

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)
Minutes of a Meeting held on
Thursday 20th September 2012 at 9.30am in
Local Medical Committee Offices, New City Road
Glasgow G4 9JT

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Catherine Anderton	Lay Member
	Mr Stewart Daniels	Deputy Lay Member
	Mr James Wallace	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	Janine Glen	Contracts Manager – Community Pharmacy Development
	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Mr Ross Finnie	Deputy Chair

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.

Prior to the consideration of business, Mrs Glen asked the Committee to give consideration to several documents which the Applicant and Interested Parties wished to table for inclusion in the oral hearing. The Committee considered:

- Mr Gazenfer Ali (Applicant) – sought to table several photographs showing Cambridge Street in times gone by. The Committee considered that the photographs while useful were not crucial to the Committee’s determination of the application. The Committee declined the Applicant’s request to table the items. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Ali’s case.

- Mr Gazenfer Ali (Applicant) – sought to table plans of the proposed premises. The Committee considered that the plans while useful were not crucial to the Committee’s determination of the application. The Committee declined the Applicant’s request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Ali’s case.

- Mr Dave Greer (Boots UK Ltd) – sought to table demographic information relating to the area. The Committee considered that the information could be incorporated

into Mr Greer's presentation and as such there was no need for the information to be tabled. The Committee declined Mr Greer's request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Greer's case.

- Mr Denis Houlihan (Houlihan Pharmacy Group) – sought to table practice leaflets and information relating to the services provided from his pharmacies. The Committee considered that the information could be incorporated into Mr Houlihan's presentation and as such there was no need for the information to be tabled. The Committee declined Mr Houlihan's request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Houlihan's case.

1. APOLOGIES

Apologies were submitted on behalf of Alex Imrie.

Section 1 – Applications Under Regulation 5 (10)

2. WELCOME

The Chair welcomed Mr Ross Finnie to his first meeting of the PPC. Mr Finnie had recently been appointed Deputy Chair of the PPC by the Health Board. Mr Finnie's attendance at the meeting was as an observer. The Chair advised those present (including the Applicant and the Interested Parties) that Mr Finnie would take no part in the discussions.

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

Case No: PPC/INCL01/2012

Mr Gazenfer Ali of Vitalis Healthcare Ltd, 59 Cambridge Street, Glasgow G3 6QX

The Committee was asked to consider an application submitted by Mr Gazenfer Ali of Vitalis Healthcare Ltd to provide pharmaceutical services from premises situated at 59 Cambridge Street, Glasgow G3 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 Ali considered that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC was whether "the provision of pharmaceutical services at the premises named in the

application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List.”

The Applicant was represented in person by Mr Gazenfer Ali. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Dave Greer (Boots UK Ltd) and Mr Denis Houlihan (Houlihan Pharmacy Ltd).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas including Dundasvale, Cowcaddens, St Georges Cross, Garnethill, Sauchiehall Street, and Charing Cross.

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

The Applicant's Case

Mr Ali thanked the Committee for providing him the opportunity to state his case. He advised that his presentation would be split into seven separate sections.

He advised that his boundary was as follows:

East: North Hanover Street going up Dobbies Loan to the M8 motorway. This was a distinct boundary between the Townhead area;

North: The M8 motorway at New City Road. This was a natural motorway boundary;

West: Newton Street/St Georges Road at the M8 motorway. This was a natural motorway boundary; and

South: Bath Street. This was a distinct boundary between residential/retail and office accommodation.

Mr Ali advised that Glasgow was the most populous city in Scotland. The centre of Glasgow was extremely busy with workers, shoppers and students. The area of concern mainly Garnethill/Cowcaddens adjoining with city centre was serviced by Glasgow's subway station at Cowcaddens which had a daily usage of almost 20,000 people and Buchanan Street bus station which had a daily usage of on average 40,000 people. The population of the defined area was approximately 5,000 residents. This population number did not take into account the transient population of the area during the day time. Glasgow City Council figures stated that 100,000 individuals accessed the city centre on a daily basis.

A large part of the proposed area was known as “China Town”. In the vicinity of the proposed premises there were numerous commercial businesses including banks, bookmakers, opticians, hairdressers and cafes. In addition to this, however there were a while host of outfits more specific to the Chinese as well as other ethnic groups. Everything from Accountants, Immigration Lawyers, Banks, Grocers, Supermarkets, Bakers, Printing Companies, Restaurants, through to Community Multicultural Centres, Elderly Day Care Centres, Nurseries, Schools and Places of Worship.

The area of Garnethill and Cowcaddens though in the city centre were residential areas. The three main pharmacies which supposedly served this area were all entirely owned by Boots the Chemist. One was at Charing Cross, the second at 200 Sauchiehall Street and the third in the Buchanan Galleries shopping centre. There were major inadequacies in relation to the access of pharmaceutical services in this area.

Mr Ali then went on to provide an overview of the NHS Scotland pharmacy contract, citing the four core services.

Mr Ali then moved on to describe the reasons for what he described as inadequacy of pharmaceutical services in the area.

Growth in both Visitor and Resident Population

Traffic

He advised that Glasgow city centre was bustling. It was the busiest area in Scotland. The likes of Buchanan Street bus station had gone from 13,000 users in 1993 to the current 40,000. Glasgow airport International bus terminus ended at this station. There were 100,000 daily visitors to the city, 11,400 of which were most likely to be from the minorities. The resident catchment population was almost 3 million people. 75,000 cars accessed the city centre every weekday and the Cambridge Street car park was the second busiest in the city.

Students and Institutions

There had been a boom in the student numbers attending the various universities and colleges in the area. These very institutions had targets to increase their number yet further. For example Glasgow College of Arts was undergoing major changes including a £50 million development to construct new buildings at Garnethill. The Royal Scottish Academy of Music and Drama based in the area had also gone through a multi-million pound expansion of its facilities. It had been expanding its student accommodation and now had places for 660 residents. Glasgow Caledonian University was spending £32 million and expanding its campus to open a new English teaching facility that would attract many foreign students. Due to demand it would continue to expand accommodation including yet more space as part of a new development at Dobbies Loan. The various other teaching institutes in the area, such as Stow College which had recently acquired a Chinese language teaching facility on site, continued to grow due to high demand.

