

**Pharmacy Practices Committee****Minutes of a Meeting held on Wednesday 30 March 2016 at 13:00  
Erskine Bridge Hotel, Erskine****PRESENT:**

Mr Michael Roberts – Lay Member  
Mr James Wallace – Non-Contractor Pharmacy Member  
Mr Colin Ferguson – Contract Pharmacy Member  
Mr Ross Finnie – Chair  
Mr Kenneth Irvine – Contract Pharmacy Member  
Mr Stewart Daniels – Lay Member  
Mrs Maura Lynch – Lay Member  
Mrs Janice Glen – Observer NHS Greater Glasgow & Clyde  
Mr Ian Fraser – Observer and Deputy Chair  
Mrs Susan Murray, Central Legal Office  
Mr Hakim Din, Observer and Lay Member  
Mrs Susan Brimelow – Observer and Deputy Chair

**IN ATTENDANCE:**

Mr Andrew Mooney – Applicant  
Mrs Lorna Mooney – Observer applicant  
Mr David Woodrow – Bishopton Community Council  
Mrs Kate Dalrymple – Bishopton Pharmacy representative  
Mr Charles Stewart – Bishopton Pharmacy observer  
Mrs Claudia Henry – Andrew Hughes Pharmacy Representative  
Mrs Arlene Duffy – Andrew Hughes Pharmacy Observer  
Ms Jenna Stone - Secretariat

**1. APOLOGIES**

There were no apologies. Introductions were made around the room.

**2. DECLARATION OF INTERESTS**

The Chair invited Members to declare any interest in any item on the Agenda. There were no declarations of interest

**3. MINUTES**

Approved as a correct record .

**4. MATTERS ARISING NOT INCLUDED IN THE AGENDA**

None.

**5. Section 1 – Applications under Regulation 5(10)**

5.1 **APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST.**  
**Case No: PPC/INCL01/2016 - Applicant: Mr Andrew Mooney, Unit 3, 19**  
**Greenock Road, Bishopton, PA7 5JW ("Proposed Premises")**

#### 5.1.1 Submissions of Interested Parties

- Copy of application and supporting documents from Mr Mooney dated 21 January 2016
- Letter dated 23 February 2016 from Kate Dalrympton, Bishopton Pharmacy
- Letter by Email dated 24 February 2016 from Well (Bestway National Chemists Limited)
- Letter dated 19 February 2016 from NHS GG&C Area Pharmaceutical CP Subcommittee
- Letter dated 2 March 2016 from Bishopton Community Council
- Letter dated 3 March 2016 from Lloyds Pharmacy
- Letter dated 24 February 2016 from Andrew Hughes Chemist

#### 5.1.2 Correspondence from the wider consultation process undertaken jointly by NHS Ayrshire & Arran and the Applicant

- Letter dated 8 March 2016 from GG&C Area Medical Committee
- Population Census Statistics extracted by Community Pharmacy Development Team
- Details of service provision and opening hours of existing pharmacy contracts and medical practices in the area
- Map relating to current pharmaceutical and medical services in the area
- Number of prescription items dispensed during the last 12 months and quarterly information for the Minor Ailments Service
- Distance from Proposed Premises to local Pharmacies and GP Practices within a one mile radius
- Consultation Analysis Report (“CAR”).

5.1.3 The Committee was asked to consider an application submitted by Mr Mooney to provide general pharmaceutical services from premises situated at Unit 3, 19 Greenock Road, Bishopton, PA7 5JW under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

5.1.4 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.

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

5.1.6 The hearing was convened under paragraph 3(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the

question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

- 5.1.7 The Applicant was represented in person by Mr Mooney (“the Applicant”), with Mrs Lorna Mooney attending as observer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the Hearing, were Mrs Kate Dalrymple representing Bishopton Pharmacy, with Mr Charles Stewart attending as Observer, Mrs Claudia Henry representing Andrew Hughes Chemist, with Mrs Arlene Duffy attending as Observer, and Mr David Woodrow the nominated community representative, nominated by Bishopton Community Council, (together the “Interested parties”).
- 5.1.8 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.
- 5.1.9 The Chair advised the interested parties that at an earlier stage in the meeting members had been asked to declare any interest in any matter on the Agends and no declaration had been made
- 5.1.10 Prior to the hearing, the Committee had as a group, visited the vicinity surrounding the Applicant’s proposed premises, the existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Bishopton, including Dargavel, and Erskine.
- 5.1.11 The Committee noted that the premises had not been fitted out.
- 5.1.12 The procedure adopted by the Committee at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the Committee to ask questions. The Interested Parties would then make their submissions. There followed the opportunity for the Applicant and the Committee to ask questions of the Interested Parties in turn. The Interested parties and the Applicant were then given the opportunity to sum up.
- 5.1.13 The Chair reported that there had been three late submissions of additional supporting paperwork which had been presented to the Committee. The first two documents were letters provided by Mrs Dalrymple. The first was a letter of support from Bishopton Medical Practice dated 24 February 2016 and signed by Dr Manas Tiwari. The second was a letter dated 15 March 2015 from the joint owners of the Salon at 109 Greenock Road, premises adjacent to Bishopton Pharmacy, to state that they would provide Mrs Dalrymple with the first opportunity to purchase their premises when they retired in the near future. The Committee considered the relevance of these letters and

also the fact that the advice given to Mrs Dalrymple as to whether they were within the time limits of submission to the current Hearing might have been less than clear and agreed that the two additional pieces of information could be admitted. Copies were duly circulated to all parties.

- 5.1.14 The Chair also reported that a third document, from Bishopton Community Council, being a letter dated 22 March 2016 addressed to the Leader of Renfrewshire Council concerning an impasse between the Bishopton Community, the developer and other parties.. There had been no evidence that any guidance had been sought as to the timescale of admissibility. The Committee formed the view that since the letter made no reference to provision of pharmaceutical services and was also outwith the due date for submission, the Committee would not admit the additional information to the Hearing, although it could be alluded to.

## 5.2 **The Applicant's Case**

- 5.2.1 The Applicant thanked the Committee for the opportunity to make his case, explaining that he had grown up in Bishopton, and remained very closely connected. He also had a lifelong dream to work as a community pharmacist. He believed his proposal could support the existing healthcare service providers and wished to work collaboratively with Mrs Dalrymple and others in the neighbourhood.
- 5.2.2 The Applicant highlighted some issues including the objective judgement on the legal test, and said that the process had struggled to provide objective views due to commercial interests, local scaremongering, a lack of expert knowledge and personal agendas. and felt the public voice was important and had taken steps to get true reflections, by having discussions with the local MSP and conducting a constituency-wide survey of the Bishopton neighbourhood.
- 5.2.3 The Applicant explained that he was passionate about this proposal and had spent 3.5 years and invested significant time and money to get to the current stage, but his was a simple proposition to secure adequate provision of pharmaceutical services in the neighbourhood
- 5.2.4 The Applicant stated his objective was to introduce himself, explain his credentials, define neighbourhood, explain the significant changes including growth, practice, standards pharmacy and care, and to explain how the role of the pharmacist had changed. He also wished to highlight considerations under Regulation 5(10), to detail inadequacies in the current provision of pharmaceutical services. He also wished to address some fundamental flaws under the new test – and his view was that the public consultation was a weakness.
- 5.2.5 The Applicant explained that he had grown up locally, had 20 years of healthcare experience, including obtaining a 1<sup>st</sup> Class Honours Degree in Pharmacy. He had held regional roles and was currently

working in the pharmacy industry, leading a team of National Healthcare Development Managers with compliance responsibility for over 70 prescription drugs. He supported models of care and had many colleagues including physiotherapists, therapists running clinics for long term conditions such as asthma, COPD, chronic pain and addictions, and had engaged with public health pharmacists to see the opportunities available for the community pharmacist, His belief was that the future of NHS is in local leadership and primary care coordinated and managed by general practice. He wished to play his part, and stated that pharmacists have a role to play to improve medicine use.

5.2.6 Mr Mooney then stated he would demonstrate that there was inadequacy and the need for additional provision.

5.2.7 **NEIGHBOURHOOD.** Mr Mooney He had issues with the definition of neighbourhood. The general consensus was that the majority of people within the consultation (86%) lived in the PA7 postcode. He claimed his application was based on a vision from the Council for one self-sustaining neighbourhood. Bishopton had one school, one post office, everyone had Bishopton post codes and often family and friends shared facilities and the network of footpaths of walkways to link NSEW and facilitate access. He had heard the phrase “neighbourhood for all purposes”. He noted that, with the PA8 postcode for Erskine – patients had been asked by medical practices to register in Erskine.

5.2.8 The Applicant’s neighbourhood definition was the PA7 postcode:

- North – River Clyde
- East – M8, M898, A898
- South – B790 to Houston Road to the intersection with Turningshaw Road
- West – Barochan Burn / Barochan Road.

5.2.9 The Applicant felt that the neighbourhood was currently served on one small 1970s style pharmacy which he believed was inadequate. It had been established when the GP had 3 GPs, but now had 6 GPs.

5.2.10 The applicant stated his wish to define the context of significant change and justify how the existing contract was inadequate, including: (i) exponential growth in demand for pharmaceutical health services, such as more complex medicine requirements and patient needs; (ii) community expansion in Bishopton; (iii) changes in pharmaceutical practice and government policies around the clinical role of pharmacy; (iv) the change from shopkeepers to experts in pharmaceutical care, ensuring no harm is done and ensuring patients

receive value; (v) the aging population where NHS resources are limited, the increasing need for complex medicines, poly pharmacies, numerous prescriptions; and (vi) the demanding need to address preventative care.

- 5.2.11 The Applicant stated that over the last 10 years, prescription growth had increased by 35%. The demographic and demand had changed; and noted that Renfrew Council were planning development, which would be on the largest brownfield site in Scotland, with plans for 2850 houses. He felt that demand pressures would soon come, and within 20 years, the housebuilding phase would be complete and move to Phase 2. It would challenge the community infrastructure; hence the Section 75 Agreement, as part of the Planning Permission, for schools and other facilities. The Applicant queried why pharmacies should be regarded differently. The Co-op, school, nurseries and rail had already expanded, and takeaways were also expanding. The Healthcare list had grown by 7% (443 patients) from April 2014: from 6292 and now was 7083. Renfrew Council had projected growth – at 3 people per household, for the additional 2850 houses, that equated to 15,622 additional people. For Langbank, the feedback (from 1000 people) had been to use the pharmacy in north west Bishopton. There was currently no pharmaceutical provision in Langbank. There was a potential for dispensing service in Langbank to have access. There was a transient population using the railway line, car park, two large hotels and an equestrian centre; a large number of golfers, and the Hewlett Packard factory in the neighbourhood. He felt this was an enormous pressure on healthcare. He felt that the role of pharmacies extended beyond supply and challenged how one pharmacy could manage. The Applicant claimed that one pharmacy for 7 GPs was inadequate.
- 5.2.12 The Applicant stated that he needed to reference government strategy and it's vision for pharmacy, for the health of the national, the 2020 vision, the prescription for excellence and the Wilson & Barber Review in 2011 which reviewed care services in community pharmacies in Scotland, and had identified the need for change. There was a need to provide care and adequate services, manage long-term conditions, improve access to minor ailment and emergency access to medicines, and the need to ensure that the correct medicines were prescribed. There was the need to move away from supply and to become more personalised – concentrating on health protection, promotion and prevention; to be more than just a shop to collect a prescription. The public needed to view the pharmacy as the first stop. The Scottish Government realised that the old model could not continue to work.
- 5.2.13 The Applicant referred to changes in premises standards and GPC standards; to ensure confidentiality and privacy in an appropriate environment, which needed to be safe and adequate. This

encompassed the full spectrum of young and old. The Baby Boomers were now in their 60s and 70s and were starting to develop multiple health issues and require multiple medicines. Also, there were more young families which attracted new people to the area – suburban living. From Bishopton, people could travel 15 minutes in either direction – West to Glasgow, East to Greenock. The Applicant claimed that housing developments were successful, with houses sold 3 years in advance. The Applicant also claimed that Renfrew Council were seeking more land for Phase 2 of their development project. Figures from RPS stated that the number of people over 75 would increase over the next decade.

- 5.2.14 The Applicant referred to the age profile of GPs, with most being over 50 and referred to issues to develop sufficient healthcare professionals to support GPs, and highlighted the challenge and increasing pressure for pharmaceutical requirements.
- 5.2.15 The Applicant summarised what he saw as the key drivers – that if 50% of houses had been produced by 2020, this would be 1133 houses, x3 persons per house, meant an additional 3399 people. Glasgow prescriptions were 20.5 per year per person. Although Bishopton may be healthier, he anticipated the range of additional prescription items per year over the next 5 years to be in the region of 35-70k.
- 5.2.16 The Applicant noted that the Committee were experts, and drew their attention to certain judgements as points of reference (i) Lord Drummond Young – Lloyds Pharmacy Ltd v National Appeals Panel (2004) (ii) Lord Macphail – Rowlands v National Appeals Panel (2006) (which looked at expansion in Bonnyrigg – similar to Bishopton); (iii) Lord Malcolm Lloyds Pharmacy Ltd v National Appeals Panel (2010) and (iv) Lady Smith – Lloyd Pharmacy Ltd v National Appeals Panel (2010). The Applicant stated that these cases contained key principles in support of his application and, as a consequence, he had every confidence that his application would be granted.
- 5.2.17 The Applicant discussed proficiency under the legal test, and referred to Lord Drummond Young's report which stated the need to have regard to probable future developments; that the standard of adequacy would change over time; that with the construction of new houses, the standard of "adequate" pharmaceutical provision must develop over time. The Applicant also referred to Lord Drummond Young's statement that the word "secure" meant to maintain adequacy, that the decision maker must have regard to future developments to ensure adequate provision was maintained, and that future developments could be considered probable rather than speculative. The Applicant said that although 99% of people had

objected, to the Dargavel development the Council had still gone ahead with the development. He felt that consideration should be given to relevancy of change in the neighbourhood, changes in pharmaceutical practice, and what it was possible to provide in the neighbourhood. The Applicant gave an analogy to a staircase in a multi-story building, and that if someone offered to install a lift, then stairs were no longer adequate. The Applicant referred to Lord Malcolm's judgement regarding desirable features and that if the existing provision was missing a desirable feature, then it may not be regarded as adequate. The Applicant stated that if he could show the Committee inadequacy and desirable improvements, then they must grant his Application.

5.2.18 The Applicant stated that his point was control of entry, not that it is no entry, and that he could demonstrate security of provision of service, which was less secure if his application was not granted. The Applicant highlighted situations in Bonnyrigg, Auchterarder and East Kilbride, which had consumed multiple resources, hearings and appeals, and stated that it was not helpful to have repeated applications blocked on the basis of commercial protection when public and pharmaceutical services could benefit. The Applicant added that he was providing this service at his own risk.

5.2.19 The Applicant looked at the future forecast, and that he would rather have a contract working together, to provide specialist services to meet community needs, such as mental health, obesity, cardiology, since he believed that one pharmacy could not cover all these services. As an independent prescriber, the Applicant felt that there was more than enough patient load now and in the future to support more than one clinical pharmacy, and had a vision of collaboration rather than competition.

5.2.20 The Applicant referred to the means test and recognised that there were inadequacies in the existing service provision. The Applicant stated that the service was not satisfactory in terms of quality and quantity to meet known and recognised future demands for the growth in the area or to meet the needs of the community. On a standard 3% growth with 200,000 houses being built, on a conservative estimate, the Applicant expected an increase of 130,000 items to be dispensed.. He had based these statistics on ISD figures and his own estimate was based on the standard prescription notes. In terms of the Bishopton Medical Practice (contract 87112) in 2014/15 they had produced 119,331 prescription items with a value of £1.146M, and Kate Stewart Ltd (contract code 4788) had produced 79,361 prescription items with a value of £716,920, which the Applicant declared as sufficient to support an additional pharmacy in Bishopton, even without expansion, and the demand forecast he provided suggested that people would not be able to get their prescriptions, due

to the fact that the current service provider could not hold enough stock, and that if it was situated within walking distance of the health centre, the Applicant asked why was it losing 40% of GP practice output and felt that he would expect a health service pharmacy to provide 80-90% of prescription items. The Applicant also referred to lack of dispensing capacity and that the pharmacy was growing slowly and referred to Mrs Dalrymple's comments at a Council Committee meeting that very few Dargavel residents used her service, and that the Council Committee minutes in June 2015 showed that no residents of 331 occupied houses used the existing pharmacy. The Applicant stated that the existing pharmacy was too small to meet demand, had not changed in 20 years, and was not scaled to cope to meet increasing demand.

5.2.21 The Applicant claimed there was a lack of pharmaceutical resources in Bishopton, and said that in order to reduce harm and improve outcomes, there was a need to increase the number of pharmacies.

5.2.22 The Applicant stated that there was no access for north-west residents in a designated local centre within walking distance, and that they had to go beyond their neighbourhood, and go to the congested town centre. The Applicant referred to parking availability outside the health centre, but not the pharmacy, and referred to a letter of complaint to the health board where a doctor had been unable to get out in order to visit a patient.

5.2.23 The Applicant said that the Local Council plans were for one sustainable community – to keep the resource within the community. The Co-op, which had provided that service, had lost 80% of their business to Erskine.

5.2.24 The Applicant referred to the Bishopton Pharmacy consultation room and claimed it was not fit for purpose; that the current room was not big enough for a mother and baby with a pram. The Applicant said that he was involved with anaphylaxis and claimed that a patient with a reaction in that consultation room would have a problem, and concluded that the Consultation Room was not fit for purpose as it was not in the right environment, provided no anonymity (conversations from the shopfloor could be heard inside), and was dangerous for access.

5.2.25 Regarding access to the Bishopton Pharmacy, the Applicant had taken photos – people had to leave their buggies outside while they went inside, since there was insufficient space in the shop, and that while he had been there, there were two buggies outside and a car pulled in, which he felt was a potential risk. People were parking on the pavement; delivery vans were parking on the kerb – the issue was

with health and safety, with a small car park and people pulling into the main road.

- 5.2.26 The Applicant highlighted several references in the CAR in support of his Application (i) a mother with two young children felt that two pharmacies was more comforting, and that the proposed pharmacy was better for a pram, since she currently had to leave her pram outside the current pharmacy which was not ideal (ii) another person stated that the current pharmacy was too small to deal with the number of people waiting for prescriptions and having to constantly move to let customers in and out and that parking was only a small strip between the main road and the shopfront shared with a hairdressing salon where cars frequently parked for long periods and often parked on the pavement which forced pedestrians on to the main road and that parked cars needed to reverse onto the main road when leaving which was yards from a major junction and there had been 2 fatalities since that person had moved to the area. (iii) requests for easier disabled access (iv) issues with confidentiality and lack of space (v) with extra housing, the person felt that the existing chemist would be under pressure to continue the excellent service.
- 5.2.27 The Applicant referred to the Opening Hours and that no community pharmacy in the neighbourhood or extended neighbourhood was open on a Saturday afternoon. There was no ability to scale or refit the Bishopton Pharmacy to meet future demands. He was aware of the proposal to gain an extra 30 square metres of space and stated that even if that was possible, one pharmacy and one shop were insufficient to cope with a neighbourhood of 15,000-17,000, which was the size of Erskine.
- 5.2.28 The Applicant questioned the current standards of the Bishopton Pharmacy and difficulty in obtaining an inspection report under a Freedom of Information Request and been informed that it was not in the public interest to share that information, although it was possible to obtain audited reports on schools and the health centre, it was not possible to obtain them for pharmacies. There was no ability of the existing contract to state the objective of being self sustainable in order to minimise car use and promote physical exercise using the network of paths and walkways. The premises did not provide a health promoting environment, they had a restricted level of stock held. The Applicant referred to Mrs Dalrymple's loyal customers highlighting alleged stock storage issues where items were not immediately available but were providing the next day or following day after. The Applicant estimated that the current contract could only stock £38k worth of stock, and estimated annual turnover in the region of £700k-900k, which equated to 40% stockholding against turnover, which he claimed was not acceptable in newer communities where people had a different expectation of service. In terms of service, the

Applicant stated that the current contract in Bishopton had failed to deliver, where 15-20 patients had asked for additional services but the pharmacy had not delivered. The Applicant averred that he had found difficulty in obtaining performance information, so his statement was subjective, and stated that the dispensing service was good, but core service was not optimal.

- 5.2.29 The Applicant repeated the issue of access to the North and West of Bishopton, where residents needed to go to the congested town centre, and referred to part of a letter from Annabelle Goldie MSP (Appendix 7) that “the location will be convenient” and that “residents can access the new premises on foot”. The Applicant considered a walking distance to be under 6 minutes.
- 5.2.30 The Applicant referred to the Wilson and Berber Review, section 5.5.2 which recommended that “essential to delivery of pharmaceutical care will be sustainability of premises to ensure that patients’ privacy and confidentiality is safeguarded, and Pharmacy Owners need to consider how this will be achieved”. The Applicant noted that the Review had been published in 2012 and queried how probable Mrs Dalrymple’s possible proposal would be to develop her pharmacy to the recommended standard.
- 5.2.31 The Applicant referred to the Council Committee meeting in September which he felt had been hijacked, and noted that there had been many responses to address the issues which he had raised that evening (i) ‘flu vaccine (ii) EMAS (iii) Clearing Consulting and health promotion leaflets (iv) premises improved from a storage perspective which were only tweaks when significant change was required. The Applicant felt that even if Mrs Dalrymple was able to expand into the adjacent premises, this would still be inadequate, and stated the need for relocation and that any new contract should be in the south towards the station. Land had been sold to provide 450 housing units, and by that time, many residential elements in the North West (orange zone) would be completed, which equated to approximately 5500 additional residents or more. Even if the proposal was to expand and two pharmacy contracts were granted, an additional service was required in the north and north-west, which is why he chose his location, designated as a local centre.
- 5.2.32 .The Applicant stated that sympathy had been extended to the existing service supplier on the basis that she had claimed she was as a small struggling business, and the Applicant highlighted that her service was funded by public money, not all of which was used to develop the services or facilities required. The Applicant stated he had seen accounts that showed that the goodwill for Mrs Dalrymple’s business was being paid down over 6 years; the low overheads and above-average turnover showed that it was a profitable business, and

stated that 47 pharmacies in Greater Glasgow operated at that level, and felt that the issue of viability had been promoted as a serious concern of local stakeholders in the public consultation, and that when he had looked at the consultation regarding the proposed closure of the existing pharmacy, there was also a “fudge “by the health board in relation to the health centre.

- 5.2.33 The Applicant felt that economic viability was not a true test and referred to the “scare story” regarding the closure of Mrs Dalrymple’s pharmacy, and the leakage of 40% of prescriptions in the neighbourhood. The Applicant stated that the opportunity was to ensure premises were fit for purpose;
- 5.2.34 The Applicant claimed his proposal – for 1000 sq ft and two consultation rooms, with adequate parking together with its location were supported by the CAR. The premises would be designed with a modern pharmacy agenda, and the vision was for a Healthy Living Pharmacy (promotion, prevention and protection). The Applicant was engaging with public health colleagues and referred to desirable features such as increasing access to high level expertise, access within walking distance, security and safety, being a local provider with focus on local health needs by ensuring the majority of health prescriptions remained within the neighbourhood; and improving patient experience.
- 5.2.35 The Applicant referred to the Glasgow Cancer service, helping patients to navigate around the services, and the opportunity to cooperate with others including Mrs Dalrymple – proposing that they could split the workload. The Applicant also thought they could provide peer support for each other and also referred to a network of healthcare colleagues.
- 5.2.36 The Applicant also would offer a Saturday afternoon opening service, handling minor ailments and prescriptions and would have a wider range of stock. He welcomed the opportunity to work collaboratively, and wished to do something different, and would provide local leadership to make it happen.
- 5.2.37 The Applicant referred to the consultation process, in particular the new regulations for 90 day public consultation and questioned the value of CAR due to poor methodology and sampling.
- 5.2.38 The Chair interjected to seek the advice of Counsel as to whether it was proper for the Applicant, who was a signatory to the CAR, now to question the validity of the CAR. Counsel confirmed that if the

Applicant was making commentary rather than questioning the validity of the CAR, the Committee could determine the value of that commentary. Counsel also commented that the planning of the CAR had been jointly agreed.

- 5.2.39 The Applicant confirmed he was commenting on the CAR, that there were no population controls (unable to determine where the responses had been obtained from), that the statistics were influenced by a selection basis and were based on commercial interest concerns. The Applicant intimated that the responses were not random, but from a select sample. The Applicant said that the outcomes were different from the MSP survey, from Derek Mackay (which had received responses from over 1000 people over a constituency wide survey) which showed 44% supported the addition of a new pharmacy, 40% not supportive, although 84% in the neighbourhood had also indicated that they did not know enough about the Bishopton development.
- 5.2.40 The Applicant summed up by, explaining he had wished to outline all the issues – that the current community pharmacy in Bishopton was inadequate, in addition to the drivers mentioned in terms of contract standards and expectations, as well as the fact that the village would transform as it doubled in size and the need for additional facilities in the north west side which were within walking distance, that the existing care provided was only to 4000-4500 of the current patient list rather than 7000, which was at odds with the self-sustainable ambition for Bishopton.
- 5.2.41 The Applicant highlighted fundamental enablers required to deliver the quality and quantity of pharmaceutical services required, and that it was impossible for the current contractor to scale dispensing activity significantly or to deliver broader range of services to meet the increasing and significant changes in demand. 30 square feet was too small and did not pass the legal test in terms of security or service and, the issue of leakage in the neighbourhood
- 5.2.42 The Applicant finally concluded that he had explained the process and issues that had confused patients, that the MSP survey was the most representative. His application was a desirable proposition to provide services in the north west and minimised drain on future applications. The Applicant confirmed he would like to work collaboratively with Mrs Dalrymple in order to improve services in Bishopton; his vision was to provide first class care, that the existing service was not adequate and therefore asked the Committee to view his new proposed contract as necessary and desirable
- 5.2.43 At the conclusion of the Applicants opening statement, the Chair gave notice to Counsel that the Committee would need advice on the relevance and applicability of the legal precedents cited by the

Applicant . After all the evidence had been heard, the Chair put the question to Counsel and Counsel stated that she was aware of the cases cited and agreed that they were relevant to the Hearing. She added that she would be able to provide advice to the Committee following the conclusion of the hearing. The Chair indicated this might be necessary as the Applicant had implied that applying the findings in the cases cited the Committee would be bound to grant the application. At this point the Applicant intervened to the effect that he was not seeking to maintain that the Committee was bound to grant the Application on a proper interpretation of the legal precedents that he had cited. On that basis, there was no request made to Counsel to return to the Committee on this matter.

**5.3 Questions from Mrs Dalrymple to the Applicant**

5.3.1 Mrs Dalrymple stated that she had no questions for the Applicant and would wait until she gave her presentation.

**5.4 Questions from Mr Woodrow to the Applicant**

5.4.1 Mr Woodrow queried where the Applicant had obtained his information regarding land for 500 houses, and stated that this was only 350. The Applicant said that the information had changed.

