

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (XX)
 Minutes of the Meeting held on
 Wednesday 1 October 2014
 Local Medical Committee (LMC) Offices, 40 New City Road
 Glasgow G4 9JT

PRESENT:	Mr Peter Daniels	Chair
	Mr Stewart Daniels	Lay Member
	Mrs Margaret Dakers Thomson	Lay Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
	Mr James Wallace	Non-Contractor Pharmacist Member
IN ATTENDANCE:	Mrs Fiona Kennedy	Secretariat, SHSC NSS
	Ms Ellen Meland	Observer, Community Pharmacy Sub-Committee
	Mr Michael Stewart	Legal Advisor, CLO

Prior to the consideration of business, the Applicant had requested permission to table a press release from Glasgow City Council released on 25 September 2014 entitled "Council approves strategy for the regeneration of Sighthill".

ACTION

The Chair noted that the Applicant had submitted his application to the Health Board in June and therefore did not have another opportunity to submit this supporting documentation until the hearing.

The Chair asked for members' approval to allow the paper to be tabled. All members agreed to allow the paper to be tabled. The paper was photocopied and distributed to the members and Interested Parties and given sufficient time to read the document prior to the commencement of the hearing.

1. Apologies

No apologies had been received.

The Applicant and Interested Parties were invited into the meeting.

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

The Chair advised that he had received a request for an observer to attend the meeting, Ellen Meland, a new member of the Area Pharmaceutical, Community Pharmacy Sub-Committee and asked if anyone had objections to Ms Meland observing the proceedings. No objections were received. Mrs Kennedy invited Ms Meland into the meeting at 12.30pm. The Chair welcomed Ms Meland and opened the meeting.

2. **Section 1 – Applications Under Regulation 5 (10)**
APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST
Case No: PPC/INCL03/2014

Andrew McMurdo and Lisa Fergusson, KATS (Kids and Adults Together in Sighthill)
Building, 1 Fountainwell Square, Glasgow, G21 1RB

The Chair asked members to indicate if they had an interest in the application to be discussed or if they were associated with a person who had a personal interest in the application to be considered by the Committee. No member declared an interest in the application to be considered.

The Committee was asked to consider an application submitted by Andrew McMurdo and Lisa Fergusson to provide general pharmaceutical services from premises situated at the KATS Building, 1 Fountainwell Square, Glasgow, G21 1RB, under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

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

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

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

The Applicant, Mr Andrew McMurdo appeared in person accompanied by Ms Lisa Fergusson. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Sanjay Majhu representing Apple Pharmacy, Ms Laura McElroy representing Rowlands Pharmacy accompanied by Mr Michael Church.

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

Prior to the hearing, the PPC had collectively visited the Applicant's proposed premises and the vicinity surrounding those premises, the existing pharmacies and GP surgeries and facilities in the immediate area and surrounding areas of the proposed premises in Sighthill.

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

The Chair advised that while this was a formal hearing in terms of the requirement of the Regulations, the Committee would like to keep as informal atmosphere as possible.

The Chair then invited **the Applicant** to present his case.

The Applicant's Case

The Applicant read from a pre-prepared statement making adjustments as he thought necessary.

The Applicant firstly thanked the PPC for allowing him to present his application for consideration.

My name is Andrew McMurdo, I am a community pharmacist qualified for three years, this is my partner Lisa, who is an accident and emergency nurse, so we both have a healthcare background and a will to provide pharmaceutical and healthcare services to this deprived neighbourhood.

Neighbourhood

The proposed premises are based in the area of Sighthill, which lies approximately 1 mile north of Glasgow city centre, separated by the M8 motorway. The boundaries of the neighbourhood I have defined are as follows:

East: Springburn Road

South: M8 motorway

West: Railway line

North: Keppochill Road

The neighbourhood of Sighthill has clear boundaries and anyone living within these boundaries would consider themselves as living in Sighthill.

Our premises are located in the heart of Sighthill on Fountainwell Square. The shop will be within what is called the KATS building- standing for Kids and Adults together in Sighthill. Within this building the KATS project also run a cafe, a nursery, after school child care and evening classes for the community.

As of December this year, the building will also house a Convenience store, and there's a Post Office set to open within this convenience store in March next year. The KATS project has been given funding for this from the Glasgow City Council.

The building is being transformed in order to remove the necessity of residents to leave the area and will make Sighthill more self sufficient, offering essentials that residents cannot easily access after losing all facilities during the demolition of the area. It has been deemed necessary to have these facilities within the area because there are a high number of residents in the Sighthill neighbourhood that are elderly and immobile. This is proven by looking at Scottish National Statistics, which shows that Sighthill has statistically significantly worse health than the Glasgow average on almost every available metric.

Within the neighbourhood there is a primary school, a special needs school, nursery, a Church of Scotland, as well as a police station and other businesses that have a working population that need access to pharmaceutical services throughout the working day. The immediate population of Sighthill is estimated as being 1000 at present. However, this figure is going to rapidly increase in the near future as a result of the massive regeneration project that's taking place in the area.

Future Development

The area of Sighthill is the largest of eight transformation regeneration areas within Glasgow, with £250 million of funding being set aside for the Sighthill area alone.

This regeneration started in January 2014 when building work commenced on the new GHA development, which includes 141 units of social rented housing comprising of one to five bedroom flats and houses, 11 of which having wheelchair access, this project alone is worth £14 million. Plans have also recently been passed in order to combine the schools and nursery into one large educational campus. This campus is also set to include sports and community facilities which will attract families into the area.

The approved masterplan for the area also includes building 650 new houses and flats which have been described as 'affordable housing'. Plans have also been approved to build student accommodation in the area with a capacity of 500 residents. The council are currently in talks just now with some of the Universities in Glasgow, as it is planned that this student campus will be focused around foreign students who are studying in Glasgow with their families and so will not be your typical student population. To further accommodate this student population plans have been passed for a new pedestrian land bridge that will connect Sighthill with the City Centre.

Proposed Pharmaceutical Services

If the application is granted the four core elements of the pharmaceutical contract will be provided which includes: eMAS, CMS, AMS, and the public health services, which include smoking cessation and emergency hormonal contraception. We would also look to offer any locally negotiated services by the Greater Glasgow and Clyde health board such as substitution therapy, healthy start vitamins and Locally Enhanced Services. As well as these services we would hope to run both pain and travel clinics.