Retail

Glasgow city centre generated 39% of the city's entire GDP. 95 million shoppers visited the city per annum with an expenditure of £2.6 billion. Glasgow City Council (Action Plan) had stated that it had a target to increase retail space in the city by 35,000m². Despite the recession, over the last few years it had made headway in reaching these targets. Buchanan Galleries was investing £400 million and was to double in size attracting yet more shoppers and creating further jobs. Buchanan Street saw 6,138 people visit per hour, one of the strongest foot flows anywhere in the UK and second only to Oxford Street. The new £70 million retail development in the area called "Buchanan Quarter" was set for completion in 2013 and would see 15,600 sqm of new retail space and hundreds of new jobs created. The Savoy Centre would be developed into a 30 storey building to incorporate 6,000 m² of office space together with hotel, restaurant and retail units. Glasgow was not ranked second in the UK retail rankings, second only to London. Buchanan Street was the second busiest street in the UK>

Offices

Glasgow City Council (Action Plan) had stated that it had a target to increase office space in the city by 80,000 sqm. Phase 1 of the Broadway development at 12,000 sqm had been completed and had attracted Tesco Bank to the area which had now employed almost 1,000 new people. Pending completion, the next phase of some 15,000 sqm should attract yet more employers, workers and residents to the area. The Savoy Centre was to be redeveloped with 900 new jobs being created. Within these developments there would be many call centres, which as was known were not nine to five business, but had employees working through to the evening.

Hotels

In the very near vicinity of the proposed pharmacy were three five large hotels with a sixth 126 bed (Easy Hotel) having just been completed on top of the proposed premises as well as a seventh 198 bed (Citizen M Hotel) a short walk away. A further eight 210 bed hotel, Premier Inn was near completion on West Nile Street. Scottish Development International had stated that the city needed 3,000 more hotel rooms within the next decade. The high demand had come about from Glasgow now ranking third in its International Association Meetings and 28th in the world as a conference venue site. London was ranked 27th in the world.

Tourism

The 2014 Commonwealth Games would put Glasgow in a fresh light and was set to leave a permanent mark in terms of attracting yet more business and tourism to the city.

Residents

By Glasgow City Council's figures the population of the area had increased by 11% between 2001 and 2008. Garnethill's population had increased by 11% between 2006 and 2011. Glasgow City Council's Action Plan had projected a 30% increase in residents and 50% increase in households in the city centre. Recent new residential development in the area had created hundreds of new apartments including those at the Matrix development on Cowcaddens Road, at the Metro building on Rose Street and at the

Gallery Apartments on Port Dundas Place. Current developments included the Almandine apartments at Hill Street creating five new high raise buildings in Garnethill as well as the new Buchanan Gardens development on Buchanan Street, creating yet more residential accommodation in the area. Almost 100 new apartments were in the pipeline to be developed by Inehaze Ltd at Renfrew Street.

Despite many towns and cities in the UK suffering from economic depression Glasgow was without any doubt “bucking the trend”. A decade ago, the opening of the Buchanan Galleries resulted in the addition of one new pharmacy contract in the area, though Boots the Chemist had cleverly utilised contract relocation in order to achieve this. Mr Ali advised that he had clearly shown that the sum of the current and proposed growth in the city far outstripped the opening of something equivalent to the Buchanan Galleries. It followed then that Boots the Chemist should have no valid contention that this growth shouldn't be met with an increase in the provision of pharmaceutical services in the area unless they are of the belief that there should be one rule for them and another for everybody else. It was indeed overwhelmingly clear that such an increase in activity in the city would increase both visitors and residents to the area putting further pressure on the existing pharmacy network and therefore it followed that such a change should be met by an increase in pharmacy service provision in the area.

At this point in the Applicant's presentation, the Chair interrupted to ask how far into the presentation he was. The Applicant responded that he was approximately 25% into his presentation. The Chair reminded the Applicant that he had been speaking for almost 25 minutes and was keen that he keep to the main points of his case.

Human Resources Pressure

Mr Ali advised that Boots UK Ltd had recently posted figures of substantial increases in profits. The chairman of the company had increased the value of the company by billions. This had been done by cutting staffing levels, cutting benefits and cutting conditions of employment. He advised that Boots would claim everything to be normal, however there had been a reduction in service provision to patients, a reduction in clinical interventions, an increase in potential errors and as a result the new contract services were not being utilized. In Mr Ali's opinion there was no solution to these issues.

Accessibility Issues

There were steep gradients around the Charing Cross area. The Boots Pharmacy in Buchanan Galleries was situated on the first floor. The Boots Pharmacy at 200 Sauchiehall Street was not DDA compliant at the rear entrance. The front entrance to the pharmacy was via an extremely busy street, which was pedestrianised and so had restricted bus access. Access to the pharmacy was at the rear of the shop and customers were required to pass through the fragrance section. Perfumes could trigger asthma in the same way smoke could. The pharmacy was located on one of the most dangerous streets in Scotland. The linking streets were the next eight most dangerous which were full of shoplifters by day and full of night clubs. The pharmacies were very much geared to serving the city centre and not a community centre.

Mr Ali advised that the neighbouring area where medical services could be accessed was cut off by the M8 motorway. Prior to the building of the M8 motorway the community would have enjoyed direct access to the adjacent area. There was an abundance of shops in the area before the M8 construction along New City Road and Great Western Road. Mr Ali advised that any opinion that it was the choice of the generations of families and residents to live next to the city centre and therefore be cut off from adjacent areas was therefore not well founded.

The area around Cambridge Street had most amenities available. The proposed premises would be DDA compliant. There would be easy parking at front of pharmacy, with easy parking in the adjacent residential area. Residents would have no need to go to the city centre and the pharmacy would be part of the community parade of shops.

Extended Opening

Mr Ali advised that there were no GP services in the defined area. The current network only opened until 7.00pm. The current opening hours were geared towards shoppers and not residents. If a patient required late night access where would they access services? Through dangerous city centre streets? On a bus? Towards Townhead where there were no pharmacies open? Through the motorway underpass, which wasn't safe? Towards the motorway overpass towards Great Western Road?