**5.5 Questions from Mrs Henry to the Applicant**

5.5.1 Mrs Henry had no questions for the Applicant.

**5.6 Questions from the Committee to the Applicant**

5.6.1 Mr Ferguson referred to the comment on Langbank and 1000 patients, and queried if the Applicant knew whether the contract had been granted. The Applicant said that it had had no impact on dispensing.

5.6.2 Mr Ferguson asked if the Applicant was an Independent Prescriber. The Applicant confirmed he was not, but was looking at it, and explained he was currently a medical signatory and wished to translate his clinical knowledge.

5.6.3 Mr Ferguson queried the parking statistics, and the Applicant said he was unable to explain why he had speculated but, in his experience, when he had visited a health centre and the pharmacy was busy, he would drive elsewhere.

- 5.6.4 Mr Ferguson queried whether the Applicant saw the Prescription for Excellence being an answer. The Applicant said that it was a potential solution, that the key was to reduce harm, error and adverse drug reactions. There were more complex medicines, and also a health promotion aspect, and essentially looking at half the patients taking prescribed medicines.
- 5.6.5 Mr Ferguson queried the premises inspections and said that inspection reports were not currently able to be sourced through Freedom of Information requests, but regulations were being amended. The Applicant explained that it was a public service funded by public money.
- 5.6.6 Mr Wallace referred to healthcare needs in the neighbourhood and asked whether the Applicant's information was based on local knowledge or national trends that he was seeking to fit in. The Applicant confirmed it was a microcosm of the national picture, not on health equality but on young people, health provisions being scaled back. The Applicant also stated he had been unable to obtain local information from ISD.
- 5.6.7 Mr Roberts made reference to the Applicant's comments on asthma and COPD and asked how much of the Bishopton population had long-term illnesses. The Applicant replied 6% of Bishopton. The applicant went further into figures for asthma sufferers in Bishopton being 394 out of 7000 patients and said that this was an opportunity for additional services to be provided in Bishopton.
- 5.6.8 Mr Roberts noted that Bishopton was a fairly affluent upwardly mobile area and many people did not work in Bishopton itself (and excluded the people working from Hewlett Packard as that was outwith Bishopton). Mr Roberts asked how many people work in Bishopton, from a population of 5239, and asked how many could obtain their prescriptions outwith Bishopton. Mr Roberts asked if the Applicant would agree that the majority of people living in Bishopton worked outwith and were able to obtain their prescriptions outwith. The Applicant disagreed.
- 5.6.9 Mr Irvine asked the Applicant if he felt the residents of the new Dargavel Village would consider themselves to be neighbours of the original Bishopton residents. The Applicant explained that a large number of people moving into the area were family members and explained his own move back to the area had a social connection.

- 5.6.10 Mr Irvine asked the Applicant to define pharmaceutical services. The Applicant replied that it was the four contracted core pharmacy services listed as: AMS; CMS; EMAS: and Public Health and that pharmaceutical care also included patient care.
- 5.6.11 Mr Irvine asked if there had been any complaints on Bishopton Pharmacy regarding inadequacy. The Applicant stated that he had been unable to get any information under a Freedom of Information enquiry.
- 5.6.12 Mr Irvine referred to support for the community pharmacy and health board champions and asked whether the Applicant felt that helped recognise the need for pharmaceutical services. The Applicant said that he was not sure how sustainable the model was, but his proposition was that he was friendly with the clinical pharmacies and was suggesting that community pharmacy could use these services.
- 5.6.13 Mr Irvine referred to evidence on the Derek Mackay MSP survey and asked what question had been posed on the survey. The Applicant said that he had had no influence on the questions posed in the Derek Mackay Survey. The survey question was :
- NHS Greater Glasgow & Clyde is in joint consultation with Mr Andrew Mooney who is proposing to submit an application to open a pharmacy from vacant premises at 19 Greenock Road, Bishopton. This is in view of the growing population of Bishopton. My opinion as the constituency MSP has been sought. I therefore ask:*
- *Would you be supportive of such a proposal?*
  - *Would you be opposed to such a proposal?*
- 5.6.14 Mr Daniels asked whether the Applicant intended to provide a Methadone service. The Applicant confirmed that he would provide such a service.
- 5.6.15 Mr Daniels asked whether the Applicant would provide a collection and delivery service. The Applicant confirmed that he would, if required, and said that he was flexible.
- 5.6.16 Mrs Lynch noted the Applicant's reference to 'flu clinics and anaphalaxis treatment, and queried what the Applicant's issue was on adequacy. The Applicant explained that when administering a drug, it could induce an anaphylactic reaction, and it could lead to a medical emergency and he therefore queried whether it was something that could be or should be done within a pharmacy.

- 5.6.17 Mrs Lynch referred to the Applicant's issue with space, and the Applicant confirmed that it was another aspect of the same point.
- 5.6.18 Mrs Lynch referred to the 40% leakage of prescriptions and asked where they were going? The Applicant said that he did not know and he was basing his information on the ISD figures with which he had been provided.
- 5.6.19 The Chair asked for one point of clarification within the papers, in particular the first two sections of CARS where the raw numbers showed substantial support for the proposal for a new pharmacy and the definition of neighbourhood being 86%, but queried the narrative where a number of people expressed the view that Dargavel Village was a separate entity which showed a lack of consistency within the community. The Applicant referred to CAF planning which had produced opposition but as the development progressed, benefits were seen. The Applicant said it was about social networks – family and friends which could double the size of the village which could lead to a division between north and south, although the Community Council were seeking to keep one neighbourhood.

#### **5.7 The Interested Party's Case – Mrs Dalrymple of Bishopton Pharmacy**

- 5.7.1 Mrs Dalrymple introduced herself as the owner and full time pharmacist at Bishopton Pharmacy and thanked the board for giving her the opportunity to put her case to them.
- 5.7.2 Mrs Dalrymple said that the pharmacy at Bishopton had been put up for sale three and a half years ago and having worked there occasionally for the previous owner, Mrs Dalrymple had been aware that with hard work and commitment the pharmacy could be turned around in service to the community. She employed eight people including a driver who, apart from one technician, are local and all work part time and could have their hours increased depending on demand.
- 5.7.3 Mrs Dalrymple referred to the Applicant's proposed neighbourhood which corresponds to the postcode area PA7 and suggested that this is not a 'neighbourhood' in the normal sense of the word and for the purposes of the Legal Test proposed that the actual boundaries of the village of Bishopton would be a more accurate description which are quite clear on the map.

- 5.7.4 Mrs Dalrymple said that some may suggest that the new developments on the former ROF site are a different neighbourhood from the old village, but in her opinion Bishopton - old and new- is a single neighbourhood.
- 5.7.5 Mrs Dalrymple said that Bishopton Pharmacy provides the vast majority of services to the neighbourhood. Residents may also access pharmaceutical services in neighbouring Erskine, or further afield if convenient for work, shopping, etc. Her pharmacy provided the full range of NHS pharmaceutical services, both core services and locally negotiated services, and also provides a number of non-contractual additional services.
- 5.7.6 Mrs Dalrymple believed that the key question for the panel turned on the question of adequacy of service - not only now, but in the future and that if services are regarded as adequate to meet the needs of the neighbourhood both now, and in the foreseeable future, then the application should fail at this point.
- 5.7.7 Mrs Dalrymple said that the basis of the application would seem to be on the claim that the existing service is inadequate and provides services which are *"not in satisfactory quality or quantity to meet current... and future demands"*.
- 5.7.8 Mrs Dalrymple refuted this and said she was extremely proud of the high standards of service that she provided to the local community, and found the claims about her supposed *'antiquated ... 70s style pharmacy'* to be insulting.
- 5.7.9 In order to assess the adequacy of the service currently provided Mrs Dalrymple provided some information about the demographics of the neighbourhood population. The population at the 2011 census was 4708, a decrease from 2001 when it was 5157. However, with the commencement of the Dargavel Village development there has been a modest increase in population to approximately 6000 -this figure being based on the number of patients registered with the GP practice and resident in the village. However also includes patients resident in nursing homes of which receive prescriptions elsewhere. Bishopton has a healthy, wealthy and mobile population. Mrs Dalrymple continued, by saying that a single pharmacy serving an affluent population of 5,500-6,000 is far from unusual and the workload is unremarkable and gave Houston, as an example, with a population of over 6000 which had a single pharmacy. Erskine, with a less affluent population, has 15,300 residents and three pharmacies - that's one for every 5,100 patients.

5.7.10 Mrs Dalrymple said Bishopton Pharmacy offered the following services to their patients, and to an exceptionally high standard:

CMS:

- 96% of patients had a completed CMS assessment and care plan.
- 30% had had a high risk or new medicine intervention
- 81% of CMS registered patients had a serial prescription, and Mrs Dalrymple felt that this unusually high percentage was a reflection of the great relationship with the local GP practice

eMAS:

Mrs Dalrymple said that the last census would suggest that 32% of the population were either children or pensioners, and that would equate to approximately 1500 persons, and said that there were 1519 patients registered for eMAS, which would suggest almost everyone in the village who is eligible is registered, and claimed This was as a result of the huge effort made to publicise the service, and the GP receptionists signposting it to reduce workload at the surgery.

- Mrs Dalrymple said that the pharmacy provided supervised methadone and suboxone. As would be expected in a relatively affluent neighbourhood such as Bishopton, the number of patients using this service was low – currently numbered at 3.
- Mrs Dalrymple said that her pharmacy performed well with regard to Local Enhanced Services. In a list of the ten local pharmacies, in 2014/2015, Mrs Dalrymple said that she completed the third highest number of asthma reviews and MyMed reviews and was second highest for biphosphonate LES reviews.
- Mrs Dalrymple said that her pharmacy had excellent working relationships with other local healthcare professionals and she had had regular meetings with the GP practice staff and regularly attended their practice meetings to discuss problems and solutions with the doctors, nurses, practice manager and reception staff, and said that the letter received from the GPs confirmed their satisfaction with the pharmacy service in place.
- Mrs Dalrymple indicated that she was approaching the end of her independent prescribing course, and would soon hope to offer independent prescribing clinics. The Pharmacy also provided smoking cessation and Emergency Hormonal Contraception

- Mrs Dalrymple said that the pharmacy was on the palliative care pharmacy list, and she worked closely with the district nurses based at Bishopton and often helped them out last minute with prescriptions and deliveries.

- 5.7.11 Mrs Dalrymple said that one of the major criticisms the applicant made about her pharmacy related to its size – and said that although it may not be the biggest, it was perfectly adequate. Her consultation room worked perfectly for one-to-one private consultations. Wheelchair users could get in easily using our ramp and she noted a comment from the public survey from a patient whose daughter uses a wheelchair: *"Why change something which has been working for a long number of years. Good parking in the community centre car park, easy walking distance from the surgery ... a green crossing and dipped kerbs which my daughter fought so hard for many years ago ... There are no dipped kerbs around the proposed [new] pharmacy ..."*
- 5.7.12 Mrs Dalrymple said that her pharmacy had no problems accommodating prams, and there were young mums with prams in the pharmacy every day and said that because they managed their workload by collecting prescriptions at the surgery up to five times a day, patients rarely waited more than three minutes for a 'hand in' prescription or other service. With a steady footfall, this meant that there were never any more than a few people in the pharmacy at any one time.
- 5.7.13 Mrs Dalrymple said that their dispensary is compact, but efficiently run. With twice daily deliveries from four different wholesalers there was no need to hold large quantities of stock and her patients had no complaints about balances or items not being available.
- 5.7.14 Mrs Dalrymple said that the Committee would have seen there was good parking at the pharmacy: at the community centre car park across the road, and the private spaces outside my pharmacy, and said that the Applicant claimed that there were parking problems associated with her pharmacy - but refuted this point. The recent complaints about parking had been related to the health centre - not the pharmacy, which had been confirmed by the community council letter and claimed that there was more dissatisfaction with parking around the proposed new pharmacy than there was with parking at her pharmacy, which could be seen in the patient survey responses.
- 5.7.15 Mrs Dalrymple said that the opening hours were appropriate for the needs of the local population and comply with the Board's model hours scheme . In addition her pharmacy was open during lunch and said that the Committee would be aware that any proposed hours in

excess of the Board's model hours scheme were not relevant to the application process for two important reasons:

- Where additional hours of opening were required to ensure an adequate pharmaceutical service in any particular neighbourhood, the mechanism by which the board remedy the situation would be by consulting with the APC, then with the APCC, and introducing a ROTA. It is not for the PPC to remedy the situation by granting a new contract.
- An applicant could state any hours they wished on their application, but would be under absolutely no obligation to continue any additional hours once they opened their pharmacy.

5.7.16 Mrs Dalrymple claimed that the same applies to any service offered other than core NHS services. An applicant could offer the world, but once trading, they were not obliged to follow up on any promises.

5.7.17 Mrs Dalrymple asserted that she did not think there could be any dispute - she did not have a 1970s pharmacy service but a 21st century pharmacy service of high quality, and current services were in excess of what might be described as 'adequate'.

5.7.18 Mrs Dalrymple said that even if the PPC were satisfied that existing services were adequate it may believe that the existing pharmacy was unable to cope with increasing demand in the foreseeable future and therefore might grant the application in order to secure an adequate pharmaceutical service. Mrs Dalrymple commented that such a decision would require very good evidence and refuted that there was any evidence that the existing pharmacy would not be able to cope with increasing demand.

5.7.19 Mrs Dalrymple asserted that where there was an increase in demand in a neighbourhood in which there was an existing service, the most cost-effective way to manage this demand was for the existing contractors to redesign and expand their business in order to absorb this increase. This was not a 'new town' with no existing service.

5.7.20 Mrs Dalrymple believed that only where a contractor was either unable - or unwilling - to redesign and expand to meet the needs of the growing population would it be appropriate to consider granting an application. She stated that was both able, and willing, to expand the pharmacy to meet the needs of the future population.

- 5.7.21 Mrs Dalrymple said that there were 150 houses proposed to be built every year with a completion date in 2033 - which was in 17 years time, and said that it meant a very gradual increase in population of about 400 people each year. Furthermore, the demographics of this area was mainly made up of young, relatively affluent families, put a relatively smaller burden on pharmacy services than an 'average' population, and Mrs Dalrymple commented that this was where the Applicant's claim about a 'doubling in size' came from. Mrs Dalrymple agreed that Bishopton might double in size if all of the proposed housebuilding takes place (which would be dependent on every house built each year being sold) but said that doubling in size would not happen until 2033, and that adding these numbers up, would give a potential population of around 12,000 people if everything goes to plan. Given the type of population, this might generate anything up to around 12,000 items a month which would be significantly more than they handled at present, and also stated that 12,000 items was not unusual, as there were hundreds of pharmacies across Scotland with dispensing turnover in these numbers. Mrs Dalrymple reiterated the point that reaching these numbers would not happen until 2033.
- 5.7.22 Mrs Dalrymple said that the Applicant had failed to provide any evidence whatsoever that Bishopton Pharmacy would be unable to cope with these changes - in the foreseeable future.
- 5.7.23 Mrs Dalrymple said that there are two options available to the pharmacy. The first related to the letter from the owners of the hairdresser next door which said that they agreed to give the pharmacy first option on their premises when they retired in the very near future, which would allow the pharmacy to double in size and create a facility that would be fit for the future.
- 5.7.24 Mrs Dalrymple referred to the second option – that growth in the local population was already creating a strain on the GP practice, which would eventually require new purpose-built premises and an expansion of the GP team. Mrs Dalrymple commented that it may be more cost-efficient (and better for patients) for the pharmacy to be part of any future purpose-built health centre, but that currently the only solution being looked at is expanding the present GP practice, and no-one had suggested a second GP practice. Mrs Dalrymple claimed that, either way, she would have no problems in meeting the needs of the growing population of Bishopton.
- 5.7.25 Mrs Dalrymple said that pharmaceutical services provided by the existing pharmacy could reasonably be foreseen to be adequate far into the future.

- In the detailed healthboard survey 79% believe there was currently adequate provision of pharmaceutical services within the neighbourhood
- The GP's letter stated that 'the pharmacy provided a more than adequate service to the community'
- The APC did not support a new application
- The Bishopton Community Council (although they had not known of her plans to extend in the near future) did not believe that there was a need for additional pharmacy facilities in the village
- AS regards the CAR, Mrs Dalrymple felt that comments like 'well loved and not just a business' and 'no value in fragmenting an excellent service in Bishopton', hopefully showed that the pharmacy was well appreciated and went above and beyond to provide the community with an excellent pharmaceutical service.

5.7.26 Mrs Dalrymple asserted that the Application failed the legal test, even when taking into account the needs of a future population.

5.7.27 Mrs Dalrymple referred to one important part of the legal test: 'securing' an adequate pharmaceutical service and stated that that aspect of the test was commonly used to argue that a new entrant would not be viable, or that it would be likely to make an existing pharmacy unviable. Since this did not 'secure' a service then was an argument for the Application to be refused.

5.7.28 Mrs Dalrymple said that did not believe the PPC needed to consider the viability of the proposed pharmacy, or the continuing viability of the existing pharmacy because the application already failed the legal test on the grounds that the existing pharmacy currently provided an adequate pharmaceutical service and could do so well into the foreseeable future.

5.7.29 Mrs Dalrymple explained that she had purchased the pharmacy just three and a half years ago. with a huge loan over 10 years, most of which was still owed to the bank. In order to repay this loan, the pharmacy needed to make modest increases in turnover and profitability as agreed with the bank, and so far that has been achieved. If a new pharmacy were to open in Bishopton, the likely effect on the existing pharmacy would be to make it extremely difficult to meet the loan repayments and could lead to Mrs Dalrymple losing the business.

5.7.30 Mrs Dalrymple concluded by stating she thought it ironic that when the Applicant was asked at a Community Council meeting why he

had not tried to purchase the Bishopton Pharmacy when it was up for sale three years ago, he had replied that 'he couldn't take on that financial risk'. Mrs Dalrymple stated that she had agreed to "take on the risk".

## 5.8 Questions from the Applicant to Mrs Dalrymple

- 5.8.1 The Applicant queried the population figures and how Renfrew Council had based their projections. Mrs Dalrymple said that the person she had spoken to had provided the figure of 150 houses per year, assuming that they were all built, which would be 377 houses over 3.5 years.
- 5.8.2 The Applicant asked whether Mrs Dalrymple was aware of the Community Council's views and Renfrew Council's reference that one pharmacy could service 15000 patients. Mrs Dalrymple confirmed that she believed they could cope, and confirmed she was about to complete her Independent Prescriber course and also questions about more primary care pharmacists and more recently had a push from GPs.
- 5.8.3 The Applicant asked whether this meant pharmacists in Bishopton and Mrs Dalrymple confirmed and referred to her letter from the Dr Tiwari. She explained that although GPs had to remain neutral, it had been Dr Tiwari's personal decision whether to write the letter.
- 5.8.4 The Applicant referred to 12000 prescription items and asked what kind of stockhold she had. Mrs Dalrymple explained that figure was for 2033, that she managed her stock well and it was not often that patients had to come back, and that between her pharmacy and the one in Erskine, they had a good relationship; if she did not stock the drug, then they would not have it either.
- 5.8.5 The Applicant asked Mrs Dalrymple to explain the 40% leakage of prescriptions. Mrs Dalrymple explained it was from the population working out with Bishopton; and also related to two nursing homes and a large Erskine hospital population; and also outwith the GP practice, there were around 900 patients who did not have a PA7 postcode, so coordinated collect and delivery from their own local pharmacy.
- 5.8.6 The Applicant asked for Mrs Dalrymple's current level of Turnover. The Chair interjected and stated that this was commercially confidential corporate information and it was possible for Mrs Dalrymple to claim commercial confidentiality. Mrs Dalrymple confirmed she did not wish to release that information.

- 5.8.7 The Applicant asked whether Mrs Dalrymple took part in the Community Pharmacy Locally Enhanced Services for Asthma. Mrs Dalrymple confirmed she had been one of 10 local pharmacies who had participated, which meant they could only see patients if they had not been seen by a doctor; all contractors had experienced difficulty, she had come top. The targets had subsequently changed. This year she had been only one of 2 pharmacies doing well at it.
- 5.8.8 The Applicant queried the number of patients and Mrs Dalrymple was unable to supply a figure.
- 5.8.9 The Applicant referred to the proposed Dargavel Village development and asked why the number would be higher. Mrs Dalrymple said that she had been looking at it as something useful if the number reached a certain stage, and would work out what was best for her pharmacy.
- 5.8.10 The Applicant asked whether she worked collaboratively with clinical pharmacists, and Mrs Dalrymple confirmed she already had such a relationship with Erskine

#### 5.9 **Questions from Mr Woodrow to Mrs Dalrymple**

- 5.9.1 Mr Woodrow stated that in an ideal world the Community Council envisaged long term development of the community with the healthcare and sought clarification on whether Mrs Dalrymple would go into healthcare if that became a reality. Mrs Dalrymple confirmed that it was a possibility.

#### 5.10 **Questions from Mrs Henry to Mrs Dalrymple**

- 5.10.1 Mrs Henry referred to the 1% target and Mrs Dalrymple explained that they held prescriptions for a year, and could manage the workload, and also had a lot of CMS
- 5.10.2 Mrs Henry referred to the targets being quite challenging, and Mrs Dalrymple confirmed that it had been difficult for contractors, and the targets had been altered for this year, which is why she was well within the target range.

#### 5.11 **Questions from the Committee to Mrs Dalrymple**

- 5.11.1 Mr Ferguson referred to the poll for the previous year. Mrs Dalrymple said that not many chronic conditions had arisen, and were not at the level where she needed to increase workloads.
- 5.11.2 Mr Wallace asked where Mrs Dalrymple proposed working when she completed her Independent Prescriber course. Mrs Dalrymple said that although she could deliver this service in the pharmacy, she had an issue about accessing patient's details since you needed patient information when conducting clinics. The GPs had indicated that they could provide a room for the clinics in order to access patient details.
- 5.11.3 Mr Roberts asked if there was a care home in Bishopton. Mrs Dalrymple confirmed that there was, and that they did a delivery service.
- 5.11.4 Mr Roberts referred to the high number of CMS and asked whether that related to polypharm statistics. Mrs Dalrymple explained that their patients were generally stable although they may have a chronic condition.
- 5.11.5 Mr Irvine asked Mrs Dalrymple to define adequacy. Mrs Dalrymple stated it related to providing a good service and looking after the community, and having time to deliver the core services. Patients felt happy, they had had no complaints and the reason for losing business was that they had moved out with or transferred to nursing homes. Mrs Dalrymple stated that she had a long term commitment to the community – building trust and relationships.
- 5.11.6 Mr Irvine queried the footfall of patients to her pharmacy and whether Mrs Dalrymple had analysed where they had come from. Mrs Dalrymple stated that she had not analysed this information – the main catchment was Bishopton, but they had a few from Erskine, and none from Langbank.
- 5.11.7 Mr Irvine asked if Mrs Dalrymple employed a checking technician. Mrs Dalrymple stated that she did not, but indicated that she would like to do so and said that she was forward thinking.
- 5.11.8 Mr Irvine referred to the letter from the hairdressing salon with regard to the phrase “in the near future” and sought clarification. Mrs Dalrymple said that the salon owners were approaching retirement age and anticipated retirement within the next 15 months.

- 5.11.9 Mr Irvine queried the need for an additional pharmacist at present or in the future. Mrs Dalrymple said that at present there was no need, but consideration would be given for the future.
- 5.11.10 Mr Daniels said asked Mrs Dalrymple to elaborate on her delivery service. Mrs Dalrymple explained that they had a driver who worked two days a week and they were delivering on a daily basis. The turnaround to get a prescription could be achieved within 15 minutes.
- 5.11.11 Mrs Lynch noted Mrs Dalrymple's prediction of 150 proposed new houses per year and her statement that prescriptions could increase up to 12,000 items per month which compared to the average number of prescriptions was between 6000-7000 prescriptions per month, and asked her to elaborate. Mrs Dalrymple explained that it was not a deprived area.

5.12 **The Interested Parties' Case – Mr Woodrow from Bishopton Community Council**

- 5.12.1 Mr Woodrow explained that communication had broken down between the developers and the Community Council. They had representatives on the Council from the Gable Village and the Community Liaising Group and other bodies that made up a development.
- 5.12.2 The original proposal had been for 2500 houses, and had been increased to 2900. The pace of development was moving ahead. Over the next couple of months they anticipated bringing the North and South together with a new link road, which would bring traffic through the village, and would provide an opportunity to other developers.
- 5.12.3 Phase 2 had been remediated and was available to developers. There was a possibility of an additional pharmacy being placed within the development. Mr Woodrow referred to the letter (which had been presented to the Committee but not admitted) from Bishopton Community Council to Renfrewshire County Council regarding an impasse which had developed between the Health & Social Care Partnership and developers and the Community Council.
- 5.12.4 Mr Woodrow referred to the survey from Derek McKay MSP which had received more responses for rather than against the development.
- 5.12.5 Mr Woodrow confirmed that they were happy with the current pharmaceutical provision and indicated that they would be happy for

this to be expanded sooner rather than later. The Community Council work with Renfrewshire Council and the developers and a number of other people. They walked a tightrope with those who were against the development and did their best to communicate with everyone with what the community wanted.

5.12.6 Before letting the interested parties ask questions, the Chair sought clarification on the positioning of the new link road referred to by Mr Woodrow. Mr Woodrow explained that the link would join up Slateford Road on the North of the development with Briary Road on the south, . Mr Woodrow confirmed it was about linking the community and that the development had been delayed slightly due to the recent wet weather.

### 5.13 Questions from the Applicant to Mr Woodrow

5.13.1 The Applicant referred to the Community Council's proposition on the type of pharmacy and asked what timescale he would put on the proposed development. Mr Woodrow said that Mr David Lees and CHP had been uncommunicative on the project.

5.13.2 The Applicant referred to Mr Woodrow's statement that there had been no access issues at the pharmacy, but there were at the Health Centre. Mr Woodrow stated that the Community Council could only respond to what has been referred to Council – there had been no reported issues about access to the pharmacy, but many complaints about access to the health centre.

5.13.3 The Applicant asked whether, in Mr Woodrow's opinion, whether one pharmacy could serve the community. Mr Woodrow said that he could not answer that question, but in an ideal world, the Community Council would like the health centre to move (with pharmacy), by being closer to the rail station with good parking and an alternative village centre.

### 5.14 Questions from Mrs Dalrymple to Mr Woodrow

5.14.1 Mrs Dalrymple queried the amount of traffic on the roads and Mr Woodrow stated that it would ease traffic on the main road; that the railway station feed would come from the East into the station rather than from the West into the station, and the link road would take traffic towards the Red Smithy, so it would ease traffic congestion.

5.14.2 Mrs Dalrymple referred to the health service being provided in the community, as she believed services were already adequate. Mr Woodrow explained that the health board was being unhelpful with developers and there was an issue with access to the health centre, and referred to an instance where a doctor was unable to go out on an emergency visit as he had been blocked in.