The opening hours of the pharmacy would be from 9am until 5.30pm Monday to Friday and 9am until 1pm on Saturday. The layout of the shop provides discreet advice areas as well as a consultation room and will be fully DDA compliant.

Current Pharmaceutical Provision

At present there are currently no pharmaceutical or healthcare services of any description within Sighthill, there are no GPs and there is no pharmacy.

There are however pharmacies out with the area of Sighthill which provide a good level of service within their neighbourhoods and given the nature of the deprived area all pharmacies are busy and very viable.

The closest pharmacy is 0.6 miles away on Petershill Road. Using google maps it is estimated to take about 13 minutes to walk there, with the journey being uphill. However, this journey time would be significantly increased when considering the elderly, people with mobility issues and parents with small children - all of which Sighthill has an abundance of. Therefore, it can be estimated that when considering these patient groups walking times could easily be doubled, resulting in a round trip taking between 45 minutes and an hour to complete - this doesn't factor in waiting times at the pharmacy.

Travelling by foot is not always an option for this population, with the area having an above average proportion of residents with long term health conditions. 26% of whom felt that they were limited a little or a lot by their medical condition. Therefore for many residents walking for 30 minutes to an hour isn't possible. Even for residents that are able to walk travelling to Petershill is undesirable as it involves crossing Springburn road, which is a very busy dual carriage way with four lanes of traffic.

Because of the nature of the deprived area travelling by car is not an option for many residents of Sighthill, with less than half of households having access to a car, which is way below the Glasgow average. For this reason the vast majority of Sighthill residents who wish to access pharmaceutical services would have to do so by bus or by foot.

There is a bus service (57) available on the boundary of Sighthill from Springburn Road which goes to Petershill Road.

There are pharmacies to the north west of Sighthill on Saracen Street, where a round trip by foot takes over 45 minutes to complete. Again, this figure can be doubled for the elderly and people with mobility problems which make walking to these pharmacies unmanageable.

There is bus service (89/90) which goes from Springburn Road to Saracen Street. The service only runs twice an hour and takes over 45 minutes for a round trip. It also involves walking for 1.2 miles to and from bus stops at either end.

To the south there is Townhead pharmacy which is undesirable to walk to as it involves crossing both Springburn Road and the M8 motorway. There is a bus service from

Sighthill to Alexandra Parade but Springburn road has to be crossed in order reach the bus stop.

There are also pharmacies located on Springburn Way approximately 1 mile north of Sighthill. By foot, reaching this pharmacy involves crossing Springburn Road with a travel time of around 20 minutes, and there is a bus service (10) running from Fountainwell Square to Atlas Street in Springburn.

Inadequacy

I am now going to go onto talk about the adequacy of the pharmaceutical services to the area of Sighthill. As stated previously there are no pharmaceutical services within the defined neighbourhood of Sighthill.

On the case of adequacy I would like to make reference to the following issues;

- 1. Deprivation** - It is commonly suggested that deprivation is one of the most important factors to consider when determining the healthcare need of a population. Data from the Scottish National Statistics taken from the 2011 census confirms that the current residents of Sighthill are major pharmaceutical service users. It states that over 34% of the population is income deprived, which is over double the national average. It also states that unemployment within the working age population is 23% which is just shy of being double the national average. Therefore, there is no question that Sighthill is a deprived area. As I've stated previously, where there is high deprivation, there will be an increased need for both health and pharmaceutical services. This is confirmed by the fact that 33% of residents in the area have one or more long term health conditions and 10.3% of the working age population are on longterm sick.
- 2.** There was previously (until very recently) a viable pharmacy run by Lloyds within Sighthill. Unfortunately during the regeneration of the area the premises were demolished and after two contract extensions new premises could not be secured. This resulted in the closure of the pharmacy leaving an unmet pharmaceutical need. Whilst this was going on Lloyds transferred patients on long term medication and MDS trays to their Bridgeton branch and continued to provide a remote dispensing and delivery service from the premises roughly two and a half miles away. While this was only meant to be a temporary measure until securing new premises, this became a permanent service with the lapse of the contract in Sighthill. I don't feel this service constitutes adequate pharmaceutical provision, and certainly doesn't substitute the previous pharmacy service.

These patients have no way of interacting with a pharmacist other than over the phone and no way of a face to face consultation with regards to medical queries or minor ailments for example. These patients will all have long term medical conditions and therefore would all be candidates for CMS – which ideally cannot be carried out effectively from a remote location. They would also be unable to access locally enhanced services such as having their asthma reviewed, as this requires a face to face consultation to review concordance and inhaler technique. Therefore, providing a pharmaceutical service remotely from a pharmacy in Bridgeton does not constitute an

adequate pharmaceutical service.

3. On engaging with the local community through attending community council meetings we have been met with an overwhelming support to reinstate local pharmacy services. As is commonly seen within a deprived neighbourhood this group of patients don't readily know how and where to articulate their frustration with regards to inadequate services. Many of the residents are elderly, foreign nationals or families with young children, with each group having very different needs but all view the services of a pharmacy as essential. Some of this patient group use NHS 24 and Accident and Emergency unnecessarily with issues that could be dealt with by a local pharmacy.

Conclusion

To summarise, the existing pharmaceutical services available within Sighthill are wholly inadequate because of a combination of issues including high deprivation, low levels of mobility, and pharmaceutical services being provided remotely. These factors combined with the massive regeneration of the area constitute inadequate pharmaceutical service. The granting of this application would be cost neutral to the NHS as it would only dilute the global sum for pharmacy without affecting the viability of other local contractors.

We thank you for your time, welcome any questions and respectfully request that the committee grant the application.

The Interested Parties Questioned the Applicant

In response to questioning from **Ms McElroy** (Rowlands), **the Applicant** stated that the opening times of 9am to 5.30pm Monday to Friday and 9am to 1pm on a Saturday were in line with the model opening times from the Health Board. On further questioning with regards to people coming home late from work and not being able to access the pharmacy after 5.30pm, **the Applicant** replied that the area was highly deprived and as such a lot of people did not work therefore he expected the pharmacy to be needed more during the opening hours proposed.