Clinical Services Based Pharmacy

Mr Ali advised that the new pharmacy model was clinical services based. The multiples were owned by pharmaceutical wholesalers and manufacturers and had high prescription volumes. There was a conflict of interest with services such as CMS. Pharmacies targeted the patients selectively. There was evidence of overordering via the managed repeat service operated by some contractors and new contract service targets were not achieved. The Applicant advised that he hadn't been in a single Boots Pharmacy where he had conducted a CMS review. In terms of the MAS, this was widely abused, with no consultation being involved in many of the interventions.

Language Barriers

Mr Ali advised that the definition of language barrier was *"a barrier to communication when two people speak different languages."*

He advised that the current NHS interpretation service had been taken in house due to the high demand. The service was not used by community pharmacy and there were inherent problems not related to the quality of the service but to the practicality of utilizing the service within a community pharmacy setting.

Mr Ali advised that Ward 10 had 26% ethnic minority demographic. Garnethill may have 63% ethnic majority (Chinese, Indian, Pakistani, Arab, and Polish). The population had clearly stated that there were language barriers which resulted in them not having the same access to services as the indigenous population. As an example, Mr Ali advised that the Chinese, Indian and Polish population worked long hours and wouldn't be able to fit in interpreter appointments. They needed services out of hours. The Applicant asked

what patients needed to do. Go without advice/diagnosis or obtain traditional treatment. As an example, Mr Ali cited steroid dosage as one of many examples. In addition, confidentiality was completely lost by use of an interpreter. He advised that members of the community were not able to access: Minor ailments, CMS and opportunistic health promotion.

Cultural Barriers

Mr Ali advised that the community had stated that culturally sensitive services were severely lacking. He didn't believe this to be the role of the NHS interpretation services. A person who could speak English would have no involvement of an interpreter but could still experience a cultural barrier. As an example, Mr Ali spoke about patients with superstitions. He advised that studies had found that culturally tailored services could reach success levels above the average. He advised that in an area where there was such a high ethnic mix, pharmaceutical services accessible in a culturally sensitive manner were of paramount importance otherwise patients would be left out from accessing these services.

Increase in Usage of Alternative Treatments

The Applicant advised that it was common knowledge that the use of alternative therapies had increased, however he did not believe these to be purchased safely or used safely. He advised that pharmacies stocked the products but were not able to provide advice on them. He advised that in many pharmacies quite often the correct textbooks were not available to be able to provide any guidance on the use of these medicines, neither was there any availability of internet based resources to assist in deciding upon safe use.

Multiculturalism in Glasgow

Mr Ali advised that while the proposed pharmacy would be a community pharmacy for the residents in the area, because of the bespoke service provided it may indeed become a valuable service for others due to its non remote location.

Pharmaceutical Provision in the vicinity of the nearest medical practice

Mr Ali advised that provision in the neighbourhood where the GP surgeries are most likely to be was not of high quality. These pharmacies were relatively small and not suitable for the new contract. Many were at full capacity. He advised that Woodside Health Centre Pharmacy operated as a dispensary and therefore patients had little to no interaction with the Pharmacist.

Additional Evidence available to support the proposal and application

Letter of Support from Chinese Community Development Partnership

Mr Ali advised that the CCDP was an umbrella organization for 14 organisations and represented the Chinese Healthy Living Centre whose mission statement was:

"The vision of CHCL in Glasgow is for a city where the Chinese community can enjoy

equal access to good health. The Centre will work closely with its partners to build sustainable health improvement with and for the Chinese community. It will do this by providing culturally appropriate services and a model of good practice which offer the Chinese community access and opportunity to the means of good health.”

The Applicant advised that the Chinese were the second largest ethnic group in Scotland after Pakistani. There were lots of bilingual pharmacies for Pakistanis, but not one for the Chinese community.

Letter of Support from Counseling AP

The Applicant advised that Counseling AP assisted Polish people with many health issues. The Polish were a community which was increasing rapidly and many problems were emerging from Polish minorities. Language and culture were a significant barrier for this community, which if not tackled would spiral out of control.

Letter of Support from Muslim Welfare House

The Applicant advised that this organisation mostly represented the Arab and North African populations. They did not think that their people were receiving good value from existing services.

Letter of Support from West of Scotland Race Equality Commission.

The Commission had talked about a lack of culturally sensitive health services.

Letter of Support from the Glasgow Refugee Asylum Migrant Network

The Network was an internationally recognised organisation based at Glasgow University. They had researched the issues in relation to language and cultural barriers when accessing healthcare services and had determined that unless language/culture was taken into consideration there was a high risk of misdiagnosis and mismanagement of health problems.

Letter of Support from Thomas Harrigan MBE

The Applicant explained that Mr Harrigan was a retired policy officer who had a lifetime worth of experience in dealing with multicultural communities. He had described the Applicant's proposal as “*groundbreaking*” in terms of the potential benefits it could have for the community.

Response from NHS Equality and Diversity

The Applicant advised that he had met with representatives from the Health Board's department for Equality and Diversity who saw language as a big issue and an obstacle to the NHS meeting its duties under Equality Law. They had suggested that many mistakes had been made due to language difficulties and that it was not practical to have interpreters in pharmacies even though this service was available.

Academic Research Findings

The Applicant advised that there was a whole range of studies that had found language and cultural differences to be significant barriers to accessing health services.

Views and comments from People in the Neighbourhood

The Applicant advised that no objections to the application had been received from representative bodies or individuals. The proposals had already received favour from the Community Council in 2007. The Applicant had surveyed a cross section of the public. This was not a petition exercise. There had been no leading questions, merely a list of the services put forward to the public. The location of the pharmacy was seen as *“ideal”*. Provision where language/cultural barriers present was seen as *“amazing”*. Out of hours provision was seen as *“great”*. Health promotion and preventative health services were regarded as *“fantastic”*. Many people had described it as a *“must need” service*. Beyond the scope of this survey, the Applicant had spoken to many of the residents who were keen to have a community pharmacy.

NHS Complaints

The Applicant advised that NHS Greater Glasgow and Clyde had previously received reports about unscheduled closure at the Boots branch at 494 Sauchiehall Street. After an investigation by the NHS it was apparent that Boots had decided to close the branch and transfer staff to its branch at 200 Sauchiehall Street due to staff shortages. The investigation had found that this was not an isolated incident and that it had occurred on a number of occasions. At the time of the investigation it was also apparent that Boots at 494 Sauchiehall Street were not providing a consistent service and had failed to engage in the provision of additional services. The Applicant questioned whether a closure at the Charing Cross and 200 Sauchiehall Street would happen if there was no ownership connection.