- 5.14.3 Mrs Dalrymple referred to MSP's survey and said that she had no part and had not mentioned adequacy, only her plans for the future. Mr Woodrow confirmed that the MSP survey had been conducted without Mrs Dalrymple's involvement but could not comment further.

5.15 **Questions from Mrs Henry to Mr Woodrow**

- 5.15.1 Mrs Henry had no questions.

5.16 **Questions from the Committee to Mr Woodrow**

- 5.16.1 Mr Daniels queried how long before other areas desired their own Community Council, and whether there would be separate areas. Mr Woodrow outlined several areas and confirmed that there was the Gables Resident Association where land was managed by a party provider but there were other issues with who maintained the green space.

- 5.16.2 Mr Irvine asked if Mr Woodrow was aware of any complaints within Bishopton. Mr Woodrow said that he had only received positive comments.

5.17 **The Interested Parties' Case – Mrs Claudia Henry representing Andrew Hughes Chemist**

- 5.17.1 Mrs Henry stated she agreed with the defined neighbourhood.

- 5.17.2 Mrs Henry agreed that the service provided was adequate, not just by Bishopton Pharmacy but also by their Chemist and that of Lloyds in Erskine.

- 5.17.3 With regard to the 40% prescription leakage referred to earlier, Mrs Henry stated that Bishopton did not have a large supermarket, and Erskine did not have a railway station.

- 5.17.4 Mrs Henry noted that people were moving into the area, which was becoming a commuter area – people would come to them for the car parking, supermarket, optician and dentist, as there were many services that they had in Erskine that Bishopton was unable to supply, except for the railway.

- 5.17.5 Mrs Henry noted that the area to the north was more covered by them than by Bishopton. Erskine Hospital was a nursing home, and they went elsewhere for their pharmaceutical services.
- 5.17.6 Mrs Henry discussed the Andrew Hughes Chemist. They had two pharmacists who did not need to work full time. There was scope for them to work 5 days a week if patient numbers increased. One Staff Member was in the process of training to be an Independent Prescriber.
- 5.17.7 Mrs Henry explained that they did not need to cover just one area, but could also cover other areas, the same as Mrs Dalrymple, and could specialise in many areas.
- 5.17.8 Mrs Henry believed that Bishopton had excellent pharmaceutical services. They had a few patients from Bishopton, but not because they were unhappy with the service provided by the Bishopton Pharmacy.
- 5.17.9 Mrs Henry referred to the issue of supply, and that their delivery driver would go to Bishopton Pharmacy, and their delivery driver would go to Andrew Hughes Chemist. They could get most items between the two pharmacies, and stated that people were not missing out as they covered this service between both pharmacies.
- 5.17.10 Mrs Henry objected to the new pharmacy, as it was unlikely to gain business as there were no inadequacies from Bishopton Pharmacy, and believed that the Applicant would therefore target Erskine for customers, which would have a negative impact on their business.
- 5.17.11 Mrs Henry stated that the survey she had seen had shown that 79% believed that the current service was adequate and asked the Committee to reject the application based on the fact that there were no inadequacies with the current service.
- 5.18 **Questions from the Applicant to Mrs Henry**
- 5.18.1 The Applicant asked Mrs Henry for the population of Erskine and the number of pharmacies. Mrs Henry confirmed the population was around 15,000 people and there were currently 3 pharmacies.
- 5.18.2 The Applicant asked Mrs Henry for her annual level of dispensing items in order to see if the security of provision in Erskine was at risk, since if he could prove that services in the neighbourhood were inadequate, then Erskine also needed to be taken into consideration.

Mrs Henry said that the 40% leakage was not due to inadequacy but due to other reasons to commute from Bishopton to Erskine; the main reason being to visit the large supermarket, since Bishopton did not have anything similar.

- 5.18.3 The Applicant referred to the Co-op being developed and asked if that was successful. Mrs Henry said she was unable to answer that question as it could not be compared with Aldi in Erskine.
- 5.18.4 The Applicant asked if Mrs Henry was aware of a plan for a new supermarket development in the village and that one of the interested providers was Aldi. Mrs Henry said no, she was not aware.
- 5.18.5 The Applicant asked why no pharmacies were open on Saturday afternoon, and queried if it was for purely commercial interests. Mrs Henry said that they worked with systems in a rota, and it had proved not worthwhile opening full time on Saturday and Sunday, and that in an emergency, patients could visit RAH to get emergency prescriptions.
- 5.19 **Questions from the Mrs Dalrymple to Mrs Henry**
- 5.19.1 Mrs Dalrymple had no questions.
- 5.20 **Questions from Mr Woodrow to Mrs Henry**
- 5.20.1 Mr Woodrow had no questions.
- 5.21 **Questions from the Committee to Mrs Henry**
- 5.21.1 The Committee had no questions.
- 5.22 **Summing up**
- The Applicant and Interested Parties were then given the opportunity to sum up.
- 5.22.1 **Mrs Henry** stated that it was not desirable or necessary to approve the Application.
- 5.22.2 **Mr Woodrow** had no comment.
- 5.22.3 **Mrs Dalrymple** said that in response to the question of opening hours, if there was a demand for opening on a Saturday afternoon, her pharmacy would be willing to open.

- 5.22.4 Mrs Dalrymple commented that any new entrant to the area would impact on the existing pharmacy, not only in a financial aspect by not reaching budgets agreed with the banks but it would not add to the already adequate existing service and future service being provided. Mrs Dalrymple said that the existing pharmacy was not overworked and staff had time to speak to patients; that Bishopton Pharmacy provided an excellent service to the community, going above and beyond the duties of a pharmacy whether that be out of hours delivery, communication to the GP's on patient's behalf, sourcing products or simply posting housebound patients' mail. In terms of pharmaceutical services, Mrs Dalrymple said that a new pharmacy would not improve on those services already being provided and that approving a new contract would not add anything new to the area. She said that new house owners all have at least one car per house and that many people travelled out with Bishopton to work – and commented that was a difference between a need and a convenience.
- 5.22.5 Mrs Dalrymple said she had taken the risk and had been steadily working towards running an efficient, caring pharmacy and had increased the scope of services given to the residents of Bishopton. Mrs Dalrymple said she had a long term commitment to the community and by working extremely hard had hopefully changed the village's attitude with regards to the service that the pharmacy could provide.
- 5.22.6 Mrs Dalrymple said that Bishopton Community Council, the health board subcommittee, the health board survey, the doctor's letter and objections from nearby pharmacies did not support the new application.
- 5.22.7 Mrs Dalrymple believed the board's first responsibility should be to ensure the adequacy of the existing provision of services, not the adequacy or desirability of some other possible configuration of services in the neighbourhood. as no spectrum on adequacy of services came into being and, in her opinion, this application should fail.
- 5.22.8 **The Applicant** stated that it had been a difficult process to reach this stage, that Mrs Dalrymple's 30 square metre shop had constraints and was not fit for the future.
- 5.22.9 The Applicant said there was a need for an additional pharmacy as there was no provision for people in the north west to walk to. The Applicant alluded to patient expectations being different.

- 5.22.10 The Applicant said he would provide local leadership and wished to support local pharmacies in order to provide a flagship community pharmacy, which was why he was giving up working in London in order to make a difference locally.
- 5.22.11 The Applicant said the existing provision was not adequate as there had been issues with access – injuries as well as fatalities.
- 5.22.12 The Applicant referred to Erskine, which only had an hourly bus service and that the only reason for going there was for the supermarket, and that a new supermarket in Bishopton would change that infrastructure.
- 5.22.13 The Applicant concluded by saying it was time for pharmacy services to move forward. The Applicant thanked the Committee for their patience and time.

5.23 **After confirming with all parties that they had received a full and fair hearing, the Chair adjourned the Hearing in order to allow the Committee to deliberate on the written and verbal submissions. The Applicant and Interested Parties were asked to remain in the vicinity in order to be recalled if required.**

5.23.1 Having considered the written evidence submitted in advance of the hearing, the evidence presented at the hearing, and the Committee's observations from the site visit, the Committee had to decide firstly, the question of the neighbourhood in which the premises to which the application related, were located.

5.23.2 The Chair noted that the Committee would first define the neighbourhood before looking at the question of adequacy.

5.23.3 **Neighbourhood:** Whilst the Committee accepted that there were stretches of unoccupied land within the Applicant's defined neighbourhood nevertheless the postal district PA7 was clearly the most sensible way to define the neighbourhood of the village of Bishopton, including Dargavel Village and the immediate hinterland. The other options suggested were by the PAC who suggested a minor amendment to the Southern boundary which included part of Houston and by Mrs Dalrymple who wished to exclude all of the rural hinterland but made no suggestion as how this could easily be achieved. The various developments within Bishopton were accepted locally as a village and the only question was whether Dargavel, when fully developed, might come to be regarded as a separate neighbourhood. The Committee thought it was premature to speculate on such a possibility and preferred to rely on the opinion of the nominated community representative that Bishopton, including Dargavel, was regarded as one neighbourhood that contained all the facilities required such as schools, churches, shops and community facilities, as well as the Bishopton Pharmacy. Accordingly, the Committee considered that the neighbourhood should be defined as contained in Mr Mooney's application as follows:

PA7 Boundary area – Red Dash on Map 4 GG&C HB Map (which had been provided as an Appendix to Mr Mooney's application):

- North: River Clyde
- East: M8 / M898 / A898
- South: B790 / Houston Road
- West: Barochan Burn / Barochan Road, B789

5.23.4 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability:**

- 5.23.4.1 Having defined the neighbourhood area, the Committee was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable to secure adequate provision of pharmaceutical services in that neighbourhood.
- 5.23.4.2 The Committee noted that within the neighbourhood as defined by the Committee, there was one pharmacy. The Committee noted that the Applicant had made several claims as to the inadequacy of the current provision. The Committee was satisfied from the evidence presented that the pharmacy provided a comprehensive range of pharmaceutical services including NHS core services and supplementary services. The Committee was also satisfied that claims about stock shortages, general poor levels of service provision were neither supported by the evidence nor by the expressions of satisfaction with the existing service to be found within the CAR. The Committee considered, therefore, that the level of existing services to/and within the defined neighbourhood, provided satisfactory access, for those resident in the neighbourhood, to pharmaceutical services. The Committee therefore considered the existing pharmaceutical services in the neighbourhood were adequate.
- 5.23.4.3 Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy namely: the Bishopton Pharmacy and the three contractors in Erskine, 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.
- 5.23.4.4 In considering the proposed residential housing development at Dargavel Village, the Committee took account of the findings in the legal precedents cases cited by the Applicant. The Committee considered it reasonable to take account of probable developments over the next two to three years but felt that to go beyond that time period became speculative in terms of the potential impact on the neighbourhood as a whole. The Committee noted that taking account of reductions in the level of population prior to the most recent development, the current evidence from the residential housing development did not provide

sufficient grounds to support the need for an additional pharmaceutical service in the foreseeable future.

- 5.23.4.5 The Committee noted that the area was quite affluent, with many car owners and no social housing which had the effect of reducing demand for pharmaceutical services compared with the National average.
- 5.23.4.6 The Committee considered all of the evidence provided in the CAR, given that it was now a requirement of the Regulations and had been laid before the Committee in good faith. The Committee noted in particular the evidence that 79% of responses expressed satisfaction with the existing pharmaceutical provision.
- 5.23.4.7 In addition, the Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source, which demonstrated that the services currently provided to the neighbourhood were inadequate. The thrust of the Applicant's case was to the effect that there were a range of pharmaceutical services not being provided by the Bishopton Pharmacy yet no evidence was led to show that the services the Pharmacy was contracted to provide were not being provided
- 5.23.4.8 Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the Committee agreed that the neighbourhood was currently adequately served.

**In accordance with the statutory procedure the all Pharmacist Members of the Committee, and Board Officers were excluded from the decision process**

5.24 **DECISION**

5.24.1 The Committee, for the reasons set out above, considered that the pharmaceutical services in the neighbourhood was adequate.

5.24.2 The PPC was satisfied that the provision of pharmaceutical services at Unit 3, 19 Greenock Road, Bishopton, PA7 5JW was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

.....  
**Mr Ross Finnie as Chair of the PPC:**

.....  
**Date**

APPROVED

Pharmacy Practices Committee (02)  
Minutes of the Meeting held on  
Tuesday, 12 April 2016 at 1300 hours  
Vale Centre for Health & Care  
Main Street, Alexandria, Dunbartonshire, G83 0UE

<b>PRESENT:</b>	Mr Ian Fraser	Chair
	Mrs Catherine Anderton	Lay Member
	Mr Stewart Daniels	Lay Member
	Mr Colin Fergusson	Contractor Pharmacist Member
	Dr James Johnson	Non-Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
	Mr Michael Roberts	Lay Member
<b>IN ATTENDANCE:</b>	Mr Michael Stewart	Legal Advisor, NSS Central Legal Office
	Ms Gillian Gordon	Secretariat, NSS SHSC
	Mrs Susan Brimelow	Board Member, GGC, Observer
	Ms Janine Glen	Contracts Manager, GGC
	Ms Fiona Riddell	NHS Highland, Observer

**Prior to the consideration of business, the Chair asked members to indicate any interest or association with any person with a personal interest in the application to be discussed.**

**No member declared an interest in the application being considered.**

**The Applicant and Interested Parties were invited into the meeting.**

The Applicant, Ms Alia Sohail was accompanied by Dr Zofia Joss. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Kenneth Irvine representing Bonhill Pharmacy, Mr Parvez Aslam Aslam representing Marchbanks Pharmacy, Mr Rodney Haugh, accompanied by Ms Jane Kelly, representing Gordon's Pharmacy, Ms Emma Griffiths-Mbarek, accompanied by Mr Alan Harrison, representing Well Pharmacy and Ms Theresa Hollywood, the community representative nominated by Balloch and Haldane Community Council. The Chair reported that Mr Charles Tait representing Boots UK Ltd was unable to attend but had submitted a written statement which would be read out following the Interested Parties' submissions.

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

**Case No: PPC/INCL02/2016**

Sohail Healthcare (Scotland) Ltd, 8 Hillview Place, Main Street, Alexandria, G83 0QD.

The Chair welcomed all to the meeting, covered Health and Safety arrangements and introductions were made.

The Applicant and Interested Parties were informed that no Committee member had declared an interest in the application being considered.

The Committee was asked to consider an application submitted by Sohail Healthcare Ltd to provide general pharmaceutical services from premises situated at 8 Hillview Place, Main Street, Alexandria, G83 0QD under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Chair advised that the National Appeal Panel had issued a Practice Note stating that in the event of the PPC needing to take advice from CLO, this was required to be given in open session. This meant that the Applicant and Interested Parties would be invited to remain behind during the Committee's private deliberations and would be called if legal advice was required.

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 to 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 Sohail Healthcare (Scotland) Ltd and asked for confirmation that this had been received. All did so. The Applicant and Interested Parties were advised that the PPC had collectively visited the proposed premises, the vicinity surrounding those premises, the existing pharmacies, GP surgeries, facilities in the immediate and surrounding areas.

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 procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was outlined by the Chair. The Applicant was to present first followed by an opportunity for the Interested Parties and PPC members to ask questions of the Applicant in turn. Submissions from each Interested Party would then be invited. After each case there followed the opportunity for the Applicant, other Interested Parties and the PPC to ask questions. The Interested Parties and the Applicant would then be given the opportunity to sum up in reverse order so that

summing up from the Applicant occurred last.

The Chair invited Ms Sohail to speak first in support of the application.

### **The Applicant's Case**

**Ms Sohail** thanked the Chair for the opportunity to speak and prove why a new pharmacy was necessary because the population was increasing, the existing services were inadequate and the Consultation Analysis Report (CAR) done jointly with GG&C showed that there was a need for another pharmacy.

Regarding the population she pointed out that she had confined her analysis of this to the neighbourhood described in her application. The population in 2011 was 13054 and would have increased since as there had been new developments. In addition there were a number of new housing developments underway currently which were set out in her application and located within her defined neighbourhood. It was a large neighbourhood with 4 primary schools and Vale of Leven High School contained within it.

The area also had high levels of deprivation. The three existing Alexandria pharmacies (Gordon's and two Boots) were all very close together and further away from the areas of highest deprivation than her proposed pharmacy.

In addition there was a swimming pool, leisure centre and a number of tourist attractions and shopping galleries with the Loch Lomond shores and hotels a short distance. All of these brought people into the area.

She stated that there was a lot of pressure on the existing pharmacies. Figures she had obtained under a Freedom of Information (FOI) request showed that 128,000 prescriptions were dispensed by Gordon's and one of the Boots with a further 112,000 being dispensed by the other Boots within a year. This showed a high volume of dispensing which would only increase with the additional housing and proposed new tourist developments.

She went on to state that, with a population increase to 13,000+ and the fact that the majority of the GP surgeries had moved to the new Centre, leaving only one in Bank Street, most of the respondents to the survey had noticed a big difference since the relocation which had resulted in long waiting times and queues to get their prescriptions. Also the pharmacies were no longer located near the GP surgeries.

She referred to the failed application by Apple in 2008 and stressed that the increase in population forecast there had happened, with further increase on the way because of the new build so there was now a need for an additional pharmacy to give support and improve the quality of care of the local population.

She stated that the proposed pharmacy would be all about improving care, indicating that the current pharmacies did not have time to speak to patients. She had carried out her own market

research before submitting the application. This had included speaking to the GP practice manager who agreed that a new pharmacy was needed and that they would like to work closely with the pharmacists and build relationships with them. She said that there had been a 54% increase in the number of patients registered which, combined with tourists, elderly living longer and patients living on the periphery (Cardross, Inchmurrin Island, and the outlying houses on the hills off the A82) all coming into the area, all pointed to the need for another pharmacy.

She then turned to the adequacy of the service and referred to the information contained within the CAR. She was aware beforehand that there was some inadequacy but was surprised by what came back from the consultation. Ms Sohail then stated that her family had been in the community for 30 years running the newspaper shop and heard what people said about the pharmaceutical services which had been corroborated in the CAR. The responses had indicated inadequacies with the Minor Ailments Service, Chronic Medication Service, Public Health, dispensing and waiting times. In addition, although the other pharmacies offered a delivery service, there were often mistakes and the public had indicated that it was too far to walk to have these mistakes corrected.

The proposed new pharmacy, while only 10 minutes away from the town centre pharmacies, would provide a much needed service which was much nearer to the people of Levensdale, Tullichewan and Rosshead which were deprived areas with high levels of substance abuse and a need for methadone dispensing. The CAR had said that these were inadequate so there was a need for another pharmacy to support these people. She said that the new pharmacy would be open on a Sunday for 4 hours. The current pharmacies opened on a rota basis for one hour only so it was difficult for patients to know which was open and limited their access to services. This would also be good for tourists as they would also know which pharmacy was open and when.

Additionally the proposed pharmacy was directly opposite the Vale of Leven Centre and would be open from 0830-1900 hours which would give the opportunity to dispense a prescription immediately after the GP's last consultation at 1830 hours. The pharmacy would also be open from 0900 – 1800 hours on a Saturday, again increasing access.

Turning to the future, Ms Sohail said that there had been talk about the Vale of Leven Hospital closing which would mean that the Minor Injuries Unit would be located outwith Alexandria at one of the other hospitals. If this were the case the new pharmacy would provide a minor ailments and referral service to patients rather than them having to rely on NHS24. The minor ailments service would also take some of the burden off GPs and give them more time with patients.

She concluded that the new pharmacy would be for the future as the people wanted its services and the CAR showed that the core services were inadequate. Her business would be sustainable – her business plan had been conservative and based on 55,000 items a year - and would not take business away from the others. In fact she wanted to work with them to improve the quality of care for the population by giving them the opportunity to speak to a pharmacist and discuss their medicines.

Ms Sohail offered a shortened version of her business plan which the Chair declined to accept as it had not formed part of the original submissions and was a confidential document.

This concluded Ms Sohail's submission and the Chair invited the Interested Parties to put their questions.

### **The Interested Parties Questioned the Applicant**

**Mr Haugh** asked Ms Sohail to explain the disparity in her population figures which ranged from 10,985 (CAR) to 13,000 plus in her application. Ms Sohail replied that the 10,985 figure was out of date and did not relate specifically to the neighbourhood. The other figure took into account her neighbourhood and the increase in population since the census.

He also asked about the increase in GP registrations and Ms Sohail replied that she had obtained this from an FOI request and she could send him the link.

*Mr Haugh had no further questions.*

**Mr Irvine** referred to the neighbourhood and asked what criteria she had used in arriving at her definition. Ms Sohail stated that she had looked at it from the main trunk roads, natural boundaries, where people travelled to and from and asked customers what they believed to be the neighbourhood then took a logical approach to define the boundaries. Mr Irvine pointed out that there were no natural boundaries in the defined neighbourhood and asked if Ms Sohail agreed that people could move easily around it. Ms Sohail replied that the main trunk roads and the River Leven were natural boundaries but they also reflected what people felt were their communities; for example the areas around schools and leisure facilities.

Mr Irvine asked why people could not access the 3 pharmacies already in the neighbourhood. Ms Sohail replied that as this was a deprived area, people could not always afford to take a bus to get their prescriptions and it would take half an hour to walk there, plus 15-20 minutes wait for the items and then another half an hour to walk back home. This was unacceptable.

Mr Irvine asked if someone lived in Cardross Road, in the south of the area, how many pharmacies were closer to them than the proposed new pharmacy. Ms Sohail replied that there were probably 3 or 4. He then asked which pharmacy was closest to Smith Crescent in the north east of the area. Ms Sohail replied that it would be Well Pharmacy. However that pharmacy also served Balloch and was the only pharmacy in that area. Another pharmacy would ease the burden, provide adequate access and shorten waiting times even if it was further away.

Mr Irvine then referred to the eastern boundary and asked why the River Leven was not used as a boundary. Ms Sohail replied that 97% of the survey respondents had agreed with this definition and she had chosen the A813 as the River was easily crossed. He then asked how someone living in The Lade would reach the new pharmacy. Ms Sohail replied that they could walk, cycle or use bus or car.

Turning to adequacy of provision, Mr Irvine asked if there had been any complaints to the Health Board about this. Ms Sohail replied that, to her knowledge, there had been no formal complaints but there were many comments in the CAR. Mr Irvine then asked how many people said so and Ms Sohail said from the 59 responses, 42 said the dispensing service was inadequate. Mr Irvine remarked that with a GP list size of 25,000; 59 responses seemed small.

Mr Irvine asked if the Health Board had a model hours agreement and if so what was it. Ms Sohail replied that it did and she thought the hours were 0900 to 1700 hours but people were saying that these were not long enough.

Mr Irvine noted that in her application she had stated a need for a bilingual pharmacist and asked if the Health Board had an interpreting service. Ms Sohail said that it did but that it cost money. When asked if it was the Health Board policy that pharmacies used the service, Ms Sohail indicated that she was not sure. She was then asked how many people in the neighbourhood did not speak English. Ms Sohail replied that this was hard to define as the statistics related to West Dunbartonshire as a whole and she did not have figures for non-English speakers within her neighbourhood. However, from living in the community, she said there were quite a lot of Indian, Pakistani and Polish people there. Those working in her proposed pharmacy covered all of those languages.

Turning to the population, Mr Irvine asked if the figure of 13,054 was correct. Ms Sohail said that she did not know exactly as the figures were out of date, but it was a best estimate and excluded Balloch. Regarding the GP list size, Mr Irvine noted that Ms Sohail had said that this had increased from 16,000 in 2010 to 25,000 now and asked where the extra 9,000 patients came from. Ms Sohail replied that they could come from anywhere, including migration into the area, people working in the area, the elderly living longer and new babies.

*Mr Irvine had no more questions.*

**Mr Aslam** asked if all the pharmacies provided a collection and delivery service to which Ms Sohail replied that she knew that Gordon's and one of the Boots did and the other did a pick up service only. She stated that her pharmacy would provide a collection and delivery service. Mr Aslam pointed out that the Marchbanks pharmacy had a full time delivery driver and provided a full service right across the area.

Referring to the people coming into and through the area, Mr Aslam asked if they would go straight through Alexandria rather than along Main Street. Ms Sohail replied that it would depend on where they were coming from and going to.

*Mr Aslam had no further questions.*

**Ms Griffiths-Mbarek** asked if there were limited places for the methadone service in the existing pharmacies. Ms Sohail replied that they were at capacity and had been so for 8 years. When asked, Ms Sohail said that she was not aware that the Health Board were trying to reduce the

number of methadone patients.

When asked, Ms Sohail said that she was aware that the Sunday service was not part of the core hours agreement but she would do those anyway. Ms Griffiths-Mbarek asked if Ms Sohail was aware that the Sunday rota was based on the needs of the population and the volume of prescriptions/requests for services being processed on a Sunday. Ms Sohail said that her FOI request had covered the services for the year but had no statistics for Sundays specifically.

Ms Griffiths-Mbarek asked if Ms Sohail was aware of the waiting times in Balloch and when she had asked during her research, they were about 10 minutes in Balloch and 15-20 minutes in Alexandria. Ms Griffiths-Mbarek pointed out that the waiting time in Balloch was 6 minutes.

*The Interested Parties had no further questions.*

### **The PPC Questioned the Applicant**

**Dr Johnson** referred to the CAR and asked if Ms Sohail felt the response was adequate. He particularly noted 57 responses about the Stoma Service and 59 about dispensing where the majority were saying they were unhappy. He asked Ms Sohail how she knew that these were expert patients who knew enough about the service to be able to comment on its adequacy or otherwise.

Ms Sohail replied that the survey had been carried out jointly with the Health Board and was carried out on line. This had been administered by the Health Board and she did not know who answered nor if they were experts. However they were members of the community and it was to them that pharmacists provided their services.

Dr Johnson pointed out that the Health Centre was very close to the proposed pharmacy and asked why one was not incorporated into the centre when it was built if the need was so great. Ms Sohail said that she had raised this point with the practice manager when she met him and had been informed that they had asked for one but it was not granted. She thought it may have been because the hospital was on the same site but did not understand why not as there was a need for a community pharmacy.

*Dr Johnson had no further questions.*

**Mr MacIntyre** noted that the population was based on the small area estimate and asked if there were any other sources to show an increase. Ms Sohail said that this was from the CAR report. She had taken hers from the 2011 census but reduced this to take out Balloch as she wanted the population to reflect the neighbourhood she proposed. She also knew that there had been an increase because the previous application had quoted a smaller number. Also new houses had been built and people were living longer. Mr MacIntyre asked if she had also taken account of buildings which had been knocked down as the people had to go somewhere. Ms Sohail said that not many houses had been knocked down and there had been migration into the area along with new care homes. She referred to her application where it could be seen that the number of registered patients had increased so that was further proof of an increase in population.

