the current pharmacies were providing additional non-core services.

The Committee considered the argument made of the needs of the transient population and agreed there was no substantial evidence to suggest demands were currently not being met. In addition they noted that the letter of support from the Mosque had been withdrawn.

The potential increase in housing was considered. It was noted that at present an additional 500 homes had been built and it was not clear when or if the further development would be made. Despite that fact the Committee considered that there was sufficient capacity within the existing network to handle any increase.

The Committee considered the argument for the requirement of a bilingual pharmacist. The site visit had confirmed that neither pharmacy had experienced any issues and neither had any need to access the Health Board's translation services. It was agreed again that there was no substantial evidence to support this argument.

The Committee considered the issue surrounding the dispensing of methadone. Whilst they agreed that this was a concern to residents there was no evidence to suggest a continuing public nuisance problem, particularly in light of the new dispensing methods employed by both pharmacies which both confirmed had dramatically improved the efficiency of the process.

The Committee also had regard to the public consultation exercise noting the views of those in support and those against the new pharmacy which formed the overwhelming majority.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Ms Joan Millar, Mr Wallace Stevenson and Ms Yvonne Williams left the room during the decision process.

DECIDED

Taking into account all of the information available, and for reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood and the level of service provided by those contractors to the neighbourhood, was currently adequate.

It was the unanimous decision of the PPC that the application be refused.

5. ANY OTHER COMPETENT BUSINESS

There being no further competent business the meeting was closed.

The meeting ended at 5.45 pm