The Applicant further advised that the Charing Cross branch had a low prescription volume. This, in his opinion, would be the ideal pharmacy to implement the new services, so questioned why they weren't providing these services.

The Applicant explained that the Scottish Public Services Ombudsman (SPSO) and the Scottish Health Council (SHC) jointly commissioned research to establish the views and experiences of those who had been dissatisfied with health services but who had chosen to complain. It was found that there were many reasons patients did not complain. It was found that patients neither knew how to complain nor would have any confidence that complaining would get them anywhere. In other words patients in general didn't complain about NHS services. This clouded the view that a service was in any way operating without problems and therefore was not representative of what was really happening on the ground. The Applicant averred that it was in the research that a more accurate representation of complainants' concerns was the views of the organisations that represented them.

Existing Pharmacies

The Applicant advised that Reach Pharmacy in Argyle Street did not provide adequate services to the neighbourhood. LG Pharmacy had said in their representation that patients shouldn't have to cross busy streets. Possil Pharmacy was outside the boundary of the neighbourhood, but in the Applicant's opinion, patients might not want to use this pharmacy, given the area the pharmacy was located in.

Details of the Proposed Pharmacy and its associated services

The Applicant advised that the proposed pharmacy's hours of service would be:

Monday - Friday: 8.30am – 9.00pm;
Saturday: 9.00am – 9.00pm;
Sunday: 9.00am – 9.00pm.

The Services to Be Provided

The Applicant advised that the pharmacy would be staffed by a multilingual and multicultural team given access to pharmaceutical advice and health information in the core languages of: English, Punjabi, Urdu, Hindi, Mandarin, Cantonese, Polish and Arabic. The Applicant advised that in addition to the core languages that would be provided there would be other languages available either by existing members of staff or additional part-time staff. The Applicant asked the PPC to note at this stage that it would be impossible to provide for all of the 180 languages spoken in the city, not least for all of the time. One of the Applicant's goals would be to work closely with all stakeholders such as the community groups as well as public bodies to further enhance a service that would go a significant way towards addressing the language and cultural concerns of the communities.

The Premises

The Applicant advised that the ground floor of the proposed premises was very large. It would house:

- three treatment areas/rooms – these would have services such as physiotherapy, reflexology and acupuncture;
- two private consultation rooms and several private consultation areas – these would ensure patients were at all times able to discuss their matters in private. A number of Perspex screens would be installed to create each private area;
- a health promotion spotlight area – this would be used for regular health promotion events such as “no smoking”, “blood pressure”, “stroke awareness” etc;
- alternative medicines section – the Applicant advised that he would ensure patients had at all times the proper advice in terms of which alternative medicines that may be suitable for them as well as any interactions that may occur in concurrent use with conventional medicines. Medicines would be kept behind the counter.
- low level counters – there would be provision for low level counters in addition to regular high level ones. This would of particular benefit to the disabled.

Business Viability

The Applicant advised that there would be low overheads due to zero rent on the

premises. No loans were required for start up. The treatment rooms would generate cash from day one. All profits would be reinvested in services i.e. there would be no shareholder dividends. An annual review would be conducted by a management consultant at no cost. Seminars would be conducted by a professional network at no cost.

Aims and Objectives of the Service

The Applicant advised that for the first time since the development of the M8 motorway: to provide a community pharmacy for the residents of Garnethill and Cowcaddens. A community pharmacy fundamentally based on the new NHS contract. A community pharmacy that met the criteria of **necessary** or **desirable** to fill a gap in the adequacy of pharmaceutical service provision in the area.

The Interested Parties Question the Applicant

In response to questioning from **Mr Greer** regarding what services would be offered from the new pharmacy that was not already being offered, the Applicant advised that one of the reasons he had made the application was that there were people in this community that couldn't access services at the moment. He advised that half of the population were from an ethnic minority. He suggested that the Chinese community found it difficult to access services as they couldn't communicate.

In response to further questioning from Mr Greer as to whether he would agree that all of the services were already present, the Applicant agreed that the services might be present, but they couldn't be accessed for language and cultural reasons.

In response to questioning from Mr Greer regarding his population statistics, the Applicant advised that he taken the figure from the previous application submitted. He was aware that Boots had represented an alternative figure. He had consulted the relevant datazones which he had researched using the Boots information. He had come up with 5,000. He had undertaken this exercise so that Boots couldn't argue the population.

In response to follow up questioning from Mr Greer regarding the population, the Applicant advised that he was aware that there was a significant transient population within the neighbourhood. He felt this population would access services at the proposed premises if they wished.

In response to further questioning from Mr Greer, the Applicant advised that he believed translation services to be a valid point in the consideration of the application, but perhaps not a unique point.

In response to further questioning from Mr Greer regarding the level of service to be offered from the proposed premises, the Applicant confirmed that the pharmacy would be open 7 days per week for a total of 87.5 hours per week. He confirmed that the services he had described in his application would be available all the time. This would be possible as his team would be multilingual. There would never be a time when somebody wouldn't be available to speak in the core languages described. He advised that he himself spoke six languages. His team would be developed on the same basis.

In response to questioning from **Mr Houlihan** regarding his comments surrounding the apparent abuse of the Minor Ailment Service, the Applicant confirmed that in his opinion abuse of the service was widespread in pharmacy in general; the multiples were guiltier than independents. He confirmed that he was not accusing Mr Houlihan of abusing the Service.

In response to further questioning from Mr Houlihan regarding the Chronic Medication Service, the Applicant responded that he had experienced some independents that were ticking the box with CMS and not fully engaging with the service. He had however conducted reviews within independent pharmacies. He had worked in Boots branches and had not done one CMS review.

In response to further questioning from Mr Houlihan regarding homeopathic remedies, the Applicant confirmed that his comments regarding patients not getting correct advice on homeopathic medicines was not specific to Boots pharmacies.

Mr Houlihan questioned the Applicant's assertion that there were no multi lingual pharmacies that could speak Cantonese. The Applicant advised that there might be pharmacists that could speak the language but there was no specifically tailored service.