Mr MacIntyre noted that Ms Sohail claimed a 54% increase in patients since 2010. He referred to the 2011 totals which gave 26,070 patients compared to 17,000. He invited her to look at the number of GP practices which were 3 in 2010 and 4 in 2011 and asked if there were in fact 5 prior to 2011 and that two had amalgamated so those figures were missing. Ms Sohail replied that her submission showed the situation in 2011. Mr MacIntyre asked if it were the case that the increase in GP lists was due to the numbers from the amalgamated practices being missing which would account for much of the increase claimed. Ms Sohail reiterated that her figures were based on the main GP practices as they existed in 2011 and did not know why the dissolved practices were not listed. In any event there was still an increase in patients registered. Mr MacIntyre indicated that he thought the numbers showed a decrease which was why he had asked for further clarification on the population figures.

Mr MacIntyre referred to Ms Sohail's statement that the core services were inadequate and asked why she had come to that conclusion. Ms Sohail replied that she had based this on the responses received to the survey in the CAR which included:

- inability to get a prescription filled after 5pm when the last GP appointment was at 6.30 pm;
- one pharmacy only was open for an hour on a Sunday. People still needed to access services on a Sunday and preferred face to face contact rather than an Out of Hours call to a doctor or NHS24. Sunday opening would give access to earlier treatment with the ability to prescribe under the minor ailments service or to arrange a referral to hospital.
- Long waiting times
- Too far to walk
- The pharmacies were no longer in the centre of the community but grouped together in an area where they were not needed

Mr MacIntyre said that the Committee had to ensure the security of pharmaceutical services and asked if Ms Sohail had considered the viability of a new pharmacy. Ms Sohail replied that she had been prudent in her estimates and in her plan there would be a pharmacist and a trained technician and was certain it was viable.

*Mr MacIntyre had no further questions.*

**Mrs Anderton** asked about the number on the methadone programme locally and the trend in the use of methadone. Ms Sohail replied that it was really difficult to obtain figures so she had to go by what methadone patients said, which was: that it was difficult to get a face to face consultation; that the pharmacies closed at lunchtime; the pharmacies were closed on Sundays; one pharmacy had no consultation room. She intended to have two rooms and a private entrance for methadone patients so that they could come in when they wanted; Boots used a screen but patients could be seen by other customers which took away their dignity.

Mrs Anderton enquired whether methadone patients had to make appointments. Ms Sohail said

that this was not the case. When she had been in the pharmacies she had seen them come in and also heard them being told to come back later if the pharmacy was busy.

Mrs Anderton restated her question about the trend in methadone use and Ms Sohail said that she had no official statistics but would say that demand had increased since the last application in 2008 when the spaces were limited.

Mrs Anderton referred to Ms Sohail's FOI requests and asked where the information obtained had come from. Ms Sohail said it had come from the Scottish Government bodies and NHS statistics.

Mrs Anderton asked about the availability of parking round the proposed premises. Ms Sohail said that this was not a problem as there was good parking at the back, to the side and on-street with disabled bays available. There was also car parking associated with the swimming pool which could also be used.

*Mrs Anderton had no further questions.*

**Mr Fergusson** referred to Ms Sohail's comment about mistakes and asked what these were and whether pharmacist's really sent patients back to the GP. Ms Sohail replied that there could be a wrong item or the item was not listed and she herself had been sent back to her GP. She had no information on complaints about any pharmacist dispensing wrong items.

*Mr Fergusson had no further questions.*

**Mr Roberts** referred to the new care homes mentioned and asked where these were. Ms Sohail replied that there was one in the proposed neighbourhood and another on the periphery.

Mr Roberts asked if she had any experience of methadone patients being stigmatised. Ms Sohail said that she had seen it happen in her local Boots and had seen someone steal there.

Mr Roberts then asked if she thought that 60 (0.5%) respondents to the CAR was acceptable or statistically significant. Ms Sohail said that this was just what the response was. In past experience, paper copies (with well over 100 responses) had been issued but this survey had been done on line. It could be that people did not have time or that they were not particularly computer literate, particularly the elderly.

Mr Roberts referred to the linguist skills her staff would offer and asked how she accounted for the fact that no requests had been received for hard copies in a foreign language. Ms Sohail could not comment.

Mr Roberts said that Ms Sohail had indicated that it could take 1.5 hours to pick up a prescription currently and asked where such a patient would be coming from. Ms Sohail said that this would be from the north of her neighbourhood.

*Mr Roberts had no further questions.*

**Mr Daniels** asked Ms Sohail to expand on the number of languages she could offer. Ms Sohail said these were Punjabi, Urdu and Polish. There was also a pharmacist who spoke Mandarin. He asked if Ms Sohail was aware that translators had to be registered with the Health Board as medical translation was very specialised. Ms Sohail said that this may be the case but it was more about the ability to communicate with individual patients.

Mr Daniels then referred to parking and asked if she had an agreement with the leisure centre to use their parking spaces. Ms Sohail said that if the application was successful she would approach the Council. She noted that people who used the shop just now used this car park.

Mr Daniels asked Ms Sohail to confirm that there would be a collection and delivery service which she did.

*Mr Daniels had no further questions.*

**The Chair** asked about the statistics on the number of prescriptions and asked if Ms Sohail had any notion of the total prescriptions given out by all pharmacies in the area. Ms Sohail said that she had taken the figures from the FOI request and this was just about items dispensed.

**The questioning of the Applicant concluded.**

### **The Interested Parties' Cases**

#### **Mr Haugh was invited to present the case on behalf of Gordon's Pharmacy**

**Mr Haugh** opened by introducing himself and his colleague, Jane Kelly and intimated that he would read a prepared statement and also that he had a pack with appendices and additional information.

*The Chair sought advice from Mr Stewart, CLO about whether this additional information could be accepted or not. Mr Stewart said that the decision was with the Chair but if the pack were accepted everyone would need to be given time to read it. The Chair then informed Mr Haugh that the Committee would listen to the oral statement but would not allow consideration of the additional information contained in the pack.*

Mr Haugh stated that the neighbourhood was previously defined by the Pharmacy Practices Committee on 30th April 2008, regarding the Apple Pharmacy application. There had not been any significant material change since this decision; therefore he agreed with this definition, that the neighbourhood was:

- North: the A811 trunk road (Lomond Road)
- East: the Leven River

- South: Place of Bonhill
- West: the A82 trunk road

Within this neighbourhood there were three pharmacies providing pharmaceutical care and a comprehensive range of services.

The reasons for the PPC's decision were: they felt this was a distinct neighbourhood; the A811 trunk road was a physical boundary; the housing stock to the south of Place of Bonhill was markedly different to that to the north and marked the beginning of rurality; the A82 trunk road was a physical boundary as was the River Leven; within this area was the town of Alexandria where all residents went about their daily lives utilising all amenities and residents did not need to travel outwith the area to access any additional services.

He stated that this proposed neighbourhood would also benefit from the new Mitchell Way re-development which was planned for completion in March 2017. This would include a new LIDL food store along with a three storey development of both retail and residential units. Councillor Martin Rooney recently referred to this redevelopment as a bustling focal point for residents of Alexandria.

He then moved on to look at Sohail Healthcare's proposed neighbourhood. He stated that the statistics provided by Sohail Healthcare with regard to the population of the neighbourhood were incorrect. They had quoted a population of 13,054; this was the population of the locality of Alexandria according to the 2011 census. This locality included the village of Balloch and the town land of Haldane, both of which fell outwith the Applicant's neighbourhood. The actual population of the Applicant's neighbourhood was 8,217. There were two main reasons why he believed Sohail Healthcare's proposed neighbourhood to be unsuitable:

- The area to the north east of the Applicant's neighbourhood, which included Smith Crescent, was significantly closer to Well Pharmacy in Dalvait Road, Balloch, than to any other Pharmacy in the Alexandria area. Well Pharmacy was only 570m from Smith Crescent whereas the Applicant's proposed site was 1,730m from this area (walking distances). His mother in law lived in this area and she primarily used the services in the Balloch area, not in Alexandria, on a daily basis.
- The area to the south of the Applicant's neighbourhood, which included New Cardale Road, was significantly closer to Marchbanks Pharmacy in Main Street, Renton, than to any other Pharmacy in the Alexandria area. Marchbanks Pharmacy was only 370m from New Cordale Road whereas the Applicant's proposed site was 2,150m from this area. The area to the south of Place of Bonhill was primarily serviced by the Renton area.

He then turned to the existing pharmacy services and stated there was a much lower than average population per pharmacy in Alexandria. There were 3 Pharmacy contracts in

Alexandria. The population of the neighbourhood as listed in the 2011 Census was 7,111 which equated to roughly one pharmacy per 2,370 people. If Sohail Healthcare's application was approved, this would equate to one pharmacy per 1,778 people. The population of Greater Glasgow and Clyde Health Board was currently 1,137,930 (figures supplied by the Health Board); with 292 contractors now operating across the Health Board, this equates to one pharmacy per 3,897 people, significantly higher than the current Alexandria population per pharmacy figure and more than double the level if this contract were granted. This indicated that the neighbourhood was well provided for in terms of pharmacies in proportion to population. It was also worth noting that populations residing in the outlying areas of Balloch, Bonhill, Renton and Cardross were already catered for by 4 other pharmacies in the area, namely Well Pharmacy, Bonhill Pharmacy, Marchbanks and Cardross Pharmacy.

He contended that the statistics provided by Sohail Healthcare with regard to the number of people registered with a GP in Alexandria were incorrect. They have stated that there had been an increase of 54% since 2010. Their figures negate the existence of both Dr Hunter & Partners and Drs Macrae & Partners prior to their merger in April 2011 to create Oak View Medical Practice. In fact, the number of people registered with a GP in Alexandria had declined by 2.5% from January 2008 until January 2016, a decrease of 652 patients. This information would also confirm that the 2011 Census Data which he had used in his analysis was still relevant and in the past 5 years there had been little change to the population of the neighbourhood.

He said that existing pharmacies in Alexandria already offered the full range of available Health Board commissioned services, and additionally offered many more non-commissioned services, to the population of Alexandria and the surrounding area. The new Sohail Healthcare application did not propose to add any extra services to what was already on offer aside from supply of Nursing home advice. This was a service already being supplied to Sunningdale Retirement Home (outside of the neighbourhood) by Well Pharmacy and to Balquhiddar House Care Home by Willis Pharmacy. Gordon's too could certainly offer this service if there was an opportunity to do so. At present there was no requirement for this service and both care homes were happy with the service that they currently received.

Turning to **Accessibility to Pharmaceutical Services** he stated that a large proportion of the neighbourhood would use a car to access the town centre and to avail themselves of pharmaceutical services. Indeed 65.7% of people in the neighbourhood travelled to work using a car, the Scottish average is 62.4%. (Scottish Census 2011 - Alexandria Locality which also includes Balloch and Jamestown). In addition, parking in and around the town centre was better than in most towns across Scotland. There were 220 spaces which were free of charge in the car parks behind Gordon's Chemists (45), Boots (73) and in Overton Street (102) in which the vast majority of people would park when accessing services in the town centre. All three of these car parks were rarely full. The parking around the proposed site in Hillview Place was poor in comparison. Many people who currently use

the businesses in Hillview Place park along the main road on both sides of the road which was dangerous, especially given that this was a main bus route.

He then went on to consider population projections for the area and said that by 2037 the population of West Dunbartonshire was projected to be 83,061 a decrease of 8.1 per cent compared to the population in 2012. The population of Scotland is projected to increase by 8.8 per cent over the same period. Despite the projections that the population will decrease by 8.1%, the total number of households in West Dunbartonshire was predicted to increase by 1% over the same period. Over the last 50 years, one-person households have gone from being the least prevalent, to the most prevalent household type, and large households have become less common. This explains why more houses were required whilst the population was also decreasing.

He said that all the Pharmacies in the neighbourhood offered a collection service for patients. This ensured that the patients who were ordering their repeat medication did not have to go to the Health Centre to collect their prescription; these were collected by the Pharmacy and made up in advance.

It was also important to note that neither Greater Glasgow and Clyde Health Board nor any of the objecting pharmacy contractors, had received a complaint regarding access to pharmaceutical services in Alexandria. There had also been no complaints regarding the access of pharmaceutical care outwith the core hours that are offered by the Pharmacy contractors in Alexandria, either on weekdays or on Sundays.

With regard to public transport, there was a regular bus service available across the neighbourhood into Alexandria town centre. The maximum wait for a bus between the hours of 9.00am and 6.00pm was 15 minutes.

Sohail Healthcare referred to the Scottish Index of Multiple Deprivation (SIMD) statistics within their application. One area that they referred to was Smith Crescent. This street falls within the most deprived DataZone in the Greater Alexandria area. However, analysis shows that 82.5% of properties in this DataZone fall outside the proposed Sohail Healthcare neighbourhood and all the properties within this DataZone fall outside the PPC 2008 neighbourhood.

Analysis of the SIMD usually focuses on the 15% most deprived DataZones in Scotland. The most recent SIMD statistics show that there was only one DataZone within the neighbourhood which was within the 15% most deprived. This has fallen from 2 DataZones in previous years. The average deprivation rating for the neighbourhood had also improved from 31% to 32% from 2009 to 2012.

He said that whilst the Applicant was proposing to open 4 hours every Sunday there had been no requirement for this. If the Health Board were to remove the funded rota and the existing pharmacists felt there was a need to open, they would do so. The evidence that they had confirmed that only a small number of items were dispensed or P medicines

purchased during this rota period. There was no need for anything beyond the hour which was already in place.

Regarding the need for translation services, he said that the percentage of people who did not speak English in the neighbourhood was 0.1%, compared to 0.2% in Scotland. Therefore there was no requirement for a bilingual Pharmacist in the neighbourhood. The Health Board also had a dedicated interpreting service which eliminated the risk of information being mistranslated. The Health Board Interpreting Policy stated that only professional interpreters should be used in a health appointment or intervention.

He then referred to the **Consultation Analysis Report** which was an amendment to the Regulations which was introduced in June 2014 in respect of applications to join a Health Board's Pharmaceutical List.

He noted that there were 60 electronic questionnaires received during the consultation period. Of these 60 responses, 49 were in favour of the application. The population of the neighbourhood, as already outlined was 7,111 whilst the number of patients registered with a GP in Alexandria was 25,764. He had asked Matt Kennedy, a Principal Planning Consultant to provide his professional opinion on the CAR. He had said that the normal standard used was the 95% confidence level which gave an accuracy figure of 5% either way for each result. This required a survey size of 370 respondents for a survey size of 10,000. The survey size barely changes between 10,000 and 100,000 going up to 385. For a potential sample size of 25,000 a survey number of 373 respondents should suffice. In this case a survey size of 60, in a patient population of either 7,111 or 25,764, was too small, was not statistically significant or representative of either the population or the patients and gave little confidence in its results. Matt also stated that the survey is 310 respondents short; it was therefore statistically flawed, unrepresentative and could be given little, if any, weight in decision making. He also noted that online surveys were also particularly unrepresentative in that respondents were self-selecting i.e. they opted to fill it out rather than being asked to answer questions. Therefore there may also be an argument of bias.

In summary, Mr Haugh said that the main issue for the PPC to consider was whether the current provision of NHS pharmaceutical services in the neighbourhood was adequate and if not, whether the proposed services were necessary or desirable to secure adequate services. The Applicant had been unable to prove that the service provision within the neighbourhood was inadequate. Indeed he had shown that the three pharmacies in the neighbourhood were providing a comprehensive list of core, commissioned and non-commissioned services to all the residents within the neighbourhood. None of the services were at their saturation point and all pharmacies within the neighbourhood had capacity to increase their service provision if required.

He noted that the neighbourhood was one of the most contentious topics in a PPC hearing. Only a compelling argument should lead to a change in the neighbourhood previously defined by the PPC in 2008 as:

- North: the A811 trunk road (Lomond Road)
- East: the Leven River
- South: Place of Bonhill
- West: the A82 trunk road

He said that the statistics provided by Sohail Healthcare with regard to the number of people registered with a GP in Alexandria were incorrect. The number of people registered with a GP in Alexandria had declined by 2.5% from January 2008 until January 2016. This was representative of the neighbourhood and corroborated by the population projections, in which, from 2012 until 2037 the population of West Dunbartonshire was projected to decrease by 8.1%.

Parking in and around the town centre was very good whilst parking at the proposed site was poor in comparison.

Also the most recent SIMD statistics showed that there was only one DataZone within the neighbourhood which was within the 15% most deprived. This had fallen from two DataZones in previous years. The average deprivation rating for the neighbourhood had also improved from 31% to 32% from 2009 to 2012.

The percentage of people who did not speak English in the neighbourhood was 0.1%, compared to 0.2% in Scotland. Therefore there was no requirement for a bilingual Pharmacist in the neighbourhood.

The Consultation Analysis Report, when analysed by a Principal Planning Consultant, was found to be statistically flawed, unrepresentative and biased and should be given little or no weight.

Finally, given the information provided, Mr Haugh believed he had shown the lack of any evidence to support the existence of an inadequacy of services provision in the neighbourhood. Furthermore, he shown the proposed services were neither necessary, nor desirable to secure adequate provision.

*This concluded Mr Haugh's presentation*

### **The Applicant Questioned Mr Haugh**

**Ms Sohail** asked if Mr Haugh was aware whether the GG&C Pharmacy Practice Sub-Committee agreed with the 2008 boundaries. Mr Haugh replied that they did and he saw no relevant change since then.

**Ms Sohail** asked if he agreed that there had been an increase in deprivation. Mr Haugh replied that he did not. There was now only one DataZone in the most deprived category and that had improved since 2008. He further stated that he had used the same SIMD information as the

Applicant, based on the 11 Datazones in the neighbourhood. In 2009 average deprivation was 31% and in 2012 it was 32%, so the neighbourhood was becoming less deprived. Furthermore, in 2009, there were 2 areas in the most deprived 15% in Scotland and now there was only one in that category.

In response to a question as to whether his pharmacy was closer to the proposed neighbourhood than the proposed new pharmacy, he stated that the proposed new pharmacy would be closer.

Ms Sohail asked if he had used a statistician to examine the CAR and Mr Haugh replied that he had used a Principal Planning Consultant.

When asked if he had included the transient population in his calculations, Mr Haugh said that he had used the census as he did not believe there was much transient population; people would pass through to go to Loch Lomond. The neighbourhood was well defined and looked after its own interests.

*The Applicant had no further questions.*

#### **The Other Interested Parties Questioned Mr Haugh**

None of the other Interested Parties had questions.

#### **The Committee Questioned Mr Haugh**

**Dr Johnson** asked about Gordon Pharmacy's relationship with the GP practices in the area. Mr Haugh replied that he dealt with all the practices and picked up prescriptions twice a day for patients who were not mobile or for repeat prescriptions. This saved patients waiting when they came in to get their medicines.

**Mr Daniels** asked if there was a delivery service in addition to the collection service. Mr Haugh replied that home delivery was offered to any patient and they delivered all over and out with the neighbourhood.

Mr Daniels then asked what capacity the pharmacy was working at and Mr Haugh replied that there was no pressure and if business increased they would increase the staff. Presently he had three days with double pharmacist cover, and that could be increased. In addition there were a number of dispensing assistants and technicians.

*At this point that Applicant asked if she could ask another question, which the Chair permitted.*

**Ms Sohail** asked if the pharmacists had time to spend with patients. Mr Haugh replied in the affirmative, pointing out that there were 2 pharmacists available on 3 days a week which was equated to 9 pharmacist days. If there were single cover there would be 6 pharmacist days. This level of cover gave time to deal with patients requiring both core and non-core services.

Regarding the number of prescriptions dispensed, Mr Haugh indicated that she should divide Gordon's figure by 1.5 as there was more than one pharmacist. He also confirmed that Gordon's had received no complaints about their service or waiting times and that they had not undertaken any customer satisfaction surveys.

*The Committee resumed their questioning.*

**Mrs Anderton** asked about their experiences of methadone treatment and what Gordon's knew about the trends. Mr Haugh, after a discussion with Ms Kelly, stated that the trend in prescribing was decreasing and they were seeing fewer patients. He also noted that more patients were being given their medication either 3 times a week or weekly. Far fewer were coming for daily treatment. He believed this was true for all pharmacies and not just those in Alexandria.

Mrs Anderton asked if these patients had appointments or just dropped in. Mr Haugh said that they were advised to come in between 0930 and 1700 and to avoid lunch time. There were no restrictions on the number of patients treated; indeed they had an Edinburgh pharmacy with 65 such patients. He pointed out that they used technology to decrease the length of time any patient had to wait.

*There were no further questions from the Committee.*

**Mr Irvine was invited to present the case on behalf of Bonhill Pharmacy.**

Mr Irvine introduced himself as the 50% owner of Bonhill Pharmacy and said that he had worked in the area for 11 years.

Mr Irvine turned to the legal test first where the regulations stated that a new pharmacy contract could only be granted if the Board was satisfied that the granting of such was required to secure adequate provision of pharmaceutical services to the neighbourhood. The Applicant must prove that current provision is inadequate. He noted that the Applicant claimed this inadequacy arose from claims of: increased population; the level of deprivation in the area; inadequate access to pharmaceutical services; a need for a bilingual pharmacist; a need for extended hours opening.

He stated that he would demonstrate to the Committee that none of these provided evidence of inadequacy. He would also address inaccuracies in the core pharmacy services the Applicant claimed they will provide and make comment on the local and additional services the Applicant claimed they will provide which were not contracted pharmaceutical services. He would also address the comment regarding an elderly population and nursing home provision and finally the statement regarding difficulty in obtaining harm reduction services in the neighbourhood.

Mr Irvine said that one could not look at adequacy without defining the neighbourhood. He defined the neighbourhood as Alexandria with the Western boundary along the A82 north to the roundabout. Then down the A811 to form the northern boundary. Then following the river Leven to form the eastern boundary. With the southern boundary being the place of Bonhill to meet the

A82 trunk road. He stated that this was the neighbourhood defined by the PPC IN 2008.

He noted that this neighbourhood had a population of 7111 (census 2011). There were three pharmacies providing pharmaceutical services within this neighbourhood. The Health Board average per pharmacy is 3897 residents. The average in this neighbourhood was 237; so well below average.

He said that he had defined the neighbourhood as this, as it is generally known as Alexandria. Within this neighbourhood there were no boundaries meaning people whether on foot, public transport or car could easily travel about this neighbourhood. An example would be a secondary school pupil living in Burn Street, Levenvale, behind the proposed premises, would attend the Vale of Leven Academy having travelled past the existing pharmacy provision to get there. Also a resident of Muir street (behind the proposed premises) could easily travel to the community centre having travelled past the existing pharmacy provision to get there.

He continued to state that within the neighbourhood there were three pharmacies providing adequate pharmaceutical services. There were also three pharmacies on the periphery of this neighbourhood, providing pharmaceutical services to the neighbourhood. Cardross pharmacy also provided services to the neighbourhood.

Having dealt with the neighbourhood, Mr Irvine then looked at adequacy. He stated that the Applicant must prove inadequacy to this neighbourhood of core pharmaceutical services in order for a new contract to be granted.

Mr Irvine said that, as previously discussed, the population stated by the Applicant was 13054 from the 2011 Census. The actual population figure for the Applicant's neighbourhood was 8217. The population of West Dunbartonshire was predicted to fall by 8.1% over the next 20 years.

He stated that the Applicant also suggested a 54% increase in patients registered with the doctors in Alexandria since 2010. This was a completely inaccurate claim by the Applicant. What the Applicant omitted was that Oakview Medical Practice was formed in 2010 by the merging of two practices Dr Macrae and Dr Hunter. So the Applicant had omitted the 9052 patients from the 2010 figure that were always there. The actual figures were 2010 - 26248 patients, and 2016- 25764 patients; a reduction of 484 patients. So there was no increase in population and therefore no evidence of inadequacy.

Mr Irvine then examined the level of deprivation. He reminded the committee that the PPC heard an application for 10 Hillview place on 10 April 2008. At that time it was decided that pharmaceutical services to Alexandria were adequate. Since then the area had become less deprived. In 2009 the SIMD showed two DataZones in the 15% category. The most recent figures showed only one data zone in the 15% deprivation category. Overall the area had gone from 31% deprivation in 2009 to 32% deprivation in 2012. These figures showing the area had improved. So there was no increase in deprivation leading to no evidence of inadequacy.

Regarding inadequate access to pharmaceutical services, Mr Irvine first mentioned the letter of support from Balloch and Haldane Community Council, which he did not think was in the neighbourhood. However he noted that there was no active Alexandria Community Council. He also thought that the letter showed the Community Council did not understand the regulations as convenience was not part of the legal test. He also noted that extended opening hours were not evidence of inadequacy.

He referred to the Applicant's submission with respect to access to pharmaceutical services where it was claimed that the CAR supported inadequacy. He said that this did not as the CAR report was not statistically significant. He said that this data has been looked at by two independent bodies. First by Matt Kennedy of MKA planning Ltd, Londonderry Ireland. He stated that for a survey of 10000 people the minimum number of respondents must be at least 370 for the survey to have any credibility whatsoever and it was in fact dangerous to use any of this survey in the decision making process. Second by Strathclyde University where the CAR report data was looked at by Ian Towel, a lecturer in Pharmacy Practice at Strathclyde university. He corroborated the findings of MKA Planning Ltd that at least 370 responses were required. The CAR report was not statistically significant and no relevance should be placed on it in any way. The CAR would need another 310 responses for it to be relevant in any way.

Mr Irvine also observed that out of a potential response number of around 25,000 (list size) only 42 people felt service provision was inadequate. There was no evidence whatsoever of whom the 42 people were; anyone with access to the Internet could respond. Also it was not clear if any respondents understood the legal test and could comment on adequacy. The respondents may not be able to define neighbourhood.

He concluded that the CAR analysis was not statistically significant so again did not show any evidence of inadequacy.

Regarding the need for a bilingual pharmacist, this point was considered by the PPC on 20 September 2012 for the application for 59 Cambridge Street and on 20 April 2012 for the application for 80 Ballater Street. In both of these applications the PPC decided that this was not evidence of inadequacy. He pointed out that Greater Glasgow and Clyde Health Board had an Interpreting Policy which was approved on 26th March 2012. This policy stated in section 4 that "Only professional interpreters should be used in a health appointment or intervention". All community pharmacies could access the formal Health Board interpretation service. This policy was in place to ensure the accuracy and quality of any language interpretation made when providing contracted services on behalf of the Health Board. Also on looking at population data, he noted that 99.9% of residents of the neighbourhood stated that they spoke English. This meant that if we say the population is 10,000.... 10 people don't speak English.

As the Board had an Interpretation Policy in place this perceived need was not required and again was not evidence of inadequacy.