Ms McElroy asked **the Applicant** to explain why he had defined the neighbourhood as he did. He replied that the boundaries were distinct physical barriers; East of Springburn Road had massive four lane traffic, the M8 to the South was an extremely busy motorway, to the West was the Railway line; all physical boundaries. Keppochhill Road to the North was a natural boundary as it clearly delineated the edge of the community.

When challenged by **Ms McElroy** that residents of the neighbourhood would not use Tesco or Lidl across Springburn Road **the Applicant** agreed that they probably would but he was highlighting that it was a big ask for the elderly and people with young families to cross that busy road. In addition he stated that the area where Tesco and Lidl were located would not be considered as Sighthill.

Ms McElroy stated that much of **the Applicant's** presentation focussed on the regeneration of the area which had yet to occur and asked if the services, as they were now, adequate for

the neighbourhood and for the foreseeable future. **The Applicant** replied that providing a remote pharmacy service from Bridgeton was completely inadequate. The neighbourhood was highly deprived as such it required access to local pharmaceutical services and should the application not be granted it definitely would not be adequate after the completion of the regeneration.

Ms McElroy referred to **the Applicant's** mention of a Post Office, a key service, being located within the KATS Building and asked if **the Applicant** knew if this Post Office would provide the full range of services expected. **The Applicant** replied that as far as he was aware this would be a sub Post Office and as such would provide the standard post office services expected of a community.

Ms McElroy then referred to the increase in the student accommodation as part of the regeneration project and suggested that this was a very transient population and therefore asked would this have a large requirement for pharmaceutical services. **The Applicant** replied that it would not be the typical student population as it was focussed on overseas students coming to study in Glasgow who would bring their families to live in the area therefore there would be a need for pharmaceutical services.

Ms McElroy concluded her questioning by asking if **the Applicant** had walked to the closest pharmacy on Petershill Road as he had estimated it took about 13 minutes for the 0.6 mile journey from the proposed premises which she suggested was a bit of an exaggeration. **The Applicant** replied that he had not walked this recently but had taken the figure from Google and reiterated that it was uphill and to him appeared to be a big ask of the elderly and people with mobility issues and parents with small children.

Mr Majhu asked how many letters the Applicant received for the proposed pharmacy. **The Applicant** confirmed none. On further questioning about lack of support **the Applicant** replied that people from such a deprived area as Sighthill were not a group of people that would typically express concern or put pen to paper in support.

Mr Majhu stated that **the Applicant** had to prove an inadequacy of current services and if he could not provide evidence from letters asked **the Applicant** if he was asking the Committee to make a judgement on the future of the area. He also referred to the legal test reiterating that it was **the Applicant's** job to prove inadequacy of services and stated that he believed that **the Applicant** had not provided sufficient evidence; the neighbourhood in question was very small and there had been no letters of support received or any complaints against current services. In addition a pharmacy for such a small population could not be viable. **The Applicant** replied that he had attended a community meeting and had massive support.

Mr Majhu asked if the defined neighbourhood had a secondary school. **The Applicant** confirmed that it did not. **Mr Majhu** suggested that having a secondary school was important in defining a neighbourhood and therefore proposed that it could not be a neighbourhood, as defined, because it did not have a secondary school. **The Applicant** replied that it did not need to have a secondary school as it had a primary school; a special needs school and a nursery.

Mr Majhu noted that the population, in the defined neighbourhood was 1000 and asked if **the Applicant** had any evidence to support that a pharmacy for 1000 people was viable, such as a profit and loss account, business plan etc. **The Applicant** replied that he did not have a direct business plan and had not submitted any evidence displaying that type of information but he would not take a salary until it was established. He went on to state that this population was one of the most deprived areas in Glasgow and as such major pharmaceutical service users and argued that these people would access a pharmacy more than 1000 people living in a more affluent area.

Mr Majhu referred to the mobility issues of some of the population in the neighbourhood and asked the **Applicant** if he knew how many pharmacies were within a 1.2 mile radius of the proposed premises. **The Applicant** replied that he did not know the exact number but suggested about eight. **Mr Mahju** stated that figures from Google Earth stated there were six and asked if **the Applicant** agreed. **The Applicant** replied that he would not disagree with the figure but also highlighted that Townhead Pharmacy and the ones on Saracen Street were very busy.

Mr Mahju concluded his questioning by again asking if **the Applicant** believed that with a population of 1000 that this would be a viable pharmacy particularly as the previous pharmacy has closed down. **The Applicant** replied that the previous pharmacy closed because they had lost the premises not because it was not viable but **Mr Mahju** replied that there had been no fight to keep it open either and reiterated that **the Applicant** had to show an inadequacy of service and with a population of 1000 inadequacy was debateable considering the number of pharmacies servicing the surrounding areas.

The PPC Questioned the Applicant

Mr Wallace noted that in **the Applicant's** presentation he had referred to some patients unnecessarily accessing services through NHS 24 and Accident and Emergency and asked if **the Applicant** had any substantial evidence on this. **The Applicant** replied that he only had oral evidence from the community council meeting that patients would access services from the Royal Infirmary as this was the closest hospital particularly when Townhead Pharmacy was not open on a Saturday.

On further questioning **the Applicant** confirmed that if the application was granted the pharmacy would be open as soon as possible and certainly within the six month timeframe.

Mrs Dakers Thomson noted that **the Applicant** had mentioned that there were mobility issues for a number of people within the population and asked if there was any provision for older people within the area such as residential housing. **The Applicant** was not aware of any specific housing but there were day facilities. On further questioning he confirmed that at present he did not provide services to residential homes for the elderly outwith the neighbourhood but should the application be granted he would provide specific services such as dossette boxes. He also confirmed that, if granted, they would provide a delivery service.

Mr Daniels asked for clarification on the amount of staff that would be employed. **The Applicant** stated that he would be the only pharmacist, with one full time dispenser and a part-time dispenser. In addition he confirmed that they would provide a collection service

from any GP practices.

Mr MacIntyre asked for clarification on the boundary of the neighbourhood referring to the Map on Page 21 of the papers “Revised Community Council Boundaries – Sighthill”. The Applicant confirmed that the Eastern boundary travelled north along the dual carriage way until it met Keppochill Road and did not curve at the top corner as shown on this map.