In response to final questioning from Mr Houlihan, the Applicant clarified his statements regarding Possil Pharmacy and explained that the pharmacy was located in a notoriously dangerous area and patients might be reluctant travel there to access services.

The PPC Question the Applicant

In relation to the Applicant's assertions that the transient population in neighbourhood had increased, **Mr MacIntyre** asked how many other pharmacies there were in the city centre. The Applicant responded that there were eight other pharmacies in the city centre that could be considered to serve the transient population. He advised that he had mentioned that Buchanan Galleries was a newer contract, having initially been a relocation of contract from Queen Street Station. Boots relocated into Buchanan Galleries and then applied for a new contract in Queen Street Station. In response to Mr MacIntyre's question as to whether there had been any other new contracts in the city centre; the Applicant advised that High Street Pharmacy was relatively new contract which had been awarded. He agreed with Mr MacIntyre's assertion that the number of pharmacies were increasing in line with the increase in population, but argued that High Street served a different neighbourhood and catered for a very high student population residing to the east of High Street.

In response to further questioning from Mr MacIntyre, the Applicant advised that he had met with the Equality and Diversity Team in October 2011.

In response to further questioning from Mr MacIntyre regarding his comments on the closure of Boots Charing Cross branch, the Applicant advised that he had taken this information from the record of the previous PPC hearing in 2006.

In response to questioning from **Mr Wallace** regarding the opening hours of the proposed pharmacy, the Applicant advised that the pharmacies in Queen Street Station and Central Station provided extended hours, but were located in dangerous areas.

In response to further questioning from Mr Wallace regarding staffing levels in the proposed pharmacy, the Applicant advised that he would have five or six members of staff, all of whom would be multilingual. Within his family all of the core languages mentioned in his presentation could be covered.

Mrs Anderton asked the Applicant if he had any evidence to confirm his assertion that other pharmacies in the area were very small and running at full capacity. The Applicant advised that he had taken this information from an application made by Lloydspharmacy who had tried to relocate from Maryhill Road to Hopehill Road. This site was nearer the Woodside Health Centre Pharmacy. Lloydspharmacy's supporting statement in that application gave a full analysis of the pharmacy on Maryhill Road and said it was running at full capacity. The Application stated that Woodside Health Centre Pharmacy was purely a dispensing pharmacy and if someone wanted to get additional advice they would need to go to other pharmacies.

In response to a follow up question from Mrs Anderton, the Applicant advised that in his opinion the situation hadn't changed since 2010. Mrs Anderton asked if this assertion was based on visits to the area. The Applicant advised that he had been preparing his application for nearly 18 months and had been monitoring the situation in the area. There had been no changes.

In response to further questioning from Mrs Anderton regarding the seminars to be held in the proposed pharmacy, the Applicant confirmed that he had access to a group of people who would be happy to conduct the seminars free from charge. He advised that in his experience most professionals wanted to enhance their own development and professionalism.

Mrs Anderton asked the Applicant if it was his position that every language would be available within the proposed premises at all times. The Applicant advised that all of the core languages would be available during the opening hours of the pharmacy. Punjabi, Urdu, Hindi, Chinese, Mandarin and Cantonese, Polish, Arabic. These languages would be provided by the five or six staff employed by the pharmacy.

In response to a clarifying question from Mrs Anderton regarding one of the Applicant's statements, the Applicant confirmed that he had meant to say there were no bilingual pharmacies for the Chinese population and not pharmacists.

In response to final questioning from Mrs Anderton regarding the financial position of other pharmacies, the Applicant advised that it was well known that Boots UK Ltd had doubled in value. While he could not provide a written statement to this effect he was aware of the position from people close to Boots. He confirmed that the proposed pharmacy would have low overheads as Vitalis Healthcare Ltd had made a cash purchase of the premises.

In response to questioning from **Mr Daniels** regarding the Board's translation service, the Applicant clarified that he did not feel that the service was not good. He felt the Board's service was good, however the Board's own Equality & Diversity Team had said that pharmacy was different because it was a drop in service. Patients tended not to make appointments and as a result the Translation Service was not quite suited to pharmacy

and not taken up by pharmacies.

In response to further questioning from Mr Daniels regarding his comments around the action being taken against Boots, the Applicant advised that the dispute was public knowledge.

In response to questioning from Mr Daniels regarding the relevance of Mr Harrigan's letter of support as he lived in Glenmavis, the Applicant advised that Mr Harrigan knew the area well. He had retired from the police services between three and four years ago.

In response to questioning from **Mr Fergusson** regarding the financial aspects of providing extended hours on a sustained basis, the Applicant advised that he couldn't guarantee that the proposed hours of service could be sustained, but he was confident that the location of the proposed pharmacy made him think it could be sustainable.

Mr Fergusson asked the Applicant how his understanding of how pharmacists were paid at the moment and the government's plans for the future would affect his statement that multiple chains were only focused on dispensing volume. The Applicant confirmed that he understood that most of the money would shift from cost of medicines to service based provision, however he believed that the big companies that have always been script driven would continue to be so for some time.

Mr Fergusson asked the Applicant if he knew what percentage of drugs coming to community pharmacy was direct to pharmacy. The Applicant didn't have the figure but still considered Boots to have a conflict of interest as they handled the drugs.

In response to questioning from Mr Fergusson regarding Sauchiehall street, the Applicant confirmed that it was his belief that coming 50 to 80 yards away from Sauchiehall Street would dilute the danger that existed around Sauchiehall Street.

In response to further questioning from Mr Fergusson regarding the website and textbooks the Applicant mentioned during his presentation that he would use to provide advice to patients on homoeopathic remedies, the Applicant was not able to recall the name of the text book but knew he had used it in the past..

In response to questions from Mr Fergusson regarding CMS, the Applicant confirmed that he had not undertaken a CMS review while providing locum services in a Boots branch. When challenged by Mr Fergusson that as a pharmacist, it was his professional responsibility to engage with the service, the Applicant advised that when you work for Boots you do what you're told.

In response to final questioning from Mr Fergusson regarding the managed repeat service and the effect stopping the service would have on GP practices, the Applicant advised that such services were not going to stop. His concern was in the way the services were managed, both by independents and multiple chains.