Mr Irvine then addressed the question of opening hours and stated that once again this was not evidence of inadequacy. Greater Glasgow and Clyde Health Board operated a model hours

scheme. This meant that pharmacies shall be open Monday to Saturday from 9 am to 5.30 pm. There was the allowance of two day closures from 1pm with one of those days being a Saturday. Also it was accepted that pharmacies could close for one hour each day for lunch. Where there was an identified need for additional hours, there was a set procedure in place. This procedure was formal and it covered late nights, Sundays and public holidays. The procedure was that, after consultation with the Area Pharmaceutical Committee, if opening outwith model hours was considered necessary to secure adequate provision, the Health Board should go to the existing contractors and put a rota service in place. This policy was put in place by the Health Board to ensure adequate provision of pharmaceutical services to the neighbourhood. He pointed out that there was a Sunday rota in the area. He said that extended opening hours were not evidence of inadequacy of provision of pharmaceutical services and pointed out that the APC did not support this.

Mr Irvine then addressed other points made in the application as follows:

#### Core Pharmacy Services

- Free nicotine replacement service where he pointed out that no-one charged for this
- The supply of vaccinations was not a core pharmacy service
- The addressing of sexually transmitted disease was relevant to public health but it was not a core pharmacy service
- Optometry referral was not a core pharmacy service
- The supply of healthy start vitamins was not a core pharmacy service

#### Local and Additional Services

The services listed here were not contractual core services and were not relevant in assessing the adequacy of pharmaceutical provision. For example podiatry clinics and needle exchange services were not part of the legal test.

#### Elderly Population and Nursing Home Services

He pointed out that Prescription for Excellence was a vision plan by the Scottish Government. Contained in it, was the recognition that the Scottish population was ageing and that the percentage of people over 75 years old will increase by 25% over the next ten years. The vision was designed in part to address this. At no point did Prescription for Excellence suggest the awarding of new pharmacy contracts would address this.

The Applicant stated there were no pharmacies in the neighbourhood providing advice to residential homes. This was because the process to supply care homes can be equated to a tendering process. It was not a requirement that care homes obtain pharmaceutical services from a pharmacy in the same neighbourhood.

#### Lack of Availability of Harm Reduction Spaces

Mr Irvine said that the Applicant also claimed that there was a lack of access to harm reduction services in the neighbourhood. This was not true as having contacted all contractors in the neighbourhood and those providing services to the neighbourhood they all had availability to provide the service. Also Isabel Stothard, Addictions Nurse of Leven Addiction Services was asked if there were ever any difficulties in obtaining spaces for service users in Alexandria to which she replied NO. He also pointed out that the number of methadone patients was reasonably static.

He said that the Applicant also claimed that a patient wishing to access harm reduction services and living in Smith Crescent would have to travel a round trip of 3.6 miles to Boots in Alexandria Main Street to access services. Once again this was incorrect. The patient could access services at the Well Pharmacy in Dalvait Road - a round trip of 0.7 miles. This illustrated that, as well as the pharmacies within the neighbourhood; there were pharmacies on the periphery of the neighbourhood providing pharmaceutical services.

To conclude, Mr Irvine stated that there was no evidence of inadequacy for the following reasons:

- The population had reduced rather than increased
- SIMD data showed that the deprivation had reduced
- The CAR was not statistically significant
- Health Board policy dictated the use of its approved translation service
- If there was a need for extended opening then the Health Board had a duty to put a service rota in place
- A contractor was only obliged to provide the core pharmaceutical services in the contract. Any other services were not relevant to the legal test.
- Prescription for Excellence was a Government vision to help address the ageing population
- There was no lack of access to harm reduction services in the neighbourhood

He concluded by stating that the services were adequate and the application should therefore be turned down.

### **The Applicant Questioned Mr Irvine**

**Ms Sohail** asked if people knew how to complain to the Health Board and whether this was advertised in his pharmacy. Mr Irvine replied that if people wanted to complain, they would find out and information about the complaints procedure was available in the pharmacy but not advertised as such.

When asked if he had asked permission for the CAR to be sent to external sources, Mr Irvine replied that he had not but that it was a publically available document.

*Mr Stewart, from CLO, confirmed that no permission was needed.*

Ms Sohail asked if Mr Irvine thought services should be provided to care homes and why he did not provide this. Mr Irvine said that pharmaceutical services should be provided to care homes. It was up to individual pharmacists to decide whether they wished to do; some thought this advantageous and some did not.

Ms Sohail referred to the 3.6 mile round trip to access harm reduction services which Mr Irvine had mentioned and asked if he agreed that the patient would have to travel outwith the boundaries for the neighbourhood. Mr Irvine replied that that would be the case in the neighbourhood, as defined by Ms Sohail but not with that defined by the PPC in 2008.

Ms Sohail asked if Mr Irvine agreed with the neighbourhood outlined in the Pharmaceutical CP Sub Committee's letter. Mr Irvine replied that the neighbourhood he agreed with was that contained in the PPC decision in 2008 and pointed out that these were different committees.

Ms Sohail then asked about waiting times and complaints in Bonhill Pharmacy. Mr Irvine said that waiting times were about 5 minutes and they had received no complaints. He confirmed that he had not carried out a customer satisfaction survey but if there were complaints he would know about these and address them. In fact in eleven years, he had only dealt with one complaint.

She then asked how Mr Irvine felt about the Sunday rota and he stated that it was part of the contracted service and he had to participate in this.

Ms Sohail asked if Mr Irvine was disregarding the CAR completely. He said that the survey was not statistically significant but would show opinions although he thought that the way it was generated was questionable.

*The Chair asked Mr Stewart if he could offer an opinion on statistical significance. Mr Stewart replied that the PPC needed to form their own view but there was a statutory obligation to have regard to the CAR. What a PPC took from the survey results of any application was wholly within their purview and it could be that they gave more or less weight to it depending on the number of responses.*

Ms Sohail asked for Mr Irvine's reaction to the practice manager's statement about better relationships with and extended opening hours for pharmacies. Mr Irvine replied that if the practice manager felt a need for extended hours, he should go through the normal process. He disagreed that there was anything wrong with the relationship with the practices as he was part of the locality group and had excellent relationships with the doctors and they were piloting enhanced services for GG&C.

*The Applicant had no further questions.*

### **The Interested Parties Questioned Mr Irvine**

The other Interested Parties had no questions.

### **The PPC Questioned the Mr Irvine**

**Dr Johnson** asked Mr Irvine to clarify his evening opening times and Sunday times. He replied that his latest opening was 6 pm Monday to Friday and that on a Sunday he opened between 1.30 pm and 2.30 pm as agreed in the rota. This had been moved from 11 am to 12 noon following feedback from patients.

**Mr Roberts** asked how many methadone patients he had to which Mr Irvine replied that there were currently four.

Mr Roberts noted that Bonhill pharmacy was out with the area and asked why he had objected. Mr Irvine replied that he provided services to the neighbourhood.

*The Committee had no further questions for Mr Irvine.*

### **Mr Aslam was invited to present the case on behalf of Marchbanks Pharmacy.**

Mr Aslam stated that he had nothing to say which had not been covered in the previous two submissions.

### **The Applicant questioned Mr Aslam**

**Ms Sohail** asked if his pharmacy had designated parking as his premises were on a main road. He said the premises were attached to the health centre and people could park at the back where there was ample parking.

*The Applicant had no further questions.*

*The Interested Parties had no questions.*

*The Committee had no questions.*

### **Ms Griffiths-Mbarek was invited to present the case on behalf of Well Pharmacy**

Ms Griffiths-Mbarek stated that most areas had already been covered but she had a few points which she wished to make. These were:

- Well Pharmacy had recently been rated “Good” in a GPHC review
- When the new health centre was being built she had enquired and expressed interest in providing pharmacy services within the centre. She had been informed that the Health Board would not support this as there was no need for additional pharmacy provision.
- They had a mystery shopper who looked at the level of customer service and had a 95% satisfaction rating – the Company standard being 90%
- As they had 20-30 methadone patients in the branch, they used a “MethaMeasure” which allowed automatic dispensing to the service user. This increased the capacity in the store

and they were nowhere near maximum levels at present.

- Well Pharmacy also provided care home and hospice services where, as the patients were not mobile, the pharmacist visited to provide the service. This service was not neighbourhood restricted
- They were about to invest in the premises as the Post Office was leaving and the shop would be refitted to improve the provision of pharmaceutical services.
- Finally she had submitted a FOI request in relation to GP practices and where items were being dispensed. In total 6 pharmacies (3 in the neighbourhood and 3 directly on the edge) dispensed 85% of the prescriptions issued in the area. The remainder were dispensed by 41 other pharmacies throughout Scotland. This showed that pharmacy provision was not limited to the neighbourhood of origin.

### **The Applicant questioned Ms Griffiths-Mbarek**

**Ms Sohail** asked when Well Pharmacy's last GP prescription collection time was. Ms Griffiths-Mbarek replied that they would collect at any time and if it was urgent they would go to fetch it.

*The Applicant had no further questions.  
The Interested Parties had no questions.*

### **The Committee Questioned Ms Griffiths-Mbarek**

**Mr Daniels** asked about the capacity levels at Well Pharmacy and Ms Griffiths-Mbarek replied that there was lots of spare capacity and scope to expand. As mentioned they were looking to invest in the premises to make more space and also to employ more pharmacy staff.

*The Committee had no further questions.*

*It was noted that Ms Hollywood from the Community Council had no statement to make and there were no questions put to her.*

### **Statement from Mr Tait of Boots UK Ltd**

Mrs Glen read out the following statement:

#### **“Neighbourhood**

Given the history of applications at this site we see no reason for the neighbourhood in question to have altered since its last consideration. There has been little or no change in the neighbourhood since that last application and if anything the residential population of the area has decreased.

#### **Provision**

The neighbourhood is served by three pharmacies within the neighbourhood and three immediately outside the neighbourhood in, Balloch, Bonhill and Renton. All the current

pharmacies in question provide a full and comprehensive range of services under the available schemes in Greater Glasgow and Clyde NHS. There is no indication of any service provision not currently freely available to the population being made or even improved by this application. There is also no indication of any failing in the quality of provision from any of the current pharmacies with no customer complaints, to the best of our knowledge in recent years.

Access to the current services is good with free readily available parking and a comprehensive bus service network in the area. There is also good access on foot for pedestrians with level walking in most areas and well maintained pathways.

### **Conclusion**

We believe this application to be speculative based on its comparative closeness to the location of the Vale of Leven complex and as such is a crude attempt to instigate a pharmacy as near to GPs as possible without any real consideration of the needs of the public.

There is no evidence of inadequacy of pharmaceutical provision in this neighbourhood and there is no indication of any imminent changes that would result in that simple fact changing.

For that reason this application must fail as being neither necessary nor desirable to secure adequate pharmaceutical provision in the neighbourhood in question.”

### **Summing Up**

#### **The Chair invited the Interested Parties to make their summaries.**

**Mr Haugh** said that the main issue was whether the current provision in the neighbourhood was adequate and if not whether the proposed new pharmacy was either necessary or desirable. In his view the Applicant was unable to prove inadequacy. Indeed three pharmacies in the neighbourhood provided core, commissioned and additional services. They were not at saturation point and all were able to increase capacity if required.

The neighbourhood should be that which was defined in 2008, namely

- North: the A811 trunk road (Lomond Road)
- East: the Leven River
- South: Place of Bonhill
- West: the A82 trunk road

The GP patient numbers were incorrect and had actually decreased which was in keeping with projections. Only one data zone was in the SIMD 15% most deprived and the situation was improving.

As far as non English speakers were concerned there was no requirement for staff to be bi- or multi lingual and the Health Board had an Interpreting Policy which should be followed.

The CAR had been analysed and was flawed, unrepresentative and possibly biased. The Committee could look at the opinions but should give no weight to the numbers.

In conclusion there was no evidence of inadequate service provision and the proposed new pharmacy was neither necessary nor desirable. The application should be rejected.

**Mr Irvine** said that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

**Mr Aslam** also said that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

**Ms Griffiths-Mbarek** echoed the above comments in that the Applicant had failed to demonstrate inadequacy of the pharmaceutical service in the neighbourhood.

#### **The Applicant was then invited to put her Summary**

**Ms Sohail** began by thanking the Committee for their consideration and urged them not to dismiss the CAR as it had been done in partnership and, indeed, had to be done as part of the process. She asked that they study the comments carefully.

These comments clearly showed that the community wanted longer opening times so that they could have prescriptions filled after the GP surgery's last appointment. She also asked that they consider the Sunday opening proposals as the area had a lot of tourist traffic who need more than a one hour slot to access services.

**The Chair** checked that all parties believed that they had received a full and fair hearing and received their individual confirmation. He thanked all contributors and advised that the Committee was now going into closed session. The Applicant and Interested Parties were reminded that if further legal or regulatory advice was required then this was to be provided in open session and all would be invited back into the meeting. It was in their interest to remain in the building until this was determined.

**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 timescales 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).

**At this juncture the Applicant, Interested Parties, Mrs Glen, Ms Riddoch and Mr Stewart left the meeting.**

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

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

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

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

Bonhill Pharmacy  
Boots UK Ltd  
Cardross Pharmacy  
Central Pharmacies (UK) Ltd  
G& R Gordon Ltd  
Well Pharmacy

all of whom 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.
- d) NHS Highland (their boundary being within 2km of the Applicant's proposed premises) had made representation.
- e) Balloch & Haldane Community Council who had made representation to the Committee

The Committee also considered;-

- e) The location of the nearest existing pharmaceutical services;
- f) The location of the nearest existing medical services;
- g) Information from West Dunbartonshire Council's Planning and Building Standards Services advising of the known future developments within the area of the proposed premises.
- h) Population/Census 2011 information relating to the postcode areas surrounding the Applicant's proposed premises.

- i) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- j) 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;
- k) Complaints received by the Health Board regarding services in the area;
- l) Applications considered previously by the PPC for premises within the vicinity;
- m) Consultation Analysis Report (CAR)
- n) The Board's Pharmaceutical Care Services Plan

## DECISION PROCESS

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

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

- To the West - A82 as this was a major trunk road which formed a physical boundary
- To the North - A811 which was a major road which again formed a physical boundary
- To the East – River Leven which was a natural boundary with small number of crossings
- To the South – The Place of Bonhill in a line projected over to the A82 as this marked the beginning of a change in the housing stock and marked the beginning of a more rural area

This was the area which had been defined in the previous PPC decision in 2008 and also encompassed the whole of Alexandria.

### **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 three pharmacies providing all core services and a range of non-core services with a further three pharmacies on the periphery, none of which were operating at capacity.

The Applicant had stated that the population was increasing while both the written information

(on population statistics and GP practice numbers) and the oral presentations from the Interested Parties had evidenced that the population was decreasing. Ms Sohail had also given the high level of deprivation as a reason for the need for another pharmacy. The Committee noted that although here was a higher level of deprivation than the average the evidence was that this situation had improved and continued to do. The Committee did not consider that the access to the existing pharmacies was a problem; all were easily accessible on foot, by car or by public transport and opened the hours required of them under the Health Board's model hours contract and covered Sundays on an agreed rota basis.

In considering the comments received during the consultation process, the Committee took account of the distinction between convenience and adequacy. The comments in the CAR were mainly related to desirability and convenience rather than adequacy of the existing service.

The case for multi-lingual staff was not made as there were not a significant number of patients requiring this service and any translator must be registered and appointed through the Health Board who provided an interpreting service.

In conclusion, the Committee considered this existing network provided comprehensive service provision to the neighbourhood and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways either by foot, public transport or car. The existing pharmaceutical services were therefore adequate.

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

## **DECISION**

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

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

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)  
 Minutes of the Meeting held on  
 Tuesday 26<sup>th</sup> April 2016  
 Local Medical Committee (LMC) Offices, 40 New City Road  
 Glasgow G4 9JT

<b>PRESENT:</b>	Mrs Catherine Anderton Mr Ewan Black Mrs Susan Brimelow Mr Hakim Din Mr Ross Finnie Mr Kenneth Irvine Dr James Johnson Mrs Maura Lynch Alasdair MacIntyre Mr Iain Mouat Mr James Wallace Yvonne Williams	Lay Member Contractor Pharmacist Member Chair Lay Member Chair Contractor Pharmacist Member Non-Contractor Pharmacist Member Lay Member Contractor Pharmacist Member Non-Contractor Pharmacist Member Non-Contractor Pharmacist Member Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Mrs Trish Cawley Mr Robert Gillespie Mrs Janine Glen Mrs Dale McGinley Mr David Thomson	Contracts Supervisor Lead – Community Care Contracts Manager Contracts Supervisor Lead – Community Pharmacy Development & Governance

## Section 2

### Action

#### 1. Apologies

Apologies were recorded on behalf of Stewart Daniels, Gordon Dykes, Colin Fergusson, Alan Fraser, Ian Fraser, Michael Roberts, ,

#### 2. Matters Considered by the Chair

##### Change of Ownership

The Committee having previously been circulated with Paper 2016/03 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Case No: PPC/CO06/2015 – Kazim Gulzar Ltd, 1000 Cathcart Road, Glasgow, G42 9XL**

The Board had received an application from Kazim Gulzar Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Apple Healthcare Scotland Ltd, trading as Apple Pharmacy at the address given above. The change of ownership was effective from 2<sup>nd</sup> November 2015.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

Given the above, the Chair agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**NOTED/-**

**Case No: PPC/CO07/2015 – Kazim Gulzar Ltd, 584 Alexandra Parade, Glasgow, G31 3BS**

The Board had received an application from Kazim Gulzar Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Alexandra Parade Pharmacy Ltd, trading as Apple Pharmacy at the address given above. The change of ownership was effective from 26<sup>th</sup> October 2015.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

Given the above, the Chair agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**NOTED/-**

**Case No: PPC/CO01/2016 – Thistle Med Ltd, 11 Mossvale Crescent, Craigend, Glasgow, G33 5NZ**

The Board had received an application from Thistle Med Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Harminder Shergill & Sanjay Majhu, trading as Apple Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> March 2016.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

Given the above, the Chair agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**NOTED/-**

**Case No: PPC/CO02/2016 – Torrance Healthcare Ltd, 63-65 Main Street, Torrance, Glasgow, G64 4EL**

The Board had received an application from Torrance Healthcare Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Shergill Partnership (A Firm), trading as Torrance Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> April 2016.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

Given the above, the Chair agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**NOTED/-**

**Case No: PPC/CO03/2016 – P&C Paterson Ltd, 1432 Gallowgate, Glasgow, G31 4ST**

The Board had received an application from P&C Paterson Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Young & Mair Ltd, trading as Young & Mair Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> April 2016.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

Given the above, the Chair agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**NOTED/-**

**Minor Relocation of Existing Pharmaceutical Services**

The Committee having previously been circulated with Paper 2016/04 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**Case No: PPC/MRELOC06/2015 – Maryhill Dispensary Ltd, Maryhill Health & Social Care Centre, Gairbraid Avenue, Glasgow, G20 8YA**

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Maryhill Dispensary Ltd seeking to relocate to the above address.

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

**NOTED/-**

**4. PPC Members Terms of Office**

The Committee having previously been circulated with Paper 2016/05 noted the contents which gave details of Mrs Maura Lynch's re-appointment from April 2016 for a term of 2 years and Mr Hakim Din's appointment from January 2016 for a term of 2 years.

**NOTED/-**

**5. ANY OTHER COMPETENT BUSINESS**

There being no further competent business the meeting was closed.

The meeting ended at 1.00pm

Pharmacy Practices Committee (04)  
Minutes of the Meeting held on  
Wednesday 12 May 2016 at 1300 hours  
Maryhill Community Central Halls  
292-316 Maryhill Road, Glasgow G20 7YE

<b>PRESENT:</b>	Mr Ross Finnie	Chair
	Mrs Catherine Anderton	Lay Member
	Mr Stewart Daniels	Lay Member
	Mr Hakim Din	Lay Member
	Mr James Wallace	Non-Contractor Pharmacist Member
	Mr Ewan Black	Contractor Pharmacist Member (Item 1 only)
	Mr Kenneth Irvine	Contract Pharmacist Member
<b>IN ATTENDANCE:</b>	Ms Tracey Turnbull	Legal Advisor, NSS Central Legal Office
	Ms Gillian Gordon	Secretariat, NSS SHSC
	Mrs Janine Glen	Contracts Manager, GGC
	Mrs Audrey Thomson	Observer, Chair of APC, GGC

- 1. Prior to the consideration of business, the Chair asked members to indicate any interest or association with any person with a personal interest in the application to be discussed.**

**Mr Black declared that he knew one of the interested parties well, Mr Gordon Dykes. While there was no suggestion that this would effect Mr Black's objectivity, all present agreed that in order to avoid any perception of a conflict of interest he should stand down. He then left the committee room and took no further part in the hearing.**

- 2. Minutes of PPC held on 30 March 2016**

Those who attended approved the minute as a correct record of the meeting.

**The Applicant and Interested Parties were invited into the meeting.**

The Chair checked that there were no objections to Mrs Audrey Thomson attending to gain insight into the PPC (Pharmacy Practice Committee) process which would help in her role as Chair of the APC (Area Pharmaceutical Committee). None of those present raised any objection and, Mrs Thomson was invited to join the meeting.

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

Case No: PPC/INCL03/2016

CD Chem Ltd, 261-263 Bilsland Drive, Ruchill, Glasgow, G20 9RE

The Applicant, Mr Christopher Johnstone was accompanied by Mr Damian Nugent. The Interested Parties, who had submitted written representations during the consultation period and who had

chosen to attend the oral hearing, were Mr Gordon Dykes representing Bannerman's Pharmacy, Mrs Laura McElroy representing Rowlands Pharmacy, Mr Tom Arnott, accompanied by Mr Tony O'Reilly representing Lloyds Pharmacy, and Mr Imran Qayum, accompanied by Mr Abdul Qayum, representing Maryhill Pharmacy.

The Chair welcomed all to the meeting, covered Health and Safety arrangements and introductions were made.

The Applicant and Interested Parties were informed that Mr Ewan Black, Contractor Pharmacist member had declared an interest in the application to be considered in that he knew Mr Dykes quite well. The Chair advised that for the avoidance of any doubt and to avoid any perception of bias, Mr Black had withdrawn from the Committee.

The Chair noted that Ruchill Community Council (CC) had been given notification of the application in accordance with Schedule 3, Para 1 of the Pharmacy Regulation, but had not submitted a representation during the statutory timescale. It had appeared through discussion with the Secretary of the CC that the representation may have gone astray in the post. The CC had some time after the end of the consultation period submitted a letter asking that their views be made known to the PPC. The Chair advised that he had considered the letter and agreed that it could be submitted into the hearing. The letter was circulated to all present and everyone was given an opportunity to make themselves familiar with the contents.

The Committee was asked to consider an application submitted by CD Chem Ltd to provide general pharmaceutical services from premises situated at 261-263 Bilsland Drive Ruchill, Glasgow G20 9RE 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 to speak through the Chair.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was outlined by the Chair. The Applicant was to present first followed by an opportunity for the Interested Parties and PPC members to ask questions of the Applicant in turn. Submissions from each Interested Party would then be invited. After each case there followed the opportunity for the Applicant, other Interested Parties and the PPC to ask questions. The Interested Parties and the Applicant would then be given the opportunity to sum up in reverse order so that summing up from the Applicant occurred last.

The Chair reported that the PPC, had previously been circulated with all the papers regarding the application from CD Chem Ltd. The Applicant and Interested Parties had been circulated with copies of the written representations received, along with a copy of the Consultation Analysis Report (CAR). The Chair asked for confirmation that this had been received. All did so. The Applicant and Interested Parties were advised that the PPC had collectively visited the proposed premises, the vicinity surrounding those premises, the existing pharmacies, GP surgeries, facilities in the immediate and surrounding areas.

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 Chair invited Mr Johnstone to speak first in support of his application.*

### **3.1 The Applicant's Case**

Mr Johnstone read from a prepared statement and thanked the PPC for allowing him to present the case on behalf of CD Chem Ltd.

He said that they were seeking to open a pharmacy on Bilsland Drive as they believed the current access to pharmaceutical services was wholly inadequate; something they had the support of the local community for. Their expectation was to prove this using the legal test set out in regulation 5(10).

The legal test required them to define a neighbourhood within which the proposed pharmacy was situated and then to determine whether or not the existing pharmaceutical services were adequate to this neighbourhood.

They had asked the community of Ruchill to help them with the boundary of the neighbourhood and together they had arrived at the following:

NORTH: Canal and Railway line.  
EAST: Balmore Road where it meets the intersection of Closeburn Street and Stronend Street.  
SOUTH: Panmure Street along to Firhill Road and where this meets the Canal.  
WEST: Canal

He noted that there were two judicial reviews which he believed strengthen this defined neighbourhood. One was by Lord Nimmo-Smith and the other by Lord Justice Banks.

Lord Nimmo-Smith quoted:

*"Neighbourhood is not defined in the regulations and must therefore be given the meaning which would normally be attributed to it as an ordinary word of the English language. As the word is ordinarily understood, it has connotations of vicinity or nearness ... The word neighbourhood in regulation 5(1) of the 1995 regulations means an area which is relatively near to the premises in question which need not have any residents and which can be regarded as neighbourhood for all purposes"*

Mr Johnstone said that "For all purposes" in the past had been understood to relate to services - i.e. a neighbourhood for all purposes would be one for all services. In his opinion, however, the two were not interchangeable. Although it was entirely possible for a neighbourhood to contain a large shopping centre; it was equally possible for that neighbourhood to exist if there was a newsagent in

its place.

He interpreted "for all purposes" to mean providing adequate provision for residents' essential or daily needs. In this case a resident of Ruchill might well fall into the catchment area of Tesco Maryhill but asked whether they would feel the need to travel to Tesco for their milk or paper on a daily basis, especially if they had three newsagents within their neighbourhood.

He then quoted Lord Justice Banks defined neighbourhood:

"I will not pause to consider which is indicated by the expression neighbourhood. In this connection it is impossible to lay down any general rule. In country districts people are said to be neighbours, that is to live in the same neighbourhood who live many miles apart. The same cannot be said of dwellers in a town where a single street, or a single square may constitute a neighbourhood. Again physical conditions may determine the boundary or boundaries of a neighbourhood as for instance a range of hills, a river, a railway or a line which separates a high class residential district from a district consisting only of artisan's or workmen's dwellings."

Mr Johnstone stated that this definition indicated that there were natural physical boundaries to a neighbourhood. In this case they took these physical boundaries to be the canal, railway line and main roads which are thoroughfares for traffic.

He stated that moreover, Ruchill contained numerous amenities which he considered to be strong neighbourhood indicators such as Ruchill Community Centre, St Cuthbert's and Highpark primary schools, two nurseries, a school for those with autism and communication needs, several grocery shops, takeaway outlets, hairdressers, a cafe, two nursing homes, the Ruchill Community Learning Centre, a municipal golf course and a public park.

He said that it could clearly be seen that Ruchill was a neighbourhood for all purposes and he was happy to have shown how he arrived at this through the community's guidance and past legal references.

Mr Johnstone continued to consider the facts and figures surrounding his population. He said that SNS Scottish Neighbourhood Statistics) data showed there to be three datazones falling within the defined neighbourhood. These datazones excluded the recent completions of new houses on Shuna St, Hugo Street, Shuna Crescent, The Mondriaan complex and the transient student populations of Murano Street and Caithness Street. Using his three datazones, published in 2013, there was a population figure of 3838. However with 489 units developed outside the datazones he believed the population to be closer to 4500 which was still excluding any transient population in the student village. This was a significant population size which would most definitely benefit from access to pharmaceutical services.

