

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (02)**

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

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

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

**ACTION**

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

**1. APOLOGIES**

There were no apologies.

**Section 1 – Applications Under Regulation 5 (10)**

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

**Case No: PPC/INCL08/2010**

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

The Committee was asked to consider an application submitted by Farhat and Ramzan Ali to provide general pharmaceutical services from premises situated at 1371 Barrhead Road, Crookston, Glasgow G53 7DA under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

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

application from Farhat and Ramzan Ali agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Mrs Farhat Ali (“the Applicant”), and assisted by Mr Ramzan Ali. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd), Ms Emma Griffiths (The Co-operative Pharmacy and PHC Pharmacy Ltd), assisted by Mr Alan Harrison, and Mr David Robertson (DLL Robertson) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant’s proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas following: Brockburn Road; Crookston Road; Leverndale Road; Langhaul Road; Dalmellington Road; Mulben Terrace & Crescent; Kinarvie Road; Fasw Road; Barrhead Road; Braidcraft Road & Terrace; Peat Road and Nitshill Road.

The Committee noted that the premises were constructed and were currently operating as a general convenience store. The pharmacy area was not yet fitted out. The Committee had gained access to, and had toured the premises.

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

### **The Applicants’ Case**

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

She then went on to define her neighbourhood as:

**North: the Lavern Water running adjacent to Brockburn Road;**  
**East: The Lavern Water running adjacent to Brockburn Road, southwards and meeting Barrhead Road. These were physical boundaries;**  
**South: the boundary was the Lavern Water running adjacent to Barrhead Road, westward to meet Nitshill Road. Again this was a physical boundary. There were only two routes to exit this neighbourhood southwards and this was through both**

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

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

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

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

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

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

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

(MAS), the pharmacy would provide:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **The Interested Parties Questions the Applicant**

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

**North: the Lavern Water running adjacent to Brockburn Road;**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Mr Tait** commenced his presentation by defining the neighbourhood as:

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

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

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

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

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

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

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

### **The Applicant Questions Mr Tait**

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

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

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

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

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

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

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

### **The PPC Question Mr Tait**

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

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

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

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

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

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

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

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

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

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

She then went on to describe her defined neighbourhood as:

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

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

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

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

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

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

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

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

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

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

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

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

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

### **The Applicant Questions Ms Griffiths**

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

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

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

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

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

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

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

### **The PPC Question Ms Griffiths**

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

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

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

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

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

### **The Applicant Questions Mr Robertson**

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

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

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

### **Summing Up**

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

**Mr Robertson** advised he had no further comments to make.

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

**Mr Tait** echoed Ms Griffiths comments.

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

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

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

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

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

Before the applicant and interested parties left the hearing, the Chair asked Ms Ali, Mr Robertson, Ms Griffiths and Mr Tait to confirm that they had had a full and fair hearing. All confirmed individually that they had.

The PPC was required and did take into account all relevant factors concerning the issue of:-

- a) Neighbourhood;
- b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
  - Boots UK Ltd – various addresses;
  - Lyoncross Pharmacy – 50 Lyoncross Road, G53 5UW; and
  - The Co-operative Pharmacy – 403 Nitshill Road, G53 7BN.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

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

- d) - The Glaswegian (advert run on Wednesday 12<sup>th</sup> May 2010) – one response was received with a petition signed by 81 objectors;
- e) - South-West Glasgow CH(C)P – no response received;
- f) The following community councils:
  - Pollok - no response received;
  - Pollok North – no response received; and
  - Levern Valley – response received.

The Committee also considered:-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors G53.5, G53.6 and G53.7;
- j) Information from Glasgow City Council's Land and Environmental Services and Development & Regeneration Services and East Renfrewshire's Environment Department regarding future plans for development within the area;

- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises.

### **DECISION**

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

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

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

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

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

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

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

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

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

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate.

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

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

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

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

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

**In accordance with the statutory procedure the Chemist Contractor Members of the Committee Alasdair MacIntyre and Gordon Dykes and Board Officers were excluded from the decision process:**

**DECIDED/-**

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

**Contractor  
Services  
Supervisor**

**The Chemist Contractor Members of the Committee Alasdair MacIntyre and Gordon Dykes and Board Officers rejoined the meeting at this stage.**

**3. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**4. DATE OF NEXT MEETING**

The next meeting of the Committee will take place on 10<sup>th</sup> February 2011.