In response to questioning from **the Chair** regarding the report from the SPSO on complaints and how the PPC could in the absence of any complaints, measure the concerns of the BME communities. The Applicant advised that many academic papers

had concluded that language and culture were barriers to access of services. If this was not the case then people would access services. He pointed to CHLC, when this was up and running the services provided were accessed.

In response to further questioning from the Chair as to whether it would better to encourage existing pharmacies to better manage this situation, the Applicant responded that he could develop a multi lingual team which would address these issues.

In response to final questioning from the Chair as to why he didn't draw his southern boundary at Sauchiehall Street, the Applicant advised that this was based on previous applications and he saw no point in moving it.

The Interested Parties' Case – (Mr Dave Greer – Boots UK Ltd)

Mr Greer advised that Boots UK Ltd accepted the Applicant's definition of the neighbourhood in questions, as principally a residential area to the North of Glasgow City Centre, bordered by the M8 motorway to the North and East and areas of a more commercial nature to the South and West.

He advised that the neighbourhood was comprised of three datazones in the Scottish neighbourhood Statistics, principally two in the North West of the City around Garnethill and one to the North East of the City based around Cowcaddens/Dundasvale. Garnethill was comparatively affluent with a lower aged population of better health than that of the Cowcaddens area. The population of the entire neighbourhood was comparatively stable at around 2,400 people as of midyear estimates for 2011.

Notably the area in questions was in the top 10% least deprived areas of Scotland for access to service provision.

There were three pharmacies currently within the defined neighbourhood at Charing Cross, Sauchiehall Street and the Buchanan Galleries Centre with a further one within one hundred yards of the defined boundary and several others within walking distance including one which was open 7.00am until midnight six days a week and 9.00am – 6.00pm on Sundays.

All three branches were providing CMS to their patients to a level consistent with that suggested by Community Pharmacy Scotland.

In a recent audit conducted on behalf of NHS GG&C Boots listed multilingual pharmacists who regularly worked in the Glasgow area. The languages covered by these freely available staff included: Spanish, Italian, Portuguese, Urdu, Punjabi, Farsi, Cantonese, Russian and Czech. Whilst the company couldn't guarantee these pharmacists would be at one of the neighbourhood pharmacies on any given day they were always contactable by telephone by the pharmacist who was present. Because Boots was a large multiple covering the whole of the UK and employing many nationalities the company had access to that network as well. In common with all other healthcare professionals in the Board's area they could also access the in house translator/interpreter services.

The three branches supported the health of both the resident and transient populations of

the neighbourhood. All three branches took part in all services with the Charing Cross branch participating in the needle exchange scheme; Sauchiehall Street was a member of the Palliative Care Network and also housed one of Boots Care Home Hub Units.

In Mr Greer's view the application offered no pharmacy service provision beyond that which was currently available. Neither did it offer any improved access to those services.

The application appeared to be solely based around the linguistic ability of the Applicant, which while commendable is not unique.

IN Mr Greer's opinion, the Applicant had failed to demonstrate any meaningful inadequacy in pharmaceutical service provision in the neighbourhood. If anything this neighbourhood had amongst the best pharmacy provision available to it within GG&C, therefore it must fail.

The Applicant Questions Mr Greer

In response to questioning from the Applicant on how often the Boots branch at Sauchiehall Street had used the Board's interpretation services, Mr Greer advised that he was not aware and didn't have any figures on this issue.

In response to the Applicant's question whether pharmacy should take linguistics, Mr Greer confirmed that pharmacy should take linguistics into consideration but not every pharmacy would have someone in it who can speak the language of every one of its patients.

The Applicant asked Mr Greer how he could provide a multilingual service outwith the granting of a pharmacy contract. Mr Greer advised that if the Applicant's sole interest was in providing pharmacy service in multiple languages, he could offer his services to NHS GG&C for their interpretation service. He conceded however that the service the Applicant was proposing couldn't be realized without the granting of an additional contract.

In response to final questioning from the Applicant, Mr Greer agreed that language and culture could be barriers to access.

There were no questions to Mr Greer from Mr Houlihan

The PPC Question Mr Greer

Mr Fergusson asked Mr Greer how CMS was going at the Boots branch at 200 Sauchiehall Street. He confirmed the service was going well and was focused on patient care and not just on the number of registrations. The pharmacy contract was changing the way community pharmacy delivered services. Pharmacists would require to change their behaviours for example to record conversations. It needed a step change.

In response to questioning from **Mrs Anderton**, Mr Greer advised that in his view the population was split between transient and residential, with the transient population being the greater. He understood the resident population's desire for continuity and seeing the same pharmacist. This was however a challenge for multiple chains. Boots strived to

provide this continuity. Of three stores in the neighbourhood, the Lead Pharmacist in Sauchiehall Street has been at the branch for 4 years. Others had been there 1-2 years.

In response to questioning from **the Chair** regarding the managed repeat medication service, Mr Greer advised that Boots had a Standard Operating Procedure in place which required them to ask the patient what medication they needed and for this to be followed up and confirmed with the patient at the point the medication was picked up.

Mr Wallace asked Mr Greer if he had a feel for the percentage of transient/residents in the stores. Mr Greer advised that city centre stores followed similar patterns; Monday – Friday there were three peaks, morning/lunchtimes/evening; at weekends the stores were mainly used by shoppers. In terms of the resident population, Mr Greer advised that there was not a significant number at around 2,400 people according to statistics. He would guess that 20% of the custom across the three Boots branches could be attributed to this population.

Mr MacIntyre asked Mr Greer if the 3 datazones that he had taken his population statistics from fell nicely into the neighbourhood, or was there an overlap. Mr Greer advised that there was an overlap in Cowcaddens making the population statistics slightly inflated. He attributed the diversity in the two sets of population figures to statistics.

In response to questioning from Mr MacIntyre as to how Boots handled language barriers as a company, Mr Greer advised that language was a challenge for pharmacy like everything and as a company Boots had to face that challenge. Locally there might be issues and the response would be either to use the Board's interpretation services or utilize other pharmacists within the Boots network. He hadn't picked up anything relating to language barriers that would suggest it was a significant problem. He advised that even if there was a significant issue there were ways to cope with this. One of the Sauchiehall Street stores previously had a pre-reg trainee who spoke Mandarin/Cantonese. This pharmacist remained employed with Boots as a relief and as such could be called upon if needed.