He then moved on to consider the demographics of the population.

He said that there were over 2000 elderly and children living in Ruchill; two groups whose access to healthcare was a priority. Almost every second person between the ages of 16 and 60 was on key benefits.

He noted that the committee would be aware that the Scottish Government was now beginning to calculate pharmacy payment based on services, moving away from volume of

prescriptions. In doing so the negotiators had narrowed all factors down to two; deprivation and age. Moreover, the new model of payment took these two factors into account through the pharmaceutical needs weighting payment. This payment varied amongst contractors based on the demographics they serviced; where the more deprived areas received greater remuneration. Every pharmacy which surrounded his neighbourhood and whose contractors were present today had a pharmaceutical needs weighting payment above that of the national average. He stated that he had obtained the national average from ISD (Information Services Division) and the contractors payments via Freedom of Information requests to NSS (National Services Scotland).

He pointed out that his statistics also showed that between the 3 datazones there was an overall SIMD (Scottish Index of Multiple Deprivation) decile score of 1.3 which placed the Ruchill postcodes within the most deprived in the country. He believed with Ruchill there could not be a more needy population in terms of pharmaceutical needs. He estimated, based on these statistics, that 3000 people within the neighbourhood were eligible for the Minor Ailment Service (MAS). He also noted that 30% of the population had had one emergency hospital admission per year with 36% of emergency hospital admissions resulting in advice. He also said that 21% of pregnant women within the neighbourhood were registered as smoking at point of booking.

He said that he had outlined the population statistics and demographics of the neighbourhood and, although dry, invited the Panel to consider them as they were significant to the argument of the need for pharmaceutical services. He stated that the greater the deprivation, the poorer the area, the greater the need for local intervention to improve health outcomes.

Mr Johnstone then addressed the existing services in the neighbourhood and said that, put simply, there were none. It was clear to see that there were no existing pharmaceutical services in Ruchill. In order to access a pharmacy people had to travel outside of a neighbourhood. He stated that one must consider if services outwith the neighbourhood are adequate.

To do this he proposed to address accessibility, distribution of existing pharmacies, the four core pharmacy services and the term adequacy.

In terms of accessibility he said that people had to travel outwith their neighbourhood to access services. This was something that residents and the community council had made very clear to him that they found unacceptable. He was aware that Ruchill was serviced by two buses and there had been a third, called the G1, which lasted less than year. This bus was picking up people from his neighbourhood and taking them to the site of the new Southern General. The remaining bus routes were not comprehensive and it was not even possible to take a single bus directly to any of the health centres. This was a concern raised by the community council who pointed out that you would need to change to a second bus or face a lengthy walk from the nearest bus stop. He believed that having to use public transport did not provide good enough access to pharmaceutical services when one considered the time, financial cost, reliability and physical logistics, especially when someone was in need of pharmaceutical services.

He noted that car ownership in the neighbourhood was low, with only 34% of households having one or more vehicles (Understanding Glasgow - The Glasgow Indicators Project). Even with a car, access to the surrounding pharmacies was not guaranteed with parking on Maryhill Road and Saracen Street being restricted due to bus lanes.

He stated that walking to the surrounding pharmacies from his proposed site would throw up several challenges for those likely to be in need of pharmaceutical services.

He referred back to his defined neighbourhood and the natural physical barriers which acted as its boundaries. It was  $\frac{3}{4}$  of a mile to the pharmacy on Balmore Road and just over a mile to the pharmacies on Saracen Street. These distances would be a lot for an infirmed or frail patient. It would take a healthy adult around 20 minutes to walk this at an average speed of 3.1mph. He considered that an elderly patient or parent with a pram was more likely to walk at a speed of up to 2mph and a round journey would take significantly longer. This was compounded by the barrier of an extremely busy road with traffic travelling to all directions of the city and the trip was even more arduous. In the other direction, access to the pharmacies on Maryhill Road required going under or over the canal. The crossing points for which were again far from adequate for vulnerable patients. He would not expect someone with a disability to frequently tackle the many stairs from Murano Street to Maryhill Road over the canal. Nor would he be pleased about elderly patients walking along Ruchill Street and over the canal past the industrial units and alongside another thoroughfare.

He invited the panel to consider if access to the surrounding pharmacies was good enough for those most likely to be in need of pharmaceutical services and also to consider whether it was reasonable to ask an elderly patient or a parent with young children to attempt to overcome these obstacles on a consistent basis. Moreover, he questioned if the existing pharmacy network could prove beyond doubt that it was offering adequate accessibility. Mr Johnstone then moved on to consider the distribution of existing pharmacies which he believed was wrong and outdated and not in tune with the new pharmacy contract and the services it provided to patients.

He noted that there were three pharmacies on Saracen Street which were clustered and within sight of each other. Many of the other surrounding pharmacies were located close to GP surgeries. In the past being close to a GP was vital for a pharmacy, this was no longer the case. The new pharmacy contract promoted pharmacy as a stand alone service, not merely an addition to general medical services. Core services such as minor ailments and CMS were intended to be accessed by patients independent of trips to the doctor.

He then considered the core services and said that there were four core services which underpinned the provision of pharmaceutical services in Scotland. These were: AMS (acute medication service), CMS (chronic medication service), MAS (minor ailment service) and PHS (public health service). The provision of these pharmacy services to the neighbourhood from outwith was, in his opinion, wholly inadequate and prevented them being provided to the standard required.

He asked the panel to agree with him that a delivery service could in no way act as substitute for an accessible pharmacy. He acknowledged that deliveries could help relieve pressure on those not always able to get out and about. However, to service an entire neighbourhood of varying needs and abilities with a courier service fell far below the level expected of modern community pharmacy.

He stated that for the adequate provision of the MAS, it was not only important for it to be readily accessible but crucially it required for there to be face to face interaction with the patient. This was an absolute stipulation of the service and ensured that the pharmacist was in the best possible position to diagnose an ailment or refer on if appropriate.

Moreover, PHS was designed and implemented to make opportunistic interventions to improve public health. This was a service best carried out in the heart of a neighbourhood, where it would

have the maximum impact on the population. PHS has recently taken a massive step forward with the roll out of a national smoking cessation scheme and sexual health services with the provision of Emergency Hormonal Contraception (EHC) and the testing and treatment of Chlamydia.

Furthermore there was a similar need for the pharmacist to interact with patients when carrying out the CMS. Although not imperative most CMS reviews should be done face to face with patients. This was particularly of note when one considered some of the fields to be populated in a patient care record enquiry of visual and physical difficulties in relation to compliance.

He said that the provision of these services was a fantastic opportunity for community pharmacy to make a real difference to people's health and the proposed pharmacy would provide the ideal environment and perfect location for these services to have maximum impact.

He then turned to adequacy, which term was crucial to the decision that day. He said that what he meant when stating that the existing pharmaceutical services provided to the neighbourhood was that the most common definitions of adequate included:

Satisfactory - Something being as much or as good as necessary for some requirement or purpose, or Acceptable in quality or quantity.

In this case he concluded that:

- (i) The existing transport and pedestrian routes were unsatisfactory for gaining access to surrounding pharmacies.
- (ii) The location of the surrounding pharmacies were not good as necessary for their requirement to provide pharmaceutical services to Ruchill.

**And**

- (iii) That the remote provision of the four core services was not acceptable in quality or quantity according to their standard specifications.

Mr Johnstone concluded by stating that in his opinion the only way to secure adequate pharmaceutical services for the neighbourhood of Ruchill was by granting this application. He respectfully requested the committee to consider if a pharmacy at the proposed site would, in their minds, fulfil the above criteria to provide adequate or even better than adequate pharmaceutical services to a neighbourhood greatly in need of them.

***The Chair thanked Mr Johnstone for his presentation and invited the Interested Parties and the PPC to put their questions.***

### **3.2 The Interested Parties Questioned the Applicant**

Mrs McElroy said that Mr Johnstone had spoken about the elderly and families with children who were on benefits and more in need of pharmacy care and asked what he would do that was not currently provided. Mr Johnstone replied that his unit would be at the heart of the neighbourhood so would provide a face to face service and much greater access to the standard service.

She then asked where someone who lived on the boundary of his neighbourhood would access the MAS and whether it would be the proposed pharmacy or Rowlands. Mr Johnstone replied that, when discussing the neighbourhood with the community, they thought the main road (Balmore Road) was the real barrier, having four carriageways it was a big ask for the elderly to get across. She asked how this fitted in with his statement about a 20 minute walk being too much. Mr

Johnstone replied that his unit would be at the heart of the area but there would always be people on the edges. She asked if that was more about inconvenience rather than adequacy and Mr Johnstone replied that it was about adequacy as it avoided the challenges of the main thoroughfare.

Mrs McElroy asked if it was unreasonable to expect a patient if in good or poor health to be able to walk every day as this was proven to be good for health. Mr Johnstone replied that he was looking to provide pharmacy services to all but there would be some in the area who would not be able to walk and these were the people most in need of the service.

Mrs McElroy then asked what services he would offer that were different to those of disability who were unable to get about. Mr Johnstone said that he was looking to provide adequate access to the four core services. Mrs McElroy asked how disabled patients would access his pharmacy. Mr Johnstone said that the unit would be DDA compliant and if those patients required extra help he would be willing to give it but the application was about not having to leave the neighbourhood for pharmacy services.

Mrs McElroy asked what was inadequate about the current service. Mr Johnstone said that the four core services were being provided remotely and not in the neighbourhood. The new pharmacy would allow the pharmacy to be involved in the care and they could access the services without having to travel.

She then asked how many of his 4500 population would be closer to the proposed pharmacy than the existing. Mr Johnstone said that he believed his unit was at the heart of Ruchill. The shop would be in Bilsland Drive where the densest population was and where the community migrated to. He thought that the vast majority would be closer to him along with the new populations, which he had excluded from his figures, would also be geographically closer.

Mrs McElroy asked again if he thought this was more about convenience than adequacy. Mr Johnstone said it was about providing Ruchill with a pharmacy service on their doorstep. He had been involved in the community and had a feel for how difficult they found the access to pharmacy services.

Referring to the CAR report, Mrs McElroy asked if he was pleased with the responses. Mr Johnstone said that he was not which was why he had gone into the community to see what the natural response would be and get more information. He had gone to the Community Council; the community centre, worked in the local furniture initiative and was a member of the community choir.

He pointed out that the healthcare workers in the community were overwhelmingly in favour of the proposal with eight for and two against. Mrs McElroy took issue with this and said it looked as if two were in favour, some were neutral and some negative. Mr Johnstone reiterated that he was confident that eight were in favour. Mr Johnstone acknowledged that there had not been a good response but the healthcare worker feedback had been useful. Overall he felt there had been a good response to the consultation.

*Mrs McElroy had no further questions*

Mr Qayum noted that Mrs McElroy had asked the majority of his questions but asked what the impact on the existing services would be if the application were granted. Mr Johnstone said that, from being involved with the people, they were all using different pharmacies and there was no

central provider. He believed that there would only be a small impact on each of the existing contractors. He had submitted a Freedom of Information (FOI) request on the prescribing coupled with a share of the population going to the various contractors and came to the conclusion that there would be little impact on the existing services. Mr Qayum disagreed as his pharmacy served the area that Mr Johnstone described as his neighbourhood.

*Mr Qayum had no further questions.*

Mr Arnott asked if Mr Johnstone would describe Ruchill as rural. Mr Johnstone replied that he would describe it as inner city. Mr Arnott asked if the application could have been granted under the Essential Small Pharmacy Scheme and Mr Johnstone indicated that this was for rural areas to which Mr Arnott replied that this was not necessarily the case.

Mr Arnott asked if the new build was as densely populated as it was before the regeneration. Mr Johnstone said that many were completed and building was ongoing and that many of the developments were several stories high. He did not have comparisons to say one way or the other. Mr Arnott indicated that Mr Johnstone seemed to be familiar with the area and would have seen it before and after and wondered what his opinion was. Mr Johnstone replied that he was familiar with the area over the past 10 years but did not know it before.

Mr Arnott then moved on to look at distances from various streets in the neighbourhood to the proposed new pharmacy and the existing pharmacies. He asked about: Drumfearn Road which Mr Johnstone said was nearer an existing pharmacy but was in his proposed neighbourhood; Murano Street where it crossed Benview Street and how people there would access the proposed pharmacy to which Mr Johnston replied that they would walk across the park which would take about 5 or 10 minutes which would be the only way these people would get access to pharmacy services without crossing a road; Curzon and Currie Streets and asked if elderly patients would be able to walk to the proposed pharmacy. Mr Johnston said that he believed they would still tend to migrate towards Bilsland Drive; Panmure Street where it met the canal and if there was something special which made this a boundary. Mr Johnstone replied that he believed it to be a natural boundary as it crossed the canal there. Mr Arnott asked if it had more to do with other pharmacies in the area to which Mr Johnstone replied that it did not.

Mr Arnott then asked where residents currently accessed banks and food shopping. Mr Johnstone replied that for non-daily needs they would have to travel outwith the neighbourhood to access these services which they currently did.

When asked what services were not offered by the existing pharmacies, Mr Johnstone replied that he had no issue with the services on offer, merely that they were remote. He acknowledged that previous PPC and NAP decisions had said that adequate services could be provided from outwith a neighbourhood but the demographics had changed in the area and the access was not adequate.

*Mr Arnott had no further questions.*

Mr Dykes asked why Mr Johnstone had mentioned the newsagent as key to the neighbourhood as it was normally a Post Office. Mr Johnstone replied that it was because it was about services that were regularly used. There was no Post Office but the population used the newsagent on a daily basis. When asked if something would have been done to ensure that the Post Office remained, if the area was so deprived, Mr Johnstone said that the reason it had closed was that they could not find a postmaster.

Mr Dykes asked if Mr Johnstone had any hard evidence of inadequacy of service. He replied that he did not and his case was based on the adequacy of access to the services.

*Mr Dykes had no further questions.*

*This concluded the Interested Parties' questions.*

### **3.3 The PPC Questioned the Applicant**

Mr Daniels asked what provision would be made for a methadone service. Mr Johnstone replied he would be looking to have a double consultation room and have a system where patients could be treated in confidence.

Mr Johnstone was asked what services he would offer that were not supplied at present. He replied that there were no additional services but that these would be provided closer to individuals' homes.

Mr Daniels then asked how many pharmacists would be employed and Mr Johnstone replied that initially he would be alone but if the business grew then he would bring in a second.

*Mr Daniels had no further questions.*

Mrs Anderton indicated that she wanted to explore the aspects that Mr Johnstone felt made a neighbourhood in its own right and asked him to repeat the list he had quoted earlier. Mr Johnstone said that the facilities were: Ruchill Community Centre, two primary schools, two nursery schools, a school for special needs; several grocers, takeaways, a hairdresser, a barber; a cafe; two nursing homes, Ruchill Learning Centre, a municipal golf course and a public park.

Mrs Anderton asked if there were any GP surgeries to which Mr Johnstone replied that there were none.

She then asked what other aspects made the neighbourhood a community. Mr Johnstone replied that there was a community choir which was started with the aim of bringing people together. There was also someone employed by Glasgow City Council as a community connector who tried to get different groups together who he thought just worked in Ruchill but had not had a conversation with him about other areas. The hall was also let out for dance and fitness classes and there were allotments next to the church just off Bilsland Drive which was the only church within the defined boundary.

Mrs Anderton then referred to the CAR and referred to the comments from the healthcare assists. She asked if Mr Johnstone intended to provide dosette boxes. Mr Johnstone said that he did as the other pharmacists did so. She then asked what he would do about housebound patients. Mr Johnstone said that he liked to get to know the clients and it would not be uncommon for him to undertake a home visit, if he had cover, or after work or at the weekend.

When asked where the people in the area would identify themselves as coming from, Mr Johnstone said that he had been involved in the community and had a fair idea of what they thought. They said they came from Ruchill and all spoke about the way the services had been stripped from the area and not but put back in. He had in fact involved the community in helping him to define the area.

*Mrs Anderton had no further questions.*

Mr Wallace referred to the boundaries and asked why the canal had been chosen for the Western Boundary when it had been established that most people would go to Maryhill Road to shop. Mr Johnstone replied that someone from the other side of the canal would not describe themselves as coming from Ruchill and although it was a main thoroughfare, residents did not see it as being in their community.

Mr Wallace then asked if Mr Johnstone had an idea of the percentage of people in his neighbourhood who could not access services like CMAS or MAS adequately. Mr Johnstone did not have a specific number but there was a large percentage of over 60s and under 16s who were on key benefits.

*Mr Wallace had no further questions.*

Mr Irvine, referring to the neighbourhood, asked why someone in Balmore Square could not access services in Rowlands pharmacy. Mr Johnstone said that he was confident that Balmore Road was a deterrent as the majority of people in the Square were elderly and would not want to cross the road. Mr Irvine then asked if Balmore Road was a boundary why was Bilsland Drive not. Mr Johnstone said that people from the other side of the park considered themselves as being in Ruchill although he was aware that people used the grocers' shops on Bilsland Drive as well. In addition Balmore Road was wider and more of a deterrent.

Mr Irvine then asked if there were any complaints to the Health Board about adequacy of service. Mr Johnstone stated that he had undertaken a FOI request to find out about complaints but had not specifically asked for patients from Ruchill and most of his information had come from conversations with residents.

Mr Johnstone was then asked if a pharmaceutical service was a daily need and replied that he would probably see patients on an almost daily basis and, being in the community, he would be able to develop relationships and encourage people to come in.

In response to a question why there was still a To Let sign about the proposed premises, Mr Johnstone indicated that he was not sure why but confirmed that he was in possession of a lease. He also indicated that he had arranged for his landlord to be there during the PPC visit but he was not invited to open the premises.

As a point of clarity the Chair confirmed that a text had been sent to the landlord, using the contact details provided by the Applicant. The landlord was advised that the PPC were in the neighbourhood and gave the approximate time of arrival. When the PPC arrived at the proposed premises there was nobody there to provide them entry. A further text had been sent advising the landlord that the PPC had been at the premises and could not wait any longer. Mr Johnstone could not explain why this was the case as he had the conversation with the landlord but had no knowledge of any contact between the PPC and the landlord.

*Mr Irvine had no further questions.*

Mr Din asked why there had been a low response to the CAR. Mr Johnstone indicated that he was

not sure how well the advertisement in the Evening Times had done. When he had gone to the Community Council, they were not aware of the application which had led him to make a more personal approach within the community. He acknowledged that the response to the CAR was not what he had expected but had sought further views on the ground.

*Mr Din had no further questions.*

The Chair asked Mr Johnstone to clarify what the population was in the defined neighbourhood. Mr Johnstone said that using the three data zones which covered the majority of Ruchill it would be 3838. He knew of 497 which did not sit there and had conservatively estimated about 700 new entrants to the area which gave a total of about 4500. He confirmed that this excluded the transient student population.

The Chair asked how many pupils attended the two primary schools and the specialist unit. Mr Johnstone said that he had not obtained that information. When asked what community the schools serviced, Mr Johnstone replied that he knew that High Park campus had moved from upper Ruchill so that would serve the whole population. Regarding the other two, the catchment areas would be wider. The Chair noted that, for the schools to be viable, they would have to serve a much larger area. Mr Johnstone replied that he was quite confident about the SNS data around the population.

The Chair noted that Mr Johnstone had stated that the community was almost self sufficient and clearly defined. However retailers clearly did not see this as a community as most of the provision was outwith the defined neighbourhood. Mr Johnstone said he still felt it was a community as the services were there for the daily needs with residents travelling to reach supermarkets and access GP services. He believed that having a pharmacy there would do a lot for the community. A lot of the residents just used the small shops and did not travel much further. The people there definitely said that they came from Ruchill and had helped him to define his boundaries.

*The Chair had no further questions.*

*This concluded the PPC's questioning of the Applicant.*

#### **4. The Interested Parties' Cases**

##### **4.1 Mrs McElroy was invited to present the case on behalf of Rowlands Pharmacy**

Mrs McElroy opened by thanking the PPC for the opportunity to present Rowlands Pharmacy's views on why they believed the application for a new pharmacy at Bilsland Drive, Glasgow was neither necessary nor desirable.

She opened by addressing the issue of neighbourhood. She stated that she wished to propose a slightly different neighbourhood to that proposed by the applicant, namely:

-  
NORTH: Canal and Railway line.  
EAST: Balmore Road (A879) to where it met the intersection with Closeburn Street and Stronend Street  
SOUTH: Panmure Street along to Firhill Road then along the canal right out to Maryhill Road.  
WEST: Maryhill Road.

The area described as Ruchill was included in this neighbourhood. She questioned whether it was a neighbourhood in its own right; whether it had all the facilities for day to day living (banks, post office, GPs, supermarkets and pharmaceutical services). She believed that most people still had to come out of this neighbourhood to go to the GP or to get shopping etc. Therefore these residents were used to crossing neighbourhood boundaries.

If it was accepted that Ruchill was its own neighbourhood, one had to remember that the legal tests stated consideration must be given to pharmaceutical services in adjoining neighbourhoods. Indeed the applicant had stated there were no pharmacies within their neighbourhood yet Rowlands premises at 144 Balmore Road should be included as within the neighbourhood unless the boundary was considered to be the middle of the road therefore excluding the shops and pharmacy on the eastern edge.

Furthermore if one used the neighbourhood she had defined there were three pharmacies on the western boundary on Maryhill Road that would be classed as within the neighbourhood. Indeed Maryhill Pharmacy sat round the corner from Ruchill Kelvinside Church of Scotland. Further still there were four pharmacies just outwith her defined neighbourhood - three on Saracen Street and one on Maryhill Road at Northpark Street. In reality all eight were all well within reach of the residents of the neighbourhood. In fact in many instances many of these people would be closer to one of the existing pharmacies and therefore the applicant's argument of his proposed neighbourhood having inadequate provision pharmaceutical services was invalid.

Turning to her own pharmacy on Balmore Road, Mrs McElroy advised that it provided all the core services of the contract - MAS, PHS including smoking cessation and EHC, Gluten Free food provision, the stoma service, AMS and CMS. They also had a Rowlands Inhaler Service which included monitoring of patients to support them in their technique, supporting compliance and recycling. It was delivered to encourage those with asthma/COPD to engage with their pharmacy team to manage their condition. In addition they had entered a partnership with Alliance to develop and deliver assistance to patients to manage their own condition.

She pointed out that waiting times in the pharmacy were extremely low; they provided a comprehensive collection and delivery service to those that needed it and had no capacity restrictions for dispensing methadone, suboxone or Managed Dosage System (MDS) trays. Furthermore they participated in all the locally enhanced services that the Health Board supported and were always looking for new services to get involved in.

She noted that their team was well established and were all highly experienced and well trained. Their pharmacist Katy had been in post for over five years and she was supported by a pharmacy technician 32 hours per week, two dispensing assistants, totalling 52 hours per week, a part time counter assistant, 20 hours per week and a delivery driver 35 hours per week. All staff had received training to assist them in dealing with patient queries. They provided pharmaceutical care to many residents of Ruchill who had all been with them for many years.

She indicated that there was nothing to suggest that their pharmacy or indeed others were offering poor or inadequate service. In addition the fact that the public consultation only received 12 responses demonstrated that the local population had no concerns regarding lack of pharmaceutical services. In fact referring to question 3 of the consultation questionnaire, 7 of the respondents indeed acknowledged that current pharmaceutical services were adequate. Looking at the rest of the questions there was a similar theme.

Mrs McElroy moved on to consider the adequacy of the current provision and indicated that she would be grateful for any advice on what Rowlands could do to make their pharmacy more adequate. She said that no-one in the current pharmacy had any problems accessing pharmacy services and the current services were without a doubt adequate.

She concluded by stating that there was no need for a pharmacy in the defined neighbourhood.

*The Chair thanked Mrs McElroy for her presentation and invited the Applicant, other Interested Parties, and the PPC to put their questions.*

#### **4.2 The Applicant Questioned Mrs McElroy**

*Mr Johnstone confirmed that he had no questions for Mrs McElroy*

#### **4.3 The Other Interested Parties Questioned Mrs McElroy**

Mr Arnott asked if the proposed new pharmacy would have an adverse affect on Rowlands. Mrs McElroy said it would have some impact but the overall viability would not be affected. This was because she believed that their current patients were happy with the services provided.

*Mr Arnott had no further questions.*

*None of the other Interested Parties had questions.*

#### **4.4 The PPC Questioned Mrs McElroy**

Mr Daniels mentioned that according to a survey the delivery services were inadequate and there were not enough dosette boxes and asked for Mrs McElroy's comments. She replied that Rowlands did not have any problems with either. Their driver worked 35 hours a week and did many dosette trays. They had never refused a request and always made the space and time available to do them and imposed no restrictions.

*Mr Daniels had no further questions.*

Mrs Anderton asked how many MDS trays were prepared currently and what areas were covered and Mrs McElroy replied that they did about 150. Regarding areas, they covered Ruchill, Possilpark, east of Balmore Road with the majority from Possilpark and Ruchill on the eastern boundary of the defined area. They picked up and collected from Springburn and Maryhill Health Centres.

In response to a question on how Rowlands customers would describe themselves as coming from, Mrs McElroy said that some would say they lived in Ruchill, some in Balmore Square would not identify with Ruchill; the new houses on the left of Balmore Square would definitely not identify themselves as from Ruchill; others to the south may class themselves as from Possilpark; to the west they would probably say Maryhill. She indicated that in short there was no definitive definition but that Rowlands served all the areas.

Mrs Anderton asked where the nearest GP surgery was and Mrs McElroy indicated that it used to be next door to the pharmacy but had relocated to Saracen Street but this had not made a

difference to those using the pharmacy as the patients knew and trusted the staff.

Turning to the CAR and the responses from the healthcare assistants, Mrs Anderton noted that some appeared to consider that there were gaps in the provision and asked for Mrs McElroy's comments. She replied that Rowlands had a good relationship with all the healthcare teams and had no capacity restrictions and whenever a service was requested they took it on. She was aware that, across the city, there was a problem about getting people into pharmacy lists but often comments were about timescales and turnaround time. This was more about working with the GPs and patients to manage their expectations. She noted that there had been a specific comment on 24 hours turnaround and repeated that it was about managing expectations as it sometimes required a bit of effort to get everything in place to commence a service.

*Mrs Anderton had no further questions.*

Mr Wallace asked if she was aware of any patients who have issues getting across Balmore Road, to which she replied that she was not. Most patients tended to park in Balmore Square and then cross at the crossing. It was a busy road but it was easy to cross with the lights.

*Mr Wallace had no further questions.*

Mr Irvine asked if she had done any analysis on where her custom came from. She replied that she had asked the team the previous week to take a snapshot of the prescriptions and from that had ascertained that 23% were from Ruchill, 47% from Possilpark and the rest spread widely.