Following questioning on the size of the current population and possible future population following regeneration **the Applicant** confirmed that the current population had decreased because of the housing demolition. He did not have an exact figure for the possible future population following regeneration as it depended on the developers of the housing involved but an estimate had been given of over 5000 by Councillor Gordon Matheson. Following further questioning **the Applicant** confirmed that the demographic figures were based on the Springburn and Maryhill Parliamentary constituency which covered two datazones.

Mr MacIntyre referred to **the Applicant’s** presentation which stated that the area currently suffered from high deprivation but asked whether this would remain the case once the regeneration project was complete. **The Applicant** replied that he did not know what the future demographics would look like but there would remain a core population in GHA housing, in addition there were looking to attract young families into the area with affordable housing.

In response to questioning as to where the majority of the neighbourhood population currently accessed pharmacy services, **the Applicant** was unsure. As far as he was aware Bridgeton was the main source although people could access services if they crossed the busy Springburn Road to go to Petershill Road and there were services in Springburn Shopping centre but as that was a bit run down he did not think people would use that often. With the regeneration plans there were proposals to link more with the city centre rather than looking towards the North of the City.

Mr MacIntyre concluded his questioning by asking for clarification on the number of buses which went through the Sighthill neighbourhood. **The Applicant** confirmed that there was only one bus, the number 10, which ran every 10 to 12 minutes.

The Interested Parties’ Cases

The Chair invited Ms McElroy of Rowlands Pharmacy to present her case.

Ms McElroy read from the following pre-prepared statement making adjustments as she thought necessary.

Ms McElroy began by thanking the Chair and the Panel for allowing her to present her case. She opened her presentation by defining the neighbourhood:

South: Alexandra Parade then moving west bound along M8 towards Pinkston Road

East: Railway line south to Alexandra Parade

North: Railway line

West: Pinkston Road to the railway line and follow it North

Necessity/Desirability

Using this neighbourhood then we must now consider what pharmaceutical services are available in it as well as in adjoining neighbourhoods. There are 3 pharmacies located directly within it (Royston Pharmacy, Townhead HC pharmacy, and Colin Fergusson Pharmacy) and within close proximity to it, in adjoining neighbourhoods, at least another 5, of which three are Rowlands. All are providing the core contracted pharmaceutical services and additional services such as a prescription collection and delivery service.

Furthermore, the people of Sighthill still have to come and do their banking and shopping as well as visit the post office. In addition all the GP surgeries and health centres are located out with Sighthill area therefore these patients have more than adequate access to pharmaceutical services also. Yes there some busy roads to negotiate but all have ample pedestrian crossings. In addition, there are frequent bus services that run between every ten minutes and every half an hour to take people where they need to go.

We have two Rowland's pharmacies and a majority share holding at Springburn Health Centre pharmacy in an adjoining neighbourhood and they all provide the core services of the contract - Minor Ailments, Public Health including Smoking Cessation, EHC and regularly deliver health promotion events to the Community. They deliver AMS and CMS. They also provide Healthy Start Vitamins, Gluten Free foods, Stoma products and supply vaccines and offer and support the palliative care initiative. Also our larger branch on Springburn Way is open 365 days a year, until 8pm during the week. This branch recently moved premises from a much smaller unit and as a result it now has plenty of space to deliver many more services, which I hope you saw today. They have a consultation room and dedicated area for methadone supervision and needle exchange and have created some interactive customer areas to engage in health promotion. We offer needle exchange; methadone, suboxone and disulfiram supervision and most recently have been recognised by Rowlands Pharmacy as an Elite branch. This concept had been developed to emulate the guidelines of 'Healthy Living Pharmacy (HLP) schemes, which aims to improve health and reduce health inequalities through the promotion of healthy living. The way this branch have achieved this status is by offering healthy living advice to patients and the public, by supporting self care as well as managing patients with chronic, long term conditions and by consistently delivering a range of services to a high standard.

Our pharmacists have each been in post for a number of years and they have all built up excellent relationships with their patients, local GPs and other service providers including the local dentists and addiction teams. Moreover our pharmacist Michael is an Independent Prescriber and is currently working with Dr Ballantyne at Springburn Health Centre where he runs an asthma and COPD clinic once a week. He is currently reviewing other avenues for clinics and hopes to soon launch a chronic pain service. Furthermore, Parvin, our pharmacist at our other Rowlands branch has recently enrolled on the Independent Prescribing course and will be working closely with Dr Milburn's surgery to complete his training and identify appropriate clinics to meet the needs of their patients. Claire, our pharmacist in the health centre pharmacy has forged excellent relationships with the district nurses and ensures she stocks adequate supplies of dressings and bandages to fill any prescriptions received. She also ensures they are

delivered out to the patient before the nurse visits where necessary.

In all three branches we provide a full collection and delivery service to those that need it and there are no issues of having reached capacity for any services we offer. They all offer additional services including blood pressure measuring, an inhaler review service, weight management advice and support and have had the opportunity to visit local schools, businesses or patient groups to promote healthy living and how to manage medicines.

Our teams are all local people and two of them have been with us for many years, in fact one recently received a long service award celebrating 40 years of service with the branch. They are hard working, knowledgeable, and empathetic and go out their way for every patient. We have recently recruited a couple of new health care assistants who are both bubbly and outgoing and have taken on the role of providing healthcare advice and support to our patients. They have both bought in to our vision of pharmacy in the future and even now understand that no longer do customers want to simply buy a product but want expert help, education and advice to make informed choices in the management of their own health. The Right Medicine set out a strategy that aims to help patients get maximum benefit from their medicines as well as improve their health. Furthermore the latest publication, Prescription for Excellence, promotes collaborative working with local health care professionals and recognises the value of independent prescribing. Our pharmacists have embraced the opportunity to deliver such a vision and indeed our teams in Springburn are working to deliver and provide excellent services so the public health needs of their community can be met. The teams are all very aware of some of the health issues of their patients and are encouraging them to adopt healthier lifestyles and support them to stop smoking, consider weight management and even sign post them to other suitable services. In addition our dedicated delivery drivers, Kyle and Francis, are becoming recognised faces to many of our elderly patients and they often go the extra mile by stopping for a chat or even dropping in a paper. The patients look forward to their delivery and for some our drivers are the only person they see each week.