There were no questions to Mr Greer from Mr Daniels.

The Interested Parties' Case – (Mr Denis Houlihan – Houlihan Pharmacy Ltd)

Mr Houlihan advised the PPC that he accepted the neighbourhood as defined by a previous PPC and confirmed by the National Appeals Panel.

He advised that there were three pharmacies within this neighbourhood providing an adequate pharmaceutical service to the population. There were other pharmacies adjacent to the neighbourhood that contributed to the provision of services and others like Houlihan Pharmacy on the periphery.

As a group, Mr Houlihan considered Houlihan Pharmacy to be a multilingual, multicultural company that had a number of employees who were fluent in many of the languages mentioned in the application and who could be called upon when the situation demanded them. Languages included Urdu, Punjabi, Arabic, Mandarin, Cantonese and Hakka.

One of the pharmacists, Michael Ling who worked at Saracen Street and Milton was one

such example. The company had seen a greater demand for his translation skills since the opening of the See Woo restaurant supermarket and wholesale depot.

The company provided pharmaceutical services to a large number of elderly Chinese people through their work with the Wing Ong Elderly Centre based in Hill Street and the Wah Lok Jung Sam at Burnbank Gardens. They ran a monthly blood pressure clinic and offered diabetes screening, information and advice for all attendees. Michael and another colleague Kim Tang were available to answer any queries during the working week and the company was already planning to expand their support within this community.

Mr Houlihan thought this application raised an important point, one which, as a company Houlihan Pharmacy was trying to address and one which, Mr Houlihan was sure, other pharmacies in the network were also doing in their own ways. He did not believe that the answer was the granting of a new contract in the neighbourhood which was already well serviced, but by supporting the existing framework through extra funding for services.

Mr Houlihan believed the application should be rejected.

The Applicant Questions Mr Houlihan

The Applicant asked if Mr Houlihan recognised language and cultural barriers present in pharmacies. Mr Houlihan responded that it was of great assistance when you've got someone in the pharmacy that was fluent in a native language. He felt it contributed to the service that could be provided. He did not agree that lack of uptake of some services like MAS, CMS could be attributed solely to language barriers. He did believe that more needed to be done to raise awareness of services, but this should be done via the existing network. He agreed the application had raised an important point but felt there were ways in which the existing network could make a bigger contribution.

In response to final questioning from the Applicant, Mr Houlihan confirmed that he had seen the letter of support from CCDP. He was aware they represented the Chinese community in Scotland. He could not say why they had given a letter of support. When Mr Houlihan had spoken to them they had said they couldn't endorse any one pharmacy. While he didn't necessarily believe the letter was an endorsement of the proposed pharmacy, it was an acknowledgement that the community needed help and in his opinion that should be through the existing network.

There were no questions to Mr Houlihan from Mr Greer.

The PPC Question Mr Houlihan

In response to questioning from **Mr Wallace** regarding the M* motorway and how much of a barrier it was to people getting to pharmacies to the north of the motorway, Mr Houlihan advised that he didn't know.

Mrs Anderton asked Mr Houlihan if it was his assertion that there was an area of unmet need. He advised that there was, but that his company along with the others in the network was addressing this and as such it was not necessary or desirable to grant a license.

In response to final questioning from Mrs Anderton, Mr Houlihan advised that he had not taken into consideration the level of resident population within the neighbourhood. He had merely looked at the adequacy of service.

In response to questioning from **Mr Daniels**, Mr Houlihan advised that he didn't think anyone from the defined neighbourhood would walk to his pharmacy on Saracen Street. Any service provided to this neighbourhood from his pharmacy would be by way of delivery services.

There were no questions to Mr Houlihan from Mr MacIntyre, Mr Fergusson or the Chair.

Summing Up

Mr Houlihan advised that there were adequate services in the neighbourhood. The Applicant had raised an important point, but Mr Houlihan felt this could be addressed through the existing network.

Mr Greer advised that he believed pharmaceutical services were adequate in the neighbourhood. The area had high pharmacy provision. All agreed there were challenges in terms of the multilingual situation not just in the neighbourhood. This situation needed addressing. It shouldn't be addressed through the granting of the application, but via the existing network.

The Applicant advised that he had started this journey 18 months ago. He had presented a proposal today; a proposal that had been described by others as "*amazing*", as "*innovative*", as "*groundbreaking*", but most appropriately as "*necessary*"; a proposal he hoped would go down in history as changing the lives of a community and perhaps even a city.

The opening of Buchanan Galleries had resulted in the net addition of one pharmacy contract in the area. The current developments and confirmed future developments far outstripped this level of growth. Actual growth, not hypothetical; a level of growth that was unprecedented. Now then, unless there was one rule for Boots and a different rule for the rest, he couldn't see any logical reason why this growth alone wouldn't justify the granting of a new contract.

He advised that it was clear that the existing pharmacies were not above to cope with the requirements of the multi-ethnic population. Mr Houlihan had put staff in place, but they were not located in the area.

Using identical datazones that show a population in 2006 as just over 4,500 persons.

The NHS income for the three existing pharmacies, none of the three Boots pharmacies would be viable businesses without the transient population that they serviced and in the case of 200 Sauchiehall Street without the Nursing Home Hub. They wouldn't be able to justify the rent and rates. Their income is in actual fact derived from the transient population. It was for this reason that the community did not regard them as community

pharmacies but as high street pharmacies and many residents preferred not to use them though admittedly most had little choice but to do so.

IN relation to the adjacent neighbourhood pharmacy services, Mr Ali didn't consider it safe to have to walk through motorway underpasses. He asked if mothers with children had to use a bus? And asked if anybody had ever tried to mount a bus with a pram and a couple of kids in tow?

The development of the M8 motorway had cut off the areas of Garnethill and Cowcaddens from the adjacent residential areas.

Mr Tait had confirmed that if there were indeed barriers in a pharmacy setting where a patient could not access a pharmaceutical service because of the barrier then this would be the equivalent of an inadequacy in the provision of that service.