Mr Irvine then asked why she had put Maryhill Road as the boundary and not the canal. She replied that it was because, in order to access other services, people had to cross the canal. Also the church was on the western side of the canal and she had used this as a key point in defining the neighbourhood and moved the boundary to Maryhill Road.

*Mr Irvine had no further questions.*

Mr Din asked if she had heard any patients saying that there should be a pharmacy in Ruchill. She replied that she had not and all the staff said that the patients were happy with Rowlands' service.

*Mr Din had no further questions.*

*This concluded the PPC's questioning of Mrs McElroy.*

#### **4.5 Mr Qayum was invited to present the case on behalf of Maryhill Pharmacy**

Mr Qayum indicated that his case would be brief and that he only wished to make the following points:

- The neighbourhood encroached on other neighbourhoods and crossed boundaries which were well covered by pharmacies.
- The neighbourhood described by the applicant was mostly parkland with a few houses.
- The neighbourhood had been rundown over a number of years and the recent regeneration and had resulted in no discernible increase in the

population.

- All the pharmacies had been there for years and provided an adequate service so it would not benefit the population to have another.
- The application should be turned down

*The Chair thanked Mr Qayum for his presentation and invited the Applicant, other Interested Parties, and the PPC to put their questions.*

#### **4.6 The Applicant Questioned Mr Qayum**

Mr Johnstone asked if Mr Qayum would class 4500 as a population which would fit into a few houses. Mr Qayum replied that out of the population, which came from a small cluster of houses, the majority used Maryhill Pharmacy. They provided the full range of services including dosette boxes and deliveries so the service was adequate already as the population was already being serviced. He pointed out that the majority of the population was located at the Maryhill side where there was more than adequate provision.

Mr Johnstone asked if Mr Qayum accepted that there was more than just a few houses in this defined neighbourhood. Mr Qayum repeated that the population already had a service and that the majority of the population lived on the fringes with the biggest part on the neighbourhood being parkland.

*Mr Johnstone had no further questions.*

#### **4.7 The Interested Parties Questioned Mr Qayum**

Mrs McElroy asked if there were any services not provided by Maryhill Pharmacy that would be provided by the proposed pharmacy. Mr Qayum confirmed that they provided all services, including dosette trays, CMA, MAS. They had done so for a long time and knew their customers well. The staff knew their needs and provided good services. They also asked for feedback and used this to improve their services.

Mrs McElroy asked if any of the Maryhill patients would leave if there were another pharmacy. Mr Qayum did not think they would do.

*Mrs McElroy had no further questions.*

The other Interested Parties confirmed they had no questions.

#### **4.8 The PPC Questioned Mr Qayum**

Mr Daniels referred to the survey which said that delivery services were inadequate and there were not enough dosette trays and asked for Mr Qayum's comments. He stated that the dosette trays themselves were not a problem; the main holdup was waiting for either the GP or the hospital to provide the prescription. When a patient left hospital, they were given a week's supply of medicine to give them time to make arrangements. He noted that they tried to accommodate all requests and did not turn any down. He pointed out that the Health Board did not recommend providing dosette services as they were labour intensive but if they received a request they would do all they could to meet it. He stated that the survey also mentioned 24 hours. As they had 3

pharmacists, 2 full time and 1 part time member of staff, if they had a full set of prescriptions they could have dosette boxes ready within an hour.

Mr Daniels asked if Maryhill Pharmacy was working to capacity and Mr Qayum confirmed that it was not.

*Mr Daniels had no further questions*

Mrs Anderton asked how many dosette boxes they supplied. Mr Qayum replied that at the moment it was 130 but the actual number could vary from month to month.

In reply to a question about the percentage of people from the proposed neighbourhood who used Maryhill Pharmacy, Mr Qayum said the majority came from Maryhill Health Centre where Maryhill Pharmacy picked up prescriptions twice a day. They also picked up from Woodside Health Centre and Miller's surgery in Possilpark and Springburn. He reckoned that the majority of his patients would come from Ruchill and Wyndford. He noted that some people would come in with their own prescriptions and some were delivered but could not give an exact breakdown for each. They delivered to most areas, including Ruchill, Brassie Street, Leighton Street, Curzon Street, Bilsland Drive. The reason for delivery was either because the patient asked for it or because they were elderly or disabled.

Mrs Anderton had no further questions

Picking up on the delivery question, Mr Wallace asked if the Maryhill patients came in to collect their prescriptions. Mr Qayum replied that they delivered to Maryhill also.

*Mr Wallace had no further questions*

Mr Irvine asked Mr Qayum if he agreed with the applicant's definition of the neighbourhood. Mr Qayum said that the western boundary should be Maryhill Road; other than that he had no issue with the neighbourhood.

*Mr Irvine had no further questions*

Mr Din asked if Mr Qayum had heard anyone say that there should be another pharmacy in Bilsland Drive and Mr Qayum said that he had not and that all his clients appeared to be happy with the current service.

*Mr Din had no further questions*

#### **4.9 Mr Arnott was invited to present the case on behalf of Lloyds Pharmacy**

Mr Arnott opened by thanking the Committee for the opportunity to put his case.

He stated that the Applicant's reason for making this application seemed to be that the Pharmaceutical Services provided by current Contractors were inadequate only because there were no pharmacy premises in his definition of the neighbourhood. He stated that there were, as the PPC was aware numerous examples from PPC hearings and numerous N A P ( National Appeal Panel) hearings that adequate Pharmaceutical Services could be provided to a

neighbourhood from pharmacies situated out with that neighbourhood and this was the case in Ruchill. Indeed the PPC could see from the advice and guidance for those attending hearings that they had to consider what the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood were. In this case there were numerous pharmacies within 2 km of the Applicants proposed site; all of these pharmacies offered all the core services.

Mr Arnott noted that the Applicant did not intend to open on Saturday afternoons. Presumably the Applicant saw current Pharmaceutical provision as adequate on Saturday afternoons.

He stated that the PPC had to take account as to whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned. The Applicant must also have been aware that the Greater Glasgow and Clyde Pharmaceutical Care Services Plan makes no mention of a need for a Pharmacy in his proposed neighbourhood.

Mr Arnott said that he had reviewed the decision of the NAP hearing in June 2006. Since then little had changed as regards population as the redevelopments appeared to have replaced densely populated buildings with many that are less densely populated. This was a neighbourhood in the largest city in Scotland; it was not a rural location. It benefited from a more than adequate public transport system and was not unduly hilly. Indeed many of the residents of the Applicant's proposed neighbourhood were actually nearer to existing Pharmacies, for example the residents of Parkside Gardens Parkside Avenue and Drumfearn were all closer to the Rowlands Pharmacy. Those living in Shuna Place, Shuna Street and Shuna Crescent were all nearer the Maryhill Pharmacy than the Applicant's proposed site.

He noted that the Applicant in support of his application has carried out a Consultation Exercise. According to the Applicant:

- There was an advert in the Evening Times;
- Twitter notifications;
- Stakeholders were contacted (85 individuals and groups). The Applicant also opened a Facebook page.
- A questionnaire appeared on the Board's website
- The advert was shown on the screens in Possilpark Health and Care Centre, Possilpark Community Addictions Office and Maryhill Health Centre
- Visits had been undertaken to GP Surgeries, Community Councils
- Contact had been made via e mail and/or in person with local councillors, head teachers in local schools, local shops and Maryhill Food Bank

Mr Arnott said that if it was part of the New Regulations, that the Applicant "must establish the level of public support of the residents in the neighbourhood to which the application relates" then it could not be said that the Applicant had not tried to gain public support. He had, however, failed miserably to gain the support of the residents simply because there was little public support for the application. He believed that this was because existing contractors already provided an adequate Pharmaceutical Care Service to the Applicant's proposed neighbourhood.

He noted that despite all the Applicant's efforts, he had received 12 responses which was by far the lowest number of responses he had ever seen, and demonstrated there was no public

support for this application as the services provided by current pharmacies were adequate. He stated that, of the responses, 63% stated the current pharmaceutical services being provided to the neighbourhood were adequate.

He declared that the Applicant had shown no inadequacies in current pharmaceutical provision other than there was no Pharmacy in his proposed neighbourhood. In short there was little or no public support for this application.

He invited the PPC to consider what the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood were. As stated by the Applicant there were four pharmacies within one mile of the proposed site and a total of eight pharmacies within 1.24 miles. He asked the PPC to take into account whether the granting of an application would adversely impact on the security and sustainable provision of existing NHS primary medical and pharmaceutical services in the area concerned. Mr Arnott said that he was unaware of any complaints to the Health Board regarding current service provision and, having examined the Greater Glasgow and Clyde Pharmaceutical Care Services Plan, he could see no reference to there being a need for a pharmacy in the Applicant's proposed neighbourhood.

He concluded by asking the PPC to refuse the application as it was neither necessary or desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood in which the premises were located.

**The Chair thanked Mr Arnott for his presentation and invited the other Interested Parties and the PPC to put their questions.**

**4.10 The Applicant questioned Mr Arnott**

*Mr Johnstone confirmed that he had no questions.*

**4.11 The other Interested Parties questioned Mr Arnott**

*The Interested Parties had no questions.*

**4.12 The Committee questioned Mr Arnott**

Mr Daniels asked if Lloyds were working at full capacity and Mr Arnott confirmed that they were not.

*Mr Daniels had no further questions*

Mrs Anderton asked if they offered a dosette service. Mr Arnott said that one branch did 130 and the other 85 boxes.

When asked if he was able to breakdown where Lloyds' patients came from, Mr Arnott said they appeared to come from all over the surrounding area but he had not undertaken any specific analysis.

Mrs Anderton referred to the comments in the CAR about discharge and waiting to get services in

place and asked for his views. He replied that he was unaware of any issues and, as long as it was clinically safe, they would supply at the earliest opportunity.

*Mrs Anderton had no further questions*

Mr Din asked if any patients had stated a need for another pharmacy to which Mr Arnott replied, to his knowledge, no-one had.

*Mr Din had no further questions*

*This concluded the PPC's questioning of Mr Arnott*

#### **4.13 Mr Dykes was invited to present the case on behalf of Bannerman's Pharmacy**

Mr Dykes was invited to present the case on behalf of Bannerman's Pharmacy.

Mr Dykes opened by thanking the Committee for offering the chance to make representations against the application for a new contract by CD Chem Ltd at 261-263 Bilisland Drive.

He stated that CD Chem Ltd had shown no evidence of a lack of services to the population in the neighbourhood served. In fact Bannerman's were expanding the services offered to this area from both their pharmacies on Saracen Street. Derek Pitt at 220 Saracen Street was undertaking his independent prescriber course and Sarah Jane Kerr was about to start a cholesterol and blood glucose service from 171 Saracen Street.

Mr Dykes noted that they were still accepting new MDS trays where there were approx 250 between the two branches many of which were delivered into the Ruchill area and they were still open to new methadone and supervised Suboxone clients.

He stated that their dispensaries had actually seen a slight decline in items dispensed over the past five years. This had been slightly reversed at 171 Saracen Street by the doctors' move to the new health centre but 220 still had excess capacity for prescriptions. They had not reduced staffing levels yet.

In reference to the applicant's submission he said that he felt the use of road closures due to road traffic accidents and extreme weather events was clutching at straws. These events were generally random across all areas and depended to some extent on traffic volumes and acts of God.

He said that he was unaware of complaints to the Health Board regarding services.

Mr Dykes said that this was not the time to make unnecessary demands on the pharmacy global sum. Public finances were tight and it was probable the health boards will see cuts in their budgets now the Scottish elections are over. They would probably not see cuts like England where the government was keen to see 3000 pharmacies close. However one could not be immune to the economic realities drifting north of the border.

He concluded by requesting that the application be rejected as it was neither necessary nor desirable.

*The Chair thanked Mr Dykes for his presentation and invited the Applicant, other Interested Parties, and the PPC to put their questions.*

**4.14 The Applicant questioned Mr Dykes**

*Mr Johnstone confirmed that he had no questions.*

**4.15 The other Interested Parties questioned Mr Dykes**

*The Interested Parties confirmed they had no questions.*

**4.16 The PPC questioned Mr Dykes**

Mrs Anderton referred to the number of dosette boxes and asked how many patients came from Ruchill. Mr Dykes indicated that it would depend on how the neighbourhood was defined but estimated that about 15-20% came from Ruchill. People, however, came from all over and it was quite a diverse catchment area.

Mrs Anderton invited him to comment on the comments in the CAR by the healthcare assistants. Mr Dykes said that he had nothing to add to what the other interested parties had already said other than he was baffled by claims that there was a shortage of deliveries and he did not see any local inadequacies.

*Mrs Anderton had no further questions*

Mr Irvine asked if he had any issues with the neighbourhood as defined by the Applicant. Mr Dykes said he was content with this as boundaries were always nebulous and he was happy with any of the suggestions that had been put forward during the hearing. He was content with the boundary in the Rashid appeal but would not take issue on the basis that this neighbourhood was different.

*Mr Irvine had no further questions*

The Chair asked if Mr Dykes accepted the population figure. Mr Dykes replied that he would not disagree and noted that these were always difficult to judge as the data zones were not always coterminous with a defined neighbourhood.

*The Chair had no further questions*

*This concluded the PPC's questioning of Mr Dykes.*

**5 Summing Up**

**5.1 The Chair invited the Interested Parties to make their summaries**

Mrs McElroy said that the team at Rowlands were established, highly experienced and well trained. They provided more than adequate care to their patients. She believed that the Applicant had not demonstrated inadequacy of service from the existing contractors so a new contract was neither necessary nor desirable.

Mr Qayum said that he had nothing more to add other than, basically, there was no need for an increase in pharmaceutical services and the application should be denied.

Mr Arnott said that there was little public support and that the Panel must look at existing services, either in or adjoining the neighbourhood. He further stated that there had been no complaints to the Health Board about the services and the need for additional pharmaceutical services was not mentioned in the plan. He asked that the application be denied.

Mr Dykes thanked Mr Johnstone for his presentation but did not feel that there was any evidence of inadequacy. It could be more convenient for some but an additional pharmacy was not necessary to secure adequacy.

## **5.2 The Chair invited the Applicant to make his summary**

Mr Johnstone said that there was an excellent opportunity to improve the health outcomes for what he believed was a community who were currently ill serviced in healthcare. While many pharmacies operated within the area, the health of the Ruchill population remained critical. By taking this opportunity the Committee would be committing to desirable health gains within this population, which could not only prevent unnecessary hospital visits and free up emergency services, but would also provide an active frontage to the heart of Ruchill. The surrounding neighbourhoods of Maryhill, Possilpark and Woodside had all been granted new health centres whilst the neighbourhood of Ruchill did not have a single healthcare provider.

He invited the PPC to consider if access to the surrounding pharmacies was appropriate for the wide range of patients who would need to use a pharmacy. He asked them to ensure that they were convinced beyond reasonable doubt that the existing pharmacy network could service the neighbourhood of Ruchill, with its increasing population and needs for healthcare. If the PPC agreed that it did not, then the granting of this application today was necessary to secure pharmaceutical services for the residents of Ruchill.

**The Chair** checked that all parties believed that they had received a full and fair hearing and received their individual confirmation. He thanked all contributors and advised that the Committee was now going into closed session. The Applicant and Interested Parties were reminded that if further legal or regulatory advice was required then this was to be provided in open session and all would be invited back into the meeting. It was in their interest to remain in the building until this was determined.

The Chair advised all parties that the Committee's decision would be relayed to the Health Board within 10 working days. After which the decision would be formally relayed to the Applicant and Interested Parties within 5 working days. These timescales 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).

At this juncture the Applicant, Interested Parties, Mrs Glen, Ms Turnbull and Mrs Thomson left the meeting.

## **6 Committee Discussion**

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

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

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

- a. Chemist contractors within the vicinity of the Applicant's premises, namely:

Bannerman's Pharmacy  
Houlihan Pharmacy  
L Rowland & Co (Retail) Ltd Lloyds Pharmacy  
Maryhill Pharmacy

All of whom had made representations to the Committee.

The following chemist contractors were also contacted but did not make representation to the Committee:

Boots UK Ltd  
Cadder Pharmacy  
Maryhill Dispensary Ltd  
Park Road Pharmacy  
Woodside Health Centre Pharmacy

- 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.
- d. Ruchill Community Council who had not made representation before the closing date but who had submitted a letter which all present had considered (A copy is attached as an appendix to these minutes).

The Committee also considered:-

- e. The location of the nearest existing pharmaceutical services along with the range of services and hours of service currently provided by these pharmacies;
- f. The location of the nearest existing medical services;

- g.** Information from Glasgow City Council's Development & Regeneration and Roads and Transportation Departments advising of the known future developments within the area of the proposed premises.
- h.** Population/Census 2011 information relating to the postcode areas surrounding the Applicant's proposed premises.
- i.** Patterns of public transport in the area surrounding the Applicant's proposed premises;
- j.** 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;
- k.** Complaints received by the Health Board regarding services in the area;
- l.** Applications considered previously by the PPC for premises within the vicinity;
- m.** Consultation Analysis Report (CAR);
- n.** The Pharmaceutical Care Services Plan (PCSP).

**7. DECISION PROCESS**

Having considered the evidence presented to it by the Applicant, the Interested Parties, and the PPC's observations 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.

**7.1 Neighbourhood**

The Committee considered the neighbourhoods as defined by: the Applicant, Mrs McElroy, the neighbourhood in Bannerman's submission, which confirmed the neighbourhood as defined in the Rashid case of 2006; the adjustment suggested by Mr Qayum and that defined by the APC, Community Pharmacy Sub-Committee.

The Committee noted that a neighbourhood could be a place where someone described themselves as coming from but should also be a place where they received their services. The Applicant had placed a lot of weight on the existence of the Community Centre, two primary schools, the specialist unit and nursery as being important in forming a community. The Committee, given the population levels, considered that it was unlikely that the schools were serving only the neighbourhood as defined by the Applicant. They also noted that there were no GP services in the Applicant's area, indeed the new local Health Centre was located just outside the area, and only a limited selection of small shops. They also considered whether the canal could be seen as a barrier and therefore a natural boundary. They noted that this was easily crossed and that the local population clearly resorted to the main roads just beyond the Applicant's boundary to access essential services.

Accordingly, the Committee considered that the neighbourhood should be defined as follows:

NORTH: the canal

WEST: Maryhill Road  
SOUTH: the junction of Maryhill Road and North Park Street, onto Firhill Road then along Panmure Street/Stronend Street to where it met Balmore Road  
EAST: Balmore Road

This contained the area known as Ruchill but adjusted the boundary so that it was associated with all the retail, health, education, religious, banking services and facilities necessary for a neighbourhood and also used the main physical boundaries.

## **7.2 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 PPC considered the comments in the CAR from the Healthcare workers along with the oral evidence presented at the hearing. They noted that there were six pharmacies within 1.25 miles and 16 pharmacies within 2 miles of the proposed site; looked at the dispensing figures for these and noted that all interested parties presented that day said they were not at capacity. Residents accessed GPs and most other services out with the Applicant's defined area and were well accustomed to doing so.

Regarding the CAR as there were only 12 responses, the PPC found it difficult to draw significant conclusions from it other than there was a general wish for a new pharmacy rather than a need. The separate question in the CAR to healthcare workers had elicited expressions of inadequacy regarding the level of service available. All the interested parties were questioned about these assertions and consistently replied that they were unaware of any complaints and did deliver all services.

**In accordance with the statutory procedure the Pharmacist Members of the Committee, Mr Wallace and Mr Irvine left the room while the decision was made**

## **8. DECISION**

Notwithstanding the argument advanced by the Applicant that the neighbourhood of Ruchill should be narrowly defined, the PPC sustained the decision it reached in 2006 that residents were able to and did access retail, GP and other services outwith the area so there was no reason why they could not access pharmaceutical services in the same way. They believed that the population size could be adequately serviced by the existing pharmacies.

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 (as defined by it in Paragraph 7.2 above) and the level of service provided by those contractors to the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.

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

Pharmacy Practices Committee

Minutes of a Meeting held on Wednesday 19 May 2016 at 13:00  
New Victoria Hospital, Glasgow

**PRESENT:**

Mrs Susan Brimelow	Chair
Mrs Catherine Anderton	Lay Member
Mr Gordon Dykes	Contractor Pharmacy Member
Dr James Johnson	Non-Contractor Pharmacy Member
Mr Michael Roberts	Lay Member
Ms Yvonne Williams	Contract Pharmacy Member

**IN ATTENDANCE:**

Mrs Janice Glen	Contracts Manager, NHS GGC
Mrs Susan Murray	Legal Advisor, Central Legal Office
Ms Jenna Stone	Secretariat – NHS SHSC

**1. APOLOGIES**

Apologies were received from Mr Hakim Dim.

The Chair asked Members to indicate any interest or association with any person or any personal interest in the application to be discussed. No member declared an interest in the application being considered.

**2. MINUTES**

The Minutes of 12<sup>th</sup> April 2016 were approved.

**3. MATTERS ARISING NOT INCLUDED IN THE AGENDA**

There were no matters arising.

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

4.1 Case No. PPC/INCL03/2016  
15 Barrland Street, Eglinton Toll, Glasgow, G41 1QH

4.1.1 The Chair welcomed all to the meeting, covered the Health & Safety arrangements and introductions were made. The Chair also outlined the format for the meeting.

4.1.2 The Applicant was represented in person by Mr Iain **McDowall** ("the Applicant"), with Mrs Jacqui **Gilbrook** attending as Observer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the Hearing, were Mr Michael **Church** representing Rowlands Pharmacy, Ms Amanda **Yung** representing Mackie Pharmacy, Mr Adill **Sheikh** representing Pollokshields Pharmacy and Mr Gerry **Hughes** representing Hughes Chemist (together the "Interested Parties").

- 4.1.3 The Applicant and the Interested Parties were informed that no Committee member had declared any interest in the application being considered.
- 4.1.4 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.
- 4.1.5 The Committee was asked to consider an application submitted by Gilbride Pharmacy to provide general pharmaceutical services from premises situated at 15 Barrland Street, Eglinton Toll, Glasgow, G41 1QH (“the Proposed Premises”) under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
- 4.1.6 The purpose of the meeting was for the Committee 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.
- 4.1.7 The Chair stated that only one person would be able to speak on behalf of the Applicant and reminded all present to speak through the Chair.
- 4.1.8 The procedure adopted by the Committee at the meeting was that the Chair would ask the Applicant to make his submission. There would be an opportunity for the Interested Parties and subsequently for the Committee to ask questions. The Interested Parties would then make their submissions, followed by an opportunity for the Applicant and subsequently the Committee to ask questions of the Interested Parties in turn. The Interested Parties and the Applicant would then be given the opportunity to sum up.

## 4.2 **The Applicant’s Case**

The Chair invited the Applicant to speak first in support of the application.

- 4.2.1 The Applicant thanked the Committee for the opportunity to present and appreciated their guidance through the public consultation period.
- 4.2.2 The Applicant stated that, through the public consultation, they had engaged with a diverse and vibrant community which confirmed their belief that Eglinton Toll existed in its own right as a community with its own identity.

- 4.2.3 The Applicant said that he had watched Eglinton Toll change over the years, evolving from an industrial area a more residential one after a number of years. A significant number of houses had been built over the last 10 years, changing the nature and use of the space as the population increased.
- 4.2.4 The Applicant said that for a community to flourish, studies showed that it needed a surgery, a pharmacy and a cash-point, and although there was a dental practice, a doctor's surgery and a cash-point, the absence of a pharmacy was an anomaly. The Applicant stated that, during the consultation process, they had been informed by local residents and businesses that a pharmacy would make a considerable contribution to the sense of community and felt strongly that, while supporting the health, wellbeing and stability of the immediate population, it would also encourage people to shop more locally.
- 4.2.5 The Applicant said that he would concentrate on issues more central to allow the panel to apply the legal test and accepted that while this was not part of the legal test, he felt that several factors should be considered, and that the recent developments in the area had made a pharmacy more necessary and desirable, and would discuss findings from the public consultation.
- 4.2.6 The proposed Neighbourhood of Eglinton Toll was located at the crossroads between Govanhill, Laurieston and Pollokshields, with Eglinton Toll at the centre. It was a shared locality for residents in each community, which was illustrated by the map submitted in the application and CAR. Areas outside the Applicant's defined borders were Pollokshields West, Strathbungo, Hutcheston Town, Crosshill and East Govanhill. The Applicant stated that 82% of respondents had agreed with his definition of the Neighbourhood. The Applicant stated that he had considered natural barriers and his understanding of the local area to define the Neighbourhood. The Applicant appreciated that although defining a neighbourhood in a densely populated area was subjective, he was confident that what he had defined reflected the population who would consider Eglinton Toll to be their Neighbourhood.
- 4.2.7 The Applicant looked at the population statistics from the 2013 Scottish Neighbourhood Statistics, which stated that the population in his proposed Neighbourhood was approximately 13,900. From 2006-2013, the population had increased by 10% with a concentrated increase around the location where the Proposed Premises were located and said that walking around Barrland Street, one could see the scale of development and how the area had changed.

- 4.2.8 The Applicant said that there had been over 1000 new properties in his defined area, of which over 600 had been completed in the last 6 years. In addition, there were plans for a further 670 new properties to be built over the next 5 years, with planning consent for an additional 939 properties. The Applicant was confident that the population would continue to increase.
- 4.2.9 The Applicant said that making a conservative estimate of 2 people per property, this could potentially increase the population to 13,500 (*amended to 15,300 see paragraph 4.27.3*) by 2021 which represented a total increase of over 20% since 2007 (or over 2700 in total). The Applicant said that this number in itself was enough to sustain a new pharmacy and showed why there would be an increased demand for pharmaceutical services and why a new pharmacy was required in the proposed Neighbourhood.
- 4.2.10 The Applicant said that it was common knowledge that his proposed Neighbourhood included some of the most deprived data zones in Scotland – with high crime, low unemployment, and a high health deprivation ranking. Health inequalities were principally influenced by socio economic factors and geography. A younger and more affluent population would have less health needs but higher levels of deprivation caused people to be ill more often, they often had a lower life expectancy, and it represented a need for a pharmacy in his proposed Neighbourhood which could reduce health inequalities.
- 4.2.11 Looking at pharmaceutical services within the proposed Neighbourhood, the Applicant commented that there were 15 pharmacies within a one mile radius of the proposed premises. Any drop in demand would be absorbed by the 15 contractors and would not affect their viability, as high population density and physical barriers limited the impact the proposed premises would have.
- 4.2.12 The Applicant noted that there were several pharmacies outside his proposed Neighbourhood: 3 in Kinning Park (isolated due to physical barriers), 2 in Shawlands, and the nearest would be the Pollokshields Pharmacy which served the population of Pollokshields but not the areas of Laurieston or Eglinton. The Applicant said that there was no pharmacy serving Laurieston directly, which was an area expecting a large increase in population. The Queens Park pharmacy had moved away from the proposed Neighbourhood and the name change suggested that their focus had changed, and also noted that no pharmacies from Govan Hill or Queens Park had objected to the application which could indicate that they were not overly concerned.