We have had no complaints in this store and in fact recently I received a call from a patient who was exceptionally happy with the service she had received when Michael, our pharmacist, went that extra mile to sort out her new medication prescribed at the hospital. Furthermore Michael has been shortlisted for an award at the Scottish Pharmacy awards in November that recognises his work with his asthma and COPD patients as well as his collaborative working with Dr Ballantyne. In addition the branch at 210 Springburn Way has also been shortlisted in the category of Pharmacy Practice of the Year which clearly demonstrates their dedication to patient care and provision of excellent pharmaceutical services.

In summary, there is nothing to suggest our pharmacies or indeed others in the neighbourhood and adjoining neighbourhoods are offering poor or inadequate service. What we must look at is current provision- is it adequate or not? I think the answer is simple, within the neighbourhood we defined does anyone within it have any problems whatsoever in accessing pharmacy services? Not at all. Are the current services adequate? Without a doubt.

Ms McElroy concluded her presentation by stating that she could not see a need for another pharmacy contract to be granted in this neighbourhood.

Questions to the Interested Party by the Applicant

The Applicant asked **Ms McElroy** how she defined her neighbourhood. **Ms McElroy** explained that they had reviewed who they delivered to and who currently accessed their services and considered the APC's definition and arrived at what she believed to be a reasonable definition of the neighbourhood they served.

On further questioning **Ms McElroy** believed that some of the people within the neighbourhood as she had defined it would consider themselves living in the Sighthill area. In response to questioning from **the Applicant** as to whether the pharmacies in Springburn could cope with the regeneration planned for Sighthill **Ms McElroy** replied that yes they had capacity to cope and if in future they had to review capacity issues then they would put in extra staff to cope.

The Interested Parties Questioned Ms McElroy, Rowlands Pharmacy.

Mr Mahju confirmed he had no questions.

The PPC Questioned the Interested Party, Ms McElroy, Rowlands Pharmacy.

In response to a request from **Mr Wallace** for clarification on the Southern Boundary of the neighbourhood, **Ms McElroy** confirmed that it was the West part of Alexandra Parade she would include as there were surgeries located there.

Mr Wallace noted that **Ms McElroy** had referred to their pharmacy service as fantastic and asked if the people of Sighthill were accessing it. **Ms McElroy** replied that since the closure of Lloyds they had not seen a massive change in the number of people accessing their services, perhaps one or two dozen. They have used leaflet drops to market their services in the area but it had not made a huge difference but they could cope with the numbers proposed.

Mrs Dakers Thomson asked if the regeneration went ahead particularly the educational campus referred to by **the Applicant** would that have an effect on **Ms McElroy's** pharmacy. **Ms McElroy** replied that they had a lot of business from local surgeries and if indeed the educational campus did include families it may well be expected that they would register at these surgeries they would then see them but would still be able to cope.

Mrs Dakers Thomson noted that during the presentation **Ms McElroy** had mentioned about doing work in local schools and asked for more information on this. **Mrs McElroy** mentioned that they had spoken about the dangers of smoking to 2nd and 3rd year pupils in the secondary school and what the smoking cessation service offered and asked them to consider this not only if they smoked but if their parents smoked. As a result they had seen an uptake in this service and teachers reported that pupils were talking about it more.

In addition they had recently done a campaign in primary schools to raise awareness of

health and safety around medicines whereby they asked children if they were given medicine at home using a teaspoon or a dessert spoon and then showed them the correct dosage which was a 5ml spoonful. Every child was then provided with a 5ml spoon which they could take home to use showing their parents that was the correct dosage.

Mrs Dakers Thomson then asked if they carried out work in relation to young people and contraception. **Ms McElroy** replied that a lot of that work came directly from local services in health promotion but recognised that they could tie in with that and they could offer counselling in that area.

In response to further questioning as to how they decided which campaigns to run **Ms McElroy** stated that they operated a health promotion calendar which corresponded with what the NHS offered but that within each community the local pharmacist and pharmacy staff also had a say particularly if they had children in local schools and were alerted to any local issues.

Mr Daniels confirmed he had no questions.

Mr MacIntyre clarified with **Ms McElroy** that the reason she had included the west end of Alexandra Parade was because they saw patients from Townhead Health Centre; she confirmed that was correct. **Mr MacIntyre** stated that when the Committee considered the definition of a neighbourhood it had to look at the proposed premises and not the catchment area of an interested party; therefore this definition did not help. He further stated that it did not necessarily follow that someone from Alexandra Parade would be considered a neighbour of Sighthill and asked **Ms McElroy** if she agreed that they were distinct neighbourhoods. **Ms McElroy** agreed that Springburn and Sighthill were distinct neighbourhoods and equally there would be people who would access services in Townhead.

In response to questioning as to where the previous customers of Lloyds now accessed pharmaceutical services **Ms McElroy** stated they probably scattered over the area some going to Saracen Road area and others to Townhead or the city centre it would depend on what other services they wished to access at the time.

On further questioning **Ms McElroy** accepted that Springburn Road was a major road but stated there were at least four pedestrian crossings and in addition there were many bus services from that area which travelled into the city centre and contrary to what the Applicant had stated she believed people did regularly use the Springburn Shopping Centre.

Mr MacIntyre concluded his questioning by asking for a population figure for the neighbourhood as **Ms McElroy** had defined it. **Ms McElroy** replied that she could not supply a figure.

The Chair referred to **Ms McElroy's** definition of the neighbourhood and in particular the Southern Boundary along Alexandra Parade then from the M8 travelling North and noted that most of the housing were owned by a housing association and asked what they had in common with the Sighthill neighbourhood as defined by **the Applicant**. **Ms McElroy** agreed they had nothing in common and would not see them as being in Sighthill.

On further questioning as to why **Ms McElroy** had defined the neighbourhood using those boundaries she replied that they had looked at where their current customers accessed GP services but she did believe there were some people who moved about the area accessing services from different places.

The Chair advised that the first part of the Committee's role in considering any application was to define the neighbourhood and stated that North of the M8 was the area known as Robroyston which was clearly another distinct area from Sighthill and those residents would not consider themselves part of her defined neighbourhood therefore asked why she included that area in their definition. **Ms McElroy** replied that they had defined a larger neighbourhood to include the three pharmacies in the area where residents of Sighthill could access services.