Mr Ali advised that he had touched on many aspects of why such a service was needed in the area. Growth in the city; hotels, offices, students, institutions, residents, issues of safety and issues of accessibility, issues of the safe use of medicines and issues of equality. He had also presented absolute and unquestionable evidence, independent evidence that supported this case. Collectively, all of this material pointed to only one thing; a serious inadequacy in the provision of pharmaceutical services in the area.

Mr Ali asserted that the evidence could be ignored, hard evidence, the data, the statistics, the letters of support, the research papers, the views and comments of the public and their representatives. They could be torn up and thrown away, or the arguments could be heard. The people whose lives this application could be heard. The community which had spoken could be heard.

Mr Ali advised that he was standing here today, as an advocate for the community and as a voice for its people; he was asking the PPC to choose between two paths. One was the status quo. A City Centre Health & Beauty Retailer very much geared towards Glasgow shippers; a retailer which would be completely unaffected by the opening of a new pharmacy as its own business stressed under the rapid growth in the transient population. The alternative path was the opening of a new community pharmacy which would be for all of the residents of Garnethill and Cowcaddens.

A community pharmacy which since the opening of the M8 motorway this community had been completely deprived of access to;

A community pharmacy located at the heart of the community and one which could be accessed with ease and in safety at any time of the day;

A community pharmacy that would provide a personal and tailored service. Such a service that, in this day and age, rather sadly, is no longer available from the large multiples anymore;

A community pharmacy whose very foundations would be built on the new pharmacy contract; built from the ground up on the new contract, not adapted, with no conflicts of interest.

Mr Ali advised that this would be a community pharmacy where equality mattered; equality for all.

He advised that this was the path of hope and of opportunity; of hope and opportunity for this community.

He advised that he had put his trust and confidence in the PPC. He asked them to think about this: if they had ever thought that you could make a difference and do justice to a community; if you ever thought that you could right a wrong, then there would not be a more deserving cause than this one.

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

Mr Ross Finnie left the hearing at this stage.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy – various addresses;
 - Houlihan Pharmacy Group – 128 Saracen Street, Glasgow G22.5;
 - Reach Pharmacy – 1094 Argyle Street, Glasgow G3.8; and
 - LG Pharmacy – 476 St Vincent Street, Glasgow G3.8

All had recorded their objections to the application.

The Committee noted that:

- High Street Pharmacy – 128 High Street, Glasgow G1.1;
- Abbey Chemists – 144 Trongate, Glasgow G1.5;
- Woodside Health Centre Pharmacy – 20 Barr Street, Glasgow G20.7; and
- Park Road Pharmacy – 405 Great Western Road, Glasgow G4.9

Was consulted as part of the statutory process, but had not taken the opportunity to

respond within the consultation time period.

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

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

- d) - Glasgow City CHP – North West Sector Public Involvement Group – had no objections to the Applicant’s proposals;
- e) The following community councils:
 - Anderson – no response was received;
 - Garnethill – no response was received;
 - Woodlands & Park – no response was received; and
 - Woodside – no response was received.
- f) The following elected representatives;
 - Baillie Dr Nina Baker – Scottish Green Party – no response was received;
 - Councillor Phillip Braat – Scottish Labour Party – no response was received;
 - Councillor Martin Docherty – Scottish National Party – no response was received;
 - Ms Sandra White MSP – Scottish National Party;
 - Mr Anas Sarwar MP – Glasgow Central – 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) Demographic information regarding post code sectors G1.2, G2.3 and G3.6
- j) Information from Glasgow City Council's Department of Roads & Transportation advising that there were no known major road developments and Development & Regeneration Services advising of the known developments within a one mile radius of the proposed premises.;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant’s proposed premises;
- m) Information regarding the number of prescription items and Minor Ailment Service

activity undertaken by pharmacies within the consultation zone;

- n) Applications considered previously by the PPC for premises within the vicinity; and
- o) The Pharmaceutical Care Services Plan.

DECISION

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

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

North: M8 motorway;
East: Dobbies Loan and North Hanover Street;
South: Bath Street; and
West: M8 motorway.

The M8 motorway was a physical barrier; however it could be crossed at several points. More significantly it marked delineation between the proposed neighbourhood and adjacent neighbourhoods. The eastern boundary separated the neighbourhood from the area commonly known as Townhead which was a distinct neighbourhood in its own right. The southern boundary of Bath Street marked a line separating retail and residential accommodation to the north and office accommodation to the south. The area within these boundaries contained the majority of amenities you would expect to find within a neighbourhood. The city centre setting meant there was a higher than average number of retail opportunities, restaurants, offices, educational establishments, public transport and many other resources. The PPC felt they would be hard pushed to think of a service/facility that was not included in the neighbourhood. There was also a relatively small resident population in Garnethill, around Buccleuch Street and further north in Cowcaddens. This residential population had easy access to all the facilities contained in the neighbourhood being able to move freely through the area.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

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

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

In addition there were five further pharmacies situated within the general city centre

location. All pharmacies met the needs of the different elements of the neighbourhood including the transient population and the resident population.

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

The PPC considered the specific basis of the Applicant's case i.e. that the BME communities within the neighbourhood experienced difficulties in accessing services due to the language and multicultural barriers. The PPC were aware of the issues relating to the access to services for ethnic minorities and were conscious that this was a wider issue than community pharmacy. They did not consider that access would necessarily be best served by the granting of an additional contract. They were aware that the Board's interpretation service was available for all independent contractors to make use of. They also considered the measures taken by members of the existing network to engage more fully with the communities which they served.

The Committee noted the various letters of support submitted by the Applicant and noted that the majority of the comments made by the authors related to access to services in general terms and not specifically pharmaceutical services. The Applicant had chosen to attribute the comments to pharmacy services to give weight to his case.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Alasdair MacIntyre, Colin Fergusson and James Wallace left the room during the decision process:

DECIDED/-

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

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

The Chemist Contractor Members of the Committee, Alasdair MacIntyre, Colin Fergusson and James Wallace, rejoined the meeting at this stage.

**Contractor
Services
Supervisor**

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2012/16 noted the contents

which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Arvind Salwan & Neeraj Salwan – 65 Hillhead Street/Southpark Avenue, Glasgow G12.8

12. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

13. DATE OF NEXT MEETING

The next meeting of the Committee takes place on 23rd October 2012.

The meeting ended at 3.40pm