The Chair noted that the pharmacy that had originally been in Sighthill was a Lloyds Pharmacy and that **Ms McElroy** reported that since they had closed they had not picked up a significant number of their customers and asked if she had any idea as to where they had gone. As stated previously, **Ms McElroy** believed that they had moved about and she only knew that Lloyds had moved their tray patients down to Bridgeton and that's why she believed that the other local pharmacies had only a diluted number of new customers.

Following on from that **the Chair** asked if **Ms McElroy** thought that pharmaceutical services were adequate if they had moved from Sighthill to Bridgeton to which **Ms McElroy** replied that it was not her contract but agreed that it was possibly not adequate but stressed there were six other pharmacies nearby for people to choose from and from her experience with the lack of a significant increase in customers then patients must be accessing services elsewhere.

The Chair invited Mr Majhu of Apple Pharmacy Ltd to present his case.

Mr Majhu opened his presentation by stating that this was quite a desirable application because it was in Sighthill which was very topical with regards to the planned regeneration of the area. He felt he needed to challenge the evidence presented by **the Applicant** particularly with regard to the regeneration of Sighthill, which **the Applicant** had emphasised as a key consideration as part of his evidence. **Mr Majhu** stated that should the regeneration go ahead, as this was not definite, there could well be a reason that Sighthill could do with another pharmacy at some point in the future but not because the City Council think it is a good idea and because another pharmacy has closed down.

Mr Majhu stressed that he had major concerns over the viability of the proposed pharmacy as he had seen this situation before. When a contract was deserved it was obvious but in this case he felt that the arguments presented were more about convenience and he asked that the Committee look hard at the evidence provided with regard to the legal test.

According to **the Applicant**, he would be the sole pharmacist, along with one full time dispenser and one part time dispenser but there would obviously be a need for them to take holidays. He stated that evidence in the form of a profit and loss statement should always be asked for as part of the legal test as it was important to ensure that **the Applicant**

secured adequate provision. As he stated previously there was mention of a future regeneration in the area but it was not happening at present therefore the Committee had to be objective and make a decision as to when would be the right time, commercially, for a new pharmacy to open accepting that for the past year Sighthill has not had a pharmacy.

Mr Majhu estimated that approximately £70,000 would be required to cover salaries, including holiday pay for the proposed pharmacy based on the evidence he heard. Currently **the Applicant** had estimated a population of 1000 which **Mr Majhu** estimated would yield a turnover of approximately £200,000 a year gross profit. He added that he had taken a middle indicator for the gross profit but accepted that it may be more if accessing patients from outwith the neighbourhood but that was not up for consideration as it had to be based on the defined neighbourhood. As stated in **the Applicant's** evidence, Sighthill was an area of high deprivation with methadone dispensing, old age pensioners, people with mobility issues etc. but once all the necessary expenditure had been covered from an estimated £200,000 gross profit there would not be enough left to pay for the basic utilities and if a delivery driver was also employed there would not be enough to cover the costs associated with providing that service unless there were major efficiencies of services therefore he strongly advocated that this was an unviable contract.

Mr Majhu referred to the estimated population of 1000 people and stated that although the Council had earmarked Sighthill to be part of a massive regeneration project it had not happened and there was no guarantee that it would happen even though it had been reported in the Press Release which had been allowed to be tabled; that was only a small part of what might happen.

In conclusion, **Mr Majhu** reminded the Committee that the closest pharmacy to the proposed premises was 0.6 miles away and access to this was not difficult. No letters had been received to argue for having a pharmacy and it was not viable and queried how much of a delivery service would be needed in such a small neighbourhood. He reiterated that this was more of an argument about convenience which was not part of the legal test. **Mr Majhu** concluded his presentation by stating that the application should be denied.

Questions to the Interested Party, Mr Majhu by the Applicant

The Applicant asked **Mr Majhu** to define his neighbourhood. **Mr Mahju** replied that he agreed with the neighbourhood as defined by **the Applicant**.

In response to questioning as to whether **Mr Mahju** agreed that the defined neighbourhood population of a 1000 would be major service users as opposed to a 1000 people from a more affluent area **Mr Majhu** stated that he did not agree from the evidence **the Applicant** had presented. Following further pressing on this matter **Mr Mahju** replied that he would not argue the facts regarding the demographics of the neighbourhood; he had not checked those personally therefore he could not comment and in addition there were plenty of pharmacies nearby to provide pharmaceutical services to those in need. Had there been strong evidence to suggest that there were 5000 people who were ill then yes there would be a need for another pharmacy.

The Applicant highlighted that he had stated in his presentation that 26% had long term

health problems within the population and asked if **Mr Majhu** did not think that these people should have access to pharmaceutical services. **Mr Majhu** replied that 26% of a 1000 was only 260 people and a contract should not be awarded on the basis of 260 people and stressed again that it was not a large enough population to make the contract viable.

The Applicant asked for clarification on **Mr Majhu's** point that he would not be able to pay a delivery driver when he also stated that the neighbourhood was too small to justify having a delivery service. **Mr Majhu** replied that according to the maths the Applicant had not proved the viability of the proposed pharmacy, on taking into consideration an estimated turnover, profit margin; salaries etc there had been no evidence to support viability.

The Chair intervened at this point and emphasised that there was no question of any business plan or profit and loss statement being requested at this meeting or any other meeting of this kind. He told **Mr Majhu** that he had made his point and asked him to move on. **Mr Majhu** stated he did not agree and that it was important to ensure that a business was viable in line with satisfying the legal test of securing adequate provision of service. **The Chair** once again stated that **Mr Majhu** had made his point and asked that he move on.

The Applicant asked if **Mr Majhu** thought that a pharmacy would be viable after the regeneration was complete. **Mr Majhu** stated that he had only been given the Press Release regarding that 5 minutes before the hearing started and did not have adequate time to read it and also expressed his surprise that **the Chair** had allowed such an item to be tabled. **The Chair** confirmed that he did agree to that being tabled as it was the first time that **the Applicant** had been able to provide supporting evidence as it was only released the week previously, 25 September, when the application had been submitted in June.

Mr Majhu reiterated that he had not enough time to consider the document therefore he felt it was unfair to ask that question stressing that it should have been made public a lot sooner to all parties. **The Chair** reiterated that **the Applicant** could not have sent it sooner as he had just explained.

The Interested Parties Question Mr Mahju, Apple Pharmacy

Ms McElroy confirmed she had no questions.

The PPC Questioned the Interest Party, Mr Mahju, Apple Pharmacy

Mr Wallace, Mrs Dakers Thomson and Mr Daniels all confirmed they had no questions.

Mr MacIntyre asked if **Mr Majhu** knew, in terms of patient flow, where the majority of patients that had previously accessed Lloyds Pharmacy were now going to access these services. **Mr Majhu** stated that he believed they were going elsewhere accessing services from a range of areas. The Colin Fergusson Pharmacy was only just over half a mile away and in reality there was only about 200 people that would require long term pharmaceutical care therefore they could access Townhead through GP surgeries and of course there was a cohort that was receiving services from Bridgeton.

The Chair noted that **Mr Majhu** had made much reference to the fact there had been no letters of support and asked what volume of support he would have liked to have seen to lend weight to the application. **Mr Majhu** replied he would have expected more than zero and would have thought 10 or 12 letters. **The Chair** then referred to the paperwork that had been circulated to everyone highlighting that support had been received from the North East Public Partnership Forum which represents a few hundred people and in addition there were letters of support from a local councillor Bob Doris MSP, and Parkhouse Community Council; all letters of support.

Mr Majhu stated that equally none of those letters demonstrated any inadequacy of current service provision and of course they supported it but there were no letters from any of the local residents.

The Chair concluded the questioning by asking if **Mr Mahju** had any information on the viability of the previous Lloyds Pharmacy to which **Mr Mahju** replied no.

The Chair, having concluded that there were no further questions asked the parties to sum up beginning with Mr Mahju of Apple Pharmacy.

Summing Up

Mr Mahju began by reiterating that it was part of the legal test to ensure that adequate service provision was secured and that he believed based on the evidence provided that this application was obviously not viable and therefore unable to satisfy the legal test. In addition he believed that the evidence presented was very weak and if the Committee were being asked to base their decision on evidence submitted 5 minutes before the hearing then that was wrong. As noted there was a population of only 1000 people which would not be viable enough to sustain a pharmacy going forward. In addition there were six pharmacies nearby and as Rowlands suggested these provided an adequate pharmaceutical service and that the argument for this pharmacy was more about convenience than proving there was an inadequacy of service. **Mr Mahju** concluded by stating that this application should be denied.

Ms McElroy reiterated that there was adequate service provision currently being provided in the adjoining neighbourhoods. In addition she believed that Rowlands were offering more than an adequate service as they had looked in detail of the demographics of the area and had tailored their services to suit the needs of the local population as well as providing the core services expected. She concluded by stating that the services currently provided were more than adequate to service this population at this moment in time.

The Applicant read from a pre-prepared statement making adjustments in the light of previous discussions.

Due to the closure of Lloyds pharmacy, Sighthill has been left with an inadequate pharmaceutical service. This was an area of high deprivation, with residents being major pharmaceutical and healthcare service users and having to depend on a pharmacy service provided two and a half miles away was totally inadequate and leaves the neighbourhood at

a disadvantage in terms of accessing core NHS pharmacy services.

As he had mentioned earlier there is also £250 million worth of regeneration going on in the area including new homes, shops, a new educational campus and student accommodation. This would see the population rise to more than 4000 and possibly up to 5000 residents, including a mixture of young families, the elderly and foreign nationals. At present there are no pharmaceutical or healthcare services available within this neighbourhood for these residents and he hoped that the Committee agreed that this was completely in adequate.

The Applicant concluded by asking that the Committee do the right thing and grant the contract to service the neighbourhood of Sighthill and thanked the Committee for their time.

The Chair thanked all for their contributions and advised that he would now close the open session. He stated that in the event of the PPC needing to take advice from the CLO, the advice was required to be given in open session. This meant that the Applicant and Interested Parties were invited to remain behind during the Committee's private deliberations and would only be called if the Committee required legal advice. The Chair stressed that it was entirely up to the Applicant and Interested Parties whether they wished to remain or not.

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

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

At this juncture the Applicant, Interested Parties, Ms Meland and Mr Stewart left the meeting.

Following a brief discussion the Committee agree they wished more advice on in relation to taking into consideration the proposed regeneration of the area and as a consequence the need to take account of future pharmaceutical provision.

Mrs Kennedy invited the Applicant, Interested Parties, Ms Meland and Mr Stewart back into the meeting.

The Chair asked **Mr Stewart** (Central Legal Office) for advice in relation to taking into account the future development of the neighbourhood and as a consequence future pharmaceutical provision. Although not specifically mentioned in the Regulations, **Mr Stewart** advised that the Committee have regard for proper future development as it was noted that the service provision in a neighbourhood could change over time. He referred to Lord Drummond Young's decision in the case of Lloyds Pharmacy 2004 SC 703 in which it was said "In addressing that question [about the adequacy of the existing provision to the

neighbourhood] it is in our opinion proper to have regard to probable future developments, for two reasons. First, the standard of adequacy in a particular neighbourhood will obviously change with time....Secondly, regulation 5 (10) uses the word 'secure' in relation to the adequate provision of pharmaceutical services. That word seems to us to indicate that the decision maker can look to more than merely achieving a bare present adequacy of pharmaceutical provision. 'Secure' suggests that it should be possible to maintain a state of adequacy into the future. That indicates that the decision maker must have some regard to future developments." Lord Drummond Young went on to say: "It [the decision maker] must accordingly reach its conclusion on the adequacy of the existing provision on the basis of what is known at that time, together with future developments that can be considered probably rather than speculative." Mr Stewart therefore advised the Committee that if it considered that future developments were probable rather than speculative it could take account of them in the way described above.

The Chair thanked Mr Stewart for his advice and confirmed that the Committee were satisfied that no further legal advice was required. The Applicant, the Interested Parties, Ms Meland and Mr Stewart were asked to leave the meeting to allow the closed session to resume and advised that they were now free to leave the building.

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

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

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

- a) Chemist contractors within the vicinity of the Applicants' premises, namely:

Bannerman's Pharmacy
L Rowland & Co
Houlihan Pharmacy
Townhead Pharmacy
had made representations to the Committee.

- b) The Greater Glasgow & Clyde Area Medical Committee had made representation.
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee had made representation.

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

granted), notification of the application had been sent to:

d) Public Involvement Group CHCP – no representation made.

e) The following community councils:

Parkhouse Community Council - representation was received;
Possilpark Community Council – no response was received;
Sighthill Community Council – no response was received;
Townhead & Ladywell Community Council – no response was received;

f) The following Councillors:

Mr Willie Bain MP – no response received;
Ms Ann McKechnie MP – no response received;
Mr Anas Sarwar MP – no response received;
Mr Bob Doris MSP – response received;
Ms Patricia Ferguson MSP – no response received;
Ms Sandra White MSP - no response received;
Baillie Dr Nina Baker - no response received;
Councillor Philip Braat - no response received;
Councillor Martin Docherty - no response received;
Councillor George Matheson - no response received;
Councillor Billy McAllister - no response received;
Councillor Helen Stephen - no response received;
Councillor Kieran Wild - no response received;
Councillor Chris Kelly - no response received;
Councillor Phil Green - no response received;
Councillor Gilbert Davidson - response received;
Councillor Alan Stewart - no response received.

The Committee also considered;-

g) The location of the nearest existing pharmaceutical services;

h) The location of the nearest existing medical services;

i) Information from Glasgow City Council's Development & Regeneration Services advising of the known developments within the area of the proposed premises.

j) Glasgow City Council's Department of Roads and Transportation and South Lanarkshire Council's Planning & Building Standards had also been consulted but had made no response.

k) Population/Census 2001 information relating to the postcode areas surrounding the Applicant's proposed premises.

- l) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- m) Information regarding the number of prescription items dispensed during the past 12 months and Quarterly Information for the Minor Ailment Service activity undertaken by pharmacies within the consultation zone;
- n) Complaints received by the Health Board regarding services in the area;
- o) Applications considered previously by the PPC for premises within the vicinity;
- p) The Pharmaceutical Care Services Plan;
- r) Unsolicited email from the North East Public Partnership Forum;

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:

The Eastern boundary was defined as starting from the interchange between the M8 motorway and Springburn Road (A803) travelling northwards along Springburn Road, dual carriageway, till it met the junction at Keppochill Road. Travelling west bound from Springburn Road along Keppochill Hill Road, north of the Sighthill Cemetery formed the northern boundary till it met the railway line and following the railway in a southerly direction back down to the M8 motorway. Travelling in an easterly direction from the Railway line along the M8 motorway formed the southern boundary. It was agreed that the M8 motorway, railway line and Springburn Road were all major physical boundaries, in addition it was noted that to the east of Springburn Road was largely industrial land. It was agreed that the cemetery to the north formed a natural neighbourhood boundary which delineated Sighthill from the adjoining area of Springburn.

In reaching this decision the Committee believed that Sighthill was a neighbourhood for all purposes and had all the necessary amenities including; playing fields, park, primary school, nursery, after school child care, community centre, church, police station and a range of other businesses. In addition it was noted that within the KATS building where the proposed pharmacy would be located a convenience store including a Post Office would also be located by March 2015 therefore it was agreed that it included all the facilities that would be expected in a neighbourhood and accessible by public transport and on foot. The Committee considered that the area, as defined, constituted a distinct and identifiable neighbourhood and agreed that the proposed premises in the KATS building, was located in the heart of Sighthill. The Committee also accepted the figures presented during evidence of an approximate population of 1000 people.

The Committee also recognised the demographics of the population noting that it was an

area of high deprivation.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined there were no existing pharmacies although they recognised that there were six pharmacies within a 1.2 mile radius of the proposed premises.

The Committee noted that patients of Lloyds, the previous pharmacy in the defined neighbourhood had transferred patients on long term medication and MDS trays to their Bridgeton branch, located approximately two and half miles away and continued to provide a remote dispensing and delivery service.

The Committee considered the current service provision to the neighbourhood and all services required by the pharmacy contract, along with additional services. The Committee noted that there was only one bus that ran through the centre of the defined neighbourhood but numerous buses could be accessed on the eastern boundary along Springburn Road.

The Committee then considered the points made by the Applicant and those that had arisen during the oral hearing.

The Committee noted that the Board had received no formal complaints regarding the provision of pharmaceutical services in the area but also noted that the application had received support from the North East Public Partnership Forum, MSPs and from one of pharmacies located in the adjoining neighbourhood in Saracen Street, AG Bannerman.

The Committee noted that none of the interested parties had noticed a significant increase in their business since Lloyds had closed thereby a new pharmacy would not adversely impact on the viability of any current pharmacies located in adjoining neighbourhoods. Also none of the interested parties could explain where these patients were currently accessing services but the Committee agreed that in such an area of high deprivation face to face interaction and consultation was important and that was clearly lacking in the neighbourhood.

The Committee then considered the argument around future service provision due to the massive regeneration project planned for the area. It was clear from their site visit that the regeneration project was in process with large demolition and building of new housing currently being undertaken. The Glasgow City Council press release tabled at the meeting reiterated what the Applicant had presented during the oral hearing. Whilst it could be argued that the demographics of the neighbourhood could change during such an extensive regeneration project there were currently 141 units being developed by the Glasgow Housing Association with 11 of those being built to accommodate wheelchair access.

Within the next five years other major projects were planned including; a large amount of affordable social housing, approximately 650 houses to accommodate young families plus student accommodation to house another 500 residents for overseas students and their families all of which would require access to the range of pharmaceutical service provision particularly face to face interaction.

Having regard for securing future adequate service provision and noting from the evidence presented in both the paperwork and during the oral hearing the Committee agreed that this regeneration was probable rather than speculative and as such by granting the application were confident that services were secured for the current neighbourhood and into the future.

In addition taking into account the issue of high deprivation in the neighbourhood and the fact that there was currently no pharmacy located in the defined neighbourhood the Committee agreed that there was an inadequacy of current pharmaceutical service provision.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Mr Wallace and Mr MacIntyre left the room during the decision process.

DECIDED

Taking into account all of the information available, and for reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood was currently inadequate.

It was the unanimous decision of the PPC that the application be granted in order to secure adequate provision of pharmaceutical services in the neighbourhood.

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5. ANY OTHER COMPETENT BUSINESS

There being no further competent business the meeting was closed.

The meeting ended at 2.55pm.