4.2.13 The Applicant referred to complaints that had arisen during the public consultation, regarding waiting times and stressed staff and quoted parts of some responses:

- *“... reduce stress all around by spreading the load of work...”*
- *“I think it would help reduce the stress/workload of other pharmacies where.....”*
- *“... reducing waiting times in other surgeries and pharmacies....”*
- *“When I go to the pharmacy, they are always packed. I think if there was more pharmacies, there would be more time to help the customers”.*
- *“Re other pharmacies – the waiting times are ridiculous sometimes. So another one would reduce waiting times for everyone”.*
- *“I think it would impact these services positively. There has been a significant increase in residents in the area but with no real increase in services. This puts pressure on the delivery or health related service providers. Pharmacy based support and provision could ease this. “*

4.2.14 The Applicant said that this indicated that long waiting times contributed to a negative outlook on pharmacies. He did not blame pharmacies or staff - but the system - due to an inadequate number of pharmacies. The Applicant said that the customers could see stressed staff which made them less inclined to ask for advice/help or to use the available services, and were also more likely to take their prescription to a pharmacy with the shortest waiting time as opposed to using their regular pharmacy, which would make it more difficult to build a rapport with the staff. The Applicant repeated that he was not criticising individual pharmacies or pharmacists who all provided an excellent level of care, but stated that these were “dotted” around the periphery and did not serve the proposed Neighbourhood of Eglinton Toll.

4.2.15 Looking at prescription data, the Applicant said that there had been a significant increase in the average number of prescriptions being dispensed per month, and that using data from IDIS, had determined that the number of prescriptions being dispensed for patients living in postcodes around the proposed Neighbourhood showed an increase of 60% between 2008-13. The Applicant apologised that the results were the best he could find since, although he had requested more data zones to enable a more accurate reflection, this is what he had been provided with (since the data zones and postcodes did not conform to his neighbourhood), and noted that these results should therefore be regarded as indicative across the larger area.

4.2.16 The Applicant commented that the significant increase in prescriptions being dispensed exceeded what should be expected from the increasing population and showed that the current pharmacies were not coping with demand, and indicated why waiting times may be viewed as excessive. The Applicant noted that a further population increase showed the need for a new pharmacy.

4.2.17 The Applicant looked at access, noting that there were 20 GP surgeries within a one mile radius of the Proposed Premises, and that a new pharmacy at Barrland Street would improve access to pharmaceutical services, since patients in Eglinton and Butterbiggins currently needed to walk 10-15 minutes or use public transport or drive to a pharmacy, and he believed these options were unacceptable, especially for elderly or sick patients. The Applicant stated that several local surgeries had evening surgeries which stayed open until 7pm, and his pharmacy would be the only one in the proposed Neighbourhood which would also open late, and that, currently, patients would need to travel to Shawlands (which could be impractical) or would need to wait until the morning to get their prescription dispensed locally.

4.2.18 The Applicant concluded that :

- They had had an overwhelming response from residents in the proposed Neighbourhood (including those from the outlying areas) who recognised the need for a pharmacy in Eglinton Toll and had talked about the local health centres and dental surgery and how a pharmacy was lacking which would lend them to having a more complete, stable and well-served community. 82.9% of respondents to the public constitution were in favour of a new pharmacy at Eglinton Toll.
- Local businesses were convinced that a pharmacy would encourage other businesses and attract more customers to have the confidence to shop more locally, and that customers had opined that although Eglinton Toll had developed in recent years in terms of housing, the amenities had not yet caught up with the growth, and therefore prevented a community from existing in its own right.
- The Applicant had spoken to the local population, Community Councils, Councillors, local groups and received a consistent positive response that Eglinton Toll needed a pharmacy.

4.2.19 The Chair thanked the Applicant for his presentation and invited questions from the Interested Parties.

#### 4.3 **Questions from Mr Church to the Applicant**

Mr Church was invited to ask questions.

- 4.3.1 Mr Church asked about the proposed Neighbourhood and asked if someone from Pollokshields would consider themselves a neighbour of Laurieston. The Applicant replied that Eglinton Toll was a shared part of the neighbourhood to which they all belonged.
- 4.3.2 Mr Church referred to the Applicant's comment that the lack of a pharmacy would make the area less stable for business, and wanted to check if he was correct that this was not part of the legal test. The Applicant confirmed it was not part of the legal test.
- 4.3.3 Mr Church asked if the Applicant agreed that patients could travel by bus to a neighbouring neighbourhood in 5 minutes. The Applicant agreed.
- 4.3.4 Mr Church referred to the anecdotal evidence of waiting times and asked the Applicant to define "excessive". The Applicant said that this was subjective as they had not asked residents to directly say what the waiting time was; and that residents comments had been more sympathetic such as "it would help". Resident comments had not been made in an aggressive manner – respondents simply acknowledged that staff were stressed and wanted to help improve the service.
- 4.3.5 Mr Church asked if the Applicant intended to open the Proposed Premises on a Sunday. The Applicant said no. Mr Church asked if residents would therefore be expected to use the existing pharmaceutical services on Sundays, and the Applicant confirmed.

#### **4.4 Questions from Ms Yung to the Applicant**

Ms Yung was invited to ask questions.

- 4.4.1 Ms Yung referred to the Applicant's reference to neighbourhood population increasing by 10%, and the additional 1000 properties, and asked if these were private or social. The Applicant said that they were a mix. Ms Yung asked if this included a mix of demographics, and the Applicant said no.
- 4.4.2 Ms Yung referred to the Applicant's comments that a more affluent population had less health needs and that there was no pharmacy serving the area, and asked the Applicant to clarify "not serving". The Applicant explained that looking at the map, a number of pharmacies were on the periphery of his proposed Neighbourhood so people within the locality would have to travel unnecessarily outwith in order to get to another

pharmacy, rather than being able to go to a pharmacy within their area.

4.4.3 Ms Yung asked the Applicant if they knew why the other pharmacy moved away. The Applicant replied that although he had no inside information, he suggested that they may have moved to Queen's Park as that is where they saw their pharmacy's future, and that by doing so, they had made access to a pharmacy in Eglinton more difficult. Ms Yung sought clarification and asked if this indicated that there was no demand for pharmaceutical services in the area, and the Applicant said no, but that it showed that there was a potential for a pharmacy to relocate to a different neighbourhood.

4.4.4 Ms Yung asked about the Applicant's information on prescription data and queried the data omissions – in particular that there was no prescription data for the post code in which the actual pharmacy would be opening G41 G and that there was no data from postcodes G41 A-M (although data from postcodes G41 N-Z had been provided). The Applicant stated that they had asked requested information for the specific data zones, but that was the information with which he had been provided. He also noted it should be taken as absolute numbers, but indicated that there had been large increases in prescriptions across the proposed Neighbourhood and also converting to other neighbourhoods.

4.4.5 Ms Yung noted that data for postcode G41 5 had shown an increase and asked the Applicant why he had included this information since only a small part of his defined area encroached into this postcode. The Applicant said the only reason he had done this was to give an indication. Ms Yung noted that prescription data for the G41 5 postcode had not shown an increase, considering how small an area of the Applicant's proposed neighbourhood encroached, and the Applicant explained that a percentage of his proposed Neighbourhood was contained within the postcode but he was unable to break it down further.

4.4.6 Ms Yung asked the Applicant why he had not included the surrounding postcodes if he was trying to show a representative area. The Applicant explained that it was indicative and could not argue that it would have been more accurate to include other areas.

#### **4.5 Questions from Mr Sheikh to the Applicant**

Mr Sheikh was invited to ask questions.

4.5.1 Mr Sheikh asked the Applicant's to elaborate on his comment that travel to Shawlands would be impractical. The Applicant

said that this meant residents would need to leave the proposed Neighbourhood.

- 4.5.2 Mr Sheikh asked about bus timings to get from Eglinton to Shawlands. The Applicant responded that it would take 10-15 minutes, and it was a busy transport hub with lots of buses.
- 4.5.3 Mr Sheikh asked the Applicant what was the percentage of car ownership in the area. No response was heard.
- 4.5.4 Mr Sheikh referred to the Applicant's pharmacy proposed opening hours (9am-6pm Monday to Friday, 9am-6pm Saturday, and remaining closed on Sundays) and asked the Applicant why he only had a one hour window between closing time of GP surgeries to the closing time of the proposed pharmacy. The Applicant said that residents would currently need to drive or get on a bus to travel outwith Eglinton in order to get a prescription from a pharmacy.
- 4.5.5 Mr Sheikh asked the Applicant if he was aware of the reason why the opticians (which had previously operated from the proposed premises) had closed. The applicant conjectured that the owner had not been able to dedicate sufficient time to make a success of her business and had kept erratic opening hours.
- 4.5.6 Mr Sheikh asked if the Applicant was aware that the proposed premises had been on sale for a year and the Applicant confirmed that he was aware.

#### 4.6 **Questions from Mr Hughes to the Applicant**

Mr Hughes was invited to ask questions.

- 4.6.1 Mr Hughes asked the Applicant when he had previously applied to open a pharmacy at the proposed premises, and the Applicant stated that it was 13 years ago.
- 4.6.2 Mr Hughes asked if the Applicant was renting the proposed premises and the Applicant confirmed that he was.
- 4.6.3 Mr Hughes referred to the Public Consultation which had been ongoing for a year and asked if the Applicant had drawn up plans for the Proposed Premises. The Applicant stated that they had a format to follow as they had several shops fitted out in the same format, in accordance with their company's regulations. They also had a team available to design and kit out the Proposed Premises if he was successful with the Application.

- 4.6.4 Mr Hughes asked if the premises refit would include structural alterations. The Applicant said that he did not foresee this requirement as it was a new unit, and the company had a tried and trusted method to kit out premises effectively.
- 4.6.5 Mr Hughes asked if the Applicant was aware that an application for change of use had been made to the local Council. The Applicant said that he was not aware.
- 4.6.6 Mr Hughes referred to the demographics, noted that the Neighbourhood had not been written down and asked the applicant to define the North East corner boundary. The Applicant explained that it two streets away from the river - Norfolk Street where it met Gorbals Street, and then travelling south, in a reverse L shape.
- 4.6.7 Mr Hughes said that he imagined the Neighbourhood would be divided by the railway line between north, east and west, and asked the Applicant if he saw a difference in demographics – housing and people – within those areas. The Applicant noted that Laurieston had a slightly different ethnic mix than Pollokshaws but stated that Eglinton Toll was what bound the 3 areas together into one Neighbourhood.
- 4.6.8 Mr Hughes referred to a separate map that he had brought with him, but the Chair declined to admit this since neither the Committee, nor any of the Interested Parties or Applicant had had previous access to it.
- 4.6.9 Mr Hughes referred to the Applicant's comments on 1000 houses being built in the past 6 years and asked how many houses had been built in the past 6 years within the Neighbourhood he had defined, and asked if the Applicant was aware of any new houses being built in the area to the west of the railway line. The Applicant confirmed that properties had been built along St Andrew's Road.
- 4.6.10 Mr Hughes referred to the railway line and asked if the Applicant was aware that 3 blocks of flats (with 6 floors) across the road had been demolished in the past month, to which the Applicant confirmed he was aware.
- 4.6.11 Mr Hughes asked the Applicant if this meant a net increase or decrease in new properties being built over the past 6 years. The Applicant stated that the number of developments would be neutral.
- 4.6.12 Mr Hughes referred to the northerly border defined by the Applicant, above the railway line which ran beside Eglinton Toll and asked whether there had been any new houses built in Laurieston in the past 6 years and if so which streets. The

Applicant referred Mr Hughes to his application and said it was part of the Lauriston plan. Mr Hughes asked if the Applicant was aware that there had been demolitions in that area over the past month and in Gorbals. The Applicant confirmed he was aware. Mr Hughes asked the Applicant to define whether the net number of houses would be greater or lesser over the 6 year period. The Applicant said that houses had been lying empty for a number of years and additional houses would repopulate the area.

4.6.13 Mr Hughes looked at the bottom right area of the Applicant's borders defined by two railway lines and asked whether any new properties had been built there over the past 6 years, and explained that he was trying to find the 1000 houses that the Applicant referred to as having been built over the past 6 years. The Applicant stated that he had not said a period of 6 years, but had said 1000 properties which could have been built over the past 10 years – and repeated that he had said 600 houses had been built over the past 6 years. Mr Hughes noted this and had been seeking clarification that the Applicant had considered net housing in the area where there had also been demolitions.

4.6.14 Mr Hughes asked the Applicant how any GPs were in surgery at any time, and the Applicant replied that generally one GP would be in the surgery at any time. Mr Hughes asked if the Applicant was aware that the surgeries operated on a part time basis and the Applicant responded that the surgeries could be a part time surgery, but open full time.

#### 4.7 **Questions from the Committee to the Applicant**

4.7.1 Mr Roberts asked what the Applicant thought of the Consultation system and process. The Applicant said that it was rewarding but frustrating due to the timescales, and had required input from other colleagues – such as Ms Gilbrook – who had helped them engage with the various groups and as a result he had a better understanding of the diversity in the Neighbourhood and also of the issues that needed to be addressed.

4.7.2 Mr Roberts noted that 185 responses had been received and queried how many were electronic and how many were paper. The Applicant responded that it was approximately 50/50. Mr Roberts noted that electronic submissions could be from anywhere in the world and the Applicant acknowledged this but said that respondents had been invited to enter their name and address. [see paragraph 4.9.5]

4.7.3 Mr Roberts asked the Applicant to reconcile his comment that 81% of people agreed with his definition of the proposed

Neighbourhood, when the area highlighted had shown a broader more relevant area surrounding Barrland Street. The Applicant said that people who felt more strongly would be more likely to give a response, and said that it was subjective.

- 4.7.4 Mr Roberts sought clarity on the area defined by the Applicant as the proposed Neighbourhood - whether someone from Gorbals would regard Pollokshaws as being in the same neighbourhood. The Applicant said Eglinton Toll was an area of convergence – but whether people came from Gorbals, Pollockshaw or Govanhill, they all agreed that they lived within Eglinton Toll neighbourhood.
- 4.7.5 Mr Roberts asked about the socio-economic state of the area and the Applicant said that he had not wished to overburden his presentation with absolute statistics. Mr Roberts then asked about areas of deprivation and affluence. The Applicant said that there were not areas of affluence, but agreed there were areas of deprivation and had taken consideration of that when defining the borders for the proposed Neighbourhood, since Crosshill was a more affluent area of Govanhill and Pollockshaws West was more affluent, so had excluded them from his proposed Neighbourhood.
- 4.7.6 Mr Roberts asked about the area around Barrlands Road. The Applicant confirmed that it was a mixture of private lets and had a younger and older demographic.
- 4.7.7 Mr Roberts asked about the methadone dispensing service. The Applicant said that he did not foresee a large number of patients– maybe the same as over the past ten years. The Applicant explained that although there was a higher demand, the Gorbals area had changed significantly and the number of methadone patients had decreased drastically. He agreed to provide a methadone service in the area if it was required.
- 4.7.8 Mr Roberts asked about the smoking cessation service. The Applicant confirmed that they would provide the full range of contracted services. Mr Roberts asked if the Applicant would be proactive in his approach to the core services, particularly the smoking cessation service. The Applicant agreed that any new business needed to be proactive; and by making connections during the consultation process, he had access to people working in mental health, the young, the elderly and would be working with all groups to see how they could build a successful pharmacy that would benefit the neighbourhood.
- 4.7.9 Mr Roberts asked if the Applicant would have a collection and delivery service, and the Applicant confirmed that he would.

- 4.7.10 Ms Williams referred to the public consultation and the Applicant's comments that there had been several complaints to pharmacies from respondents about waiting times, and the fact that information had shown only 3 complaints in the whole of 2015 that related to waiting times, and asked the Applicant why he thought that there were so few written complaints submitted to pharmacies in comparison to the comments within the public consultation. Ms Williams noted that formal complaints were reported under the Patients Rights Act and made via a pharmacy. The Applicant said that people tended not to complain – and would generally just go to another pharmacy if they were unhappy with the service. From his experience he said that people tended to complain about things that made them angry, such as mistakes, and he did not feel that issues with waiting times would lend themselves to making a formal complaint.
- 4.7.11 Ms Williams referred to the Neighbourhood, looking at the northern boundary which extended into part of Gorbals and noted that there was an element of deprivation and social housing in that area, compared with Maxwell Road which was quite clearly a more affluent area, and queried why the Applicant chose to include part of Gorbals but to exclude Bruce Road and Albert Drive. The Applicant said that he had defined what he saw as a neighbourhood which would best be regarded as part of Eglinton Toll, and noted that excluding the large mansions in Pollokshields West was because it was not part of Eglinton Toll, and that if he had included the houses in Crosshill and south of Govanhill, it would have been a different Neighbourhood.
- 4.7.12 Ms Williams queried if the Applicant would consider Bruce Road as part of Pollokshields West but not Maxwell Road and the Applicant said that it was not purely geography but also neighbourhood.
- 4.7.13 Ms Williams referred to the Applicant's comment that it would be impractical for patients to travel outwith his Neighbourhood down Pollokshaws Road, and noted that the proposed Neighbourhood had houses on the corner of Gorbals Street and Aikenhead Road which had a pharmacy nearer to them outwith the defined proposed Neighbourhood, and sought clarity referring to the Applicant's definition that it would be impractical to go to another neighbourhood. The Applicant said that he was not arguing the point but the purpose of the hearing was to discuss the proposed Neighbourhood, and that it was necessary to have a pharmacy in the Neighbourhood and Eglinton Toll had its own Neighbourhood.
- 4.7.14 Ms Williams referred to the Applicant's comment that the proposed Neighbourhood was within one of the highest areas of

deprivation and referred the Applicant to the census figures from 2011 which showed only 8% of the population in the proposed Neighbourhood had bad or very bad health, and asked the Applicant to clarify that there was a deprived area needing healthcare when the census did not support this, and asked how he could reconcile the data. The Applicant said that since 2011, the area had changed, becoming more ethnically diverse with inwards movement of people from Eastern Europe who were almost invisible, but demurred to say that if Ms Williams said that it did not reconcile, he would not argue the point.

- 4.7.15 Dr Johnson referred to the southern boundary of the Applicant's defined proposed Neighbourhood and noted that the southern boundary was along Allison Street and queried why the Applicant had not extended the border to include Dixon Avenue, which was one road further south. The Applicant responded that it was a highly densely populated area, and that the border was arbitrary and commented that although he could have extended his border to include Dixon Avenue, he believed that was a different demographic area, and encroached into Crosshill and another neighbourhood, and it was difficult to draw a boundary.
- 4.7.16 Dr Johnson sought clarity on the Applicant's proposed Neighbourhood with regard to the east end of Alison Street down to the end of St Andrew's Drive and the Applicant said that Eglinton Toll was a shared centrality for the areas and that it could equally be argued that Pollokshaws West – at the western and eastern boundaries– did not have a shared sense of neighbourhood, and commented that it was very subjective. The demographic was different but Eglinton Toll was the shared centrality and therefore Eglinton Toll was regarded as part of the Neighbourhood.
- 4.7.17 Dr Johnson referred to the proposed opening hours and asked if the Applicant intended to offer extended opening hours on Saturdays to which the Applicant confirmed that he would. Dr Johnson asked the Applicant how many other pharmacists would be working in the pharmacy at any given time, and the Applicant confirmed that there would be one full time pharmacist at any time and another pharmacist assisting as required.
- 4.7.18 Dr Johnson referred to the proposed premises being slightly remote with no other shops around other than a delicatessen and asked if the Applicant was dependent on residents around the area visiting the pharmacy. The Applicant acknowledged that the location could be better but commented that it was up to Gilbrides to make the best effort and to advertise it properly and to engage with the residents in the Neighbourhood, and

stated that the public consultation had given him and his colleagues the opportunity to engage with residents and to do their best to be successful.

- 4.7.19 Mr Dykes referred to the Neighbourhood and commented that the Applicant had not shown inadequacy of service but spoken more of convenience and asked what services were not currently being provided that they had a responsibility to provide. The Applicant said that he had not said convenient, but necessary; that people from Laurieston did not have a pharmacy in their neighbourhood, and felt that to have a pharmacy outwith one's neighbourhood was inadequate.
- 4.7.20 Mr Dykes refuted the Applicant's claim that there were no pharmacies in Laurieston and queried how it would help residents of Laurieston by not giving them a pharmacy in their neighbourhood. The Applicant disagreed and said that it was better for Laurieston residents to have access to Eglinton Toll, rather than at present which was to go to a pharmacy in Gorbals or outwith the area that they would consider to be their Neighbourhood.
- 4.7.21 Mr Dykes asked the Applicant to elaborate on his comments about stressed pharmacy staff. The Applicant said that information was gleaned through the consultation process and was anecdotal, and that comments about stressed staff were subjective. The Applicant said that this indicated that there was an underlying issue or patients would not have made the comments and repeated that the people had been asked, that the message came through that staff were stressed, which showed in the consultation report.
- 4.7.22 Mrs Anderton referred to the number of responses to the consultation. *[Subsequently it was clarified that the 185 responses were in total : 95 paper and 90 electronic responses].*
- 4.7.23 Mrs Anderton referred to the Applicant's comments about the population, that the initial population referred to had been 13,900 and then made reference that the population would increase to 13,500 over the next two years. The Applicant apologised and had meant to say 15,300 *[sic - see paragraph 4.2.9]* and said that over the next 5 years, there were further plans for an additional 670 properties, with consent for a further 970 properties, and that if one assumed 2 people per household for the 670 new properties, this would lead to the increase in population to 15,300.
- 4.7.24 Mrs Anderton asked the Applicant to reiterate the borders of his proposed Neighbourhood. The Applicant responded:

**North** – Norfolk Street travelling south along Gorbals St/Cathcart Road on the East and Eglinton Street on the West.

**East** – Moving South along Cathcart Road until it reaches Allison Street.

**South** – Allison Street (Govanhill section) moving west to Pollokshields via Nithsdale Road.

**West** – From Nithsdale Road until Shields Road, moving northwards until Maxwell Road, along St Andrew's Drive (*sic see paragraph 4.7.26 should be St Andrew's Road*), and up to Eglinton Street.

4.7.25 Mrs Anderton asked the Applicant if he felt that although there were different types of housing in different parts of the area that he defined as the proposed Neighbourhood, that all residents would consider themselves to be part of that proposed Neighbourhood. The Applicant responded that all would consider Eglinton Toll to be part of their Neighbourhood.

4.7.26 Mr Hughes asked a further question, which was accepted as a supplementary question. Mr Hughes queried the northern boundaries – whether the reference to St Andrew's Drive meant St Andrew's Road and sought clarification on where the boundary turned north to meet Norfolk Street. The Applicant acknowledged that his reference to St Andrew's Road referred to St Andrew's Drive. The Applicant stated that the boundaries had been clearly illustrated in his application, which went down Eglinton Street to Maxwell Road, from there to St Andrew's Road. Mr Hughes asked where it met Norfolk Street, and the Applicant confirmed that it was where Eglinton Street met at Norfolk Street at the northern boundary.

The Interested Parties were invited to make their statements, with Mr Church to be the first.

#### 4.8 **The Interested Parties Case – Mr Church of Rowlands Pharmacy**

4.8.1 Mr Church thanked the panel for the opportunity to represent the views of Rowlands Pharmacy and he would explain why the application was neither necessary nor desirable, and that he would first cover the legal test and address the issue of the Neighbourhood.

4.8.2 Mr Church revised revising the borders of the proposed Neighbourhood as defined by the Applicant, being :

**North** – along the railway line that meets the M74

**East** – from Cathcart Road to Calder Street

**South** – from Calder Street along Nithsdale Drive and Nithsdale Road.

**West** – from Nithsdale Road up to Shields Road

- 4.8.3 Mr Church said that if the panel looked at his revised proposed Neighbourhood, they would note that the legal test states that consideration must be given to pharmacies in adjoining neighbourhoods, and said that there were 15 pharmacies within a one mile radius, both within the defined neighbourhood and in those areas adjacent to it, all of which offered the core pharmaceutical services, as well as additional services such as collection/delivery, blood pressure measuring, diabetes monitoring, travel vaccination provision and extended hours.
- 4.8.4 Mr Church said that he felt that the application was more for convenience than inadequacy, and went further to say that there were no services the Applicant was offering that were not already offered by any of the other pharmacies.
- 4.8.5 Mr Church referred to the Applicant's statement that "access to services would be greatly improved" since a 10-15 minute walk to another pharmacy was inconvenient, and said that many people from the defined neighbourhood would be closer to one of the existing pharmacies so this was an unbalanced and invalid point. Mr Church also felt that a 10-15 minute walk would be seen as improving patients' health (in his opinion as a healthcare professional) and should not be deemed as unreasonable.
- 4.8.6 Mr Church referred to the Applicant's comments about opening late, and that the current provision was unsuitable, and queried that if it that was seen as a measure of adequacy, then the model hours would encompass a 7pm closing time for all pharmacies.
- 4.8.7 Mr Church noted that 1 pharmacy out of 15 operated an extended hours service and that Rowlands had conducted several trials over a number of years to test whether it was necessary, and each time had concluded that there was no requirement for operating an extended hours service. Mr Church noted that although patients had indicated that they would like the extended opening hours service, in reality the uptake had been very small.
- 4.8.8 Mr Church noted that the Rowlands Pharmacy on Nithsdale Road provided all the core services (minor ailments, public health service including smoking cessation and EHC, gluten-free food provision and stoma service, AMS and CMS. Rowlands also operated an inhaler service, which encouraged patients with asthma/COPD to engage with the pharmacy to help manage their condition. This service complemented local enhanced services and APCS services run by NHS GGC.
- 4.8.9 Mr Church said that in addition, Rowlands worked with Alliance (a national third sector intermediary) to identify support

groups that patients could access and gain support for long term medical conditions.

- 4.8.10 Mr Church said Rowlands Pharmacy had been established for over 100 years with an iconic building. They were undertaking a full refit that started externally and which would conclude in the autumn with a full internal refit and would enhance the existing premises and the refitted premises would continue to deliver enhanced pharmaceutical care.
- 4.8.11 With reference to waiting times, Mr Church said that these were low (10 minutes on average) which had been identified in a recent audit, which they conducted regularly. They had allowed the team to look at staff working patterns and to adjust for peak times.
- 4.8.12 Mr Church said that his pharmacy offered a comprehensive prescription collection/delivery service to those that needed it, and there were no capacity restrictions for dispensing methadone, suboxone or MDS trays.
- 4.8.13 Mr Church acknowledged that Rowlands participated in all the locally enhanced services that NHS GGC supported and were always looking for new services to get involved with.
- 4.8.14 Mr Church referred to Rowlands' highly experienced and well trained team. There were two pharmacists (Charlotte and Shama), and were a great team who each brought different qualities and skills to the pharmacy. They were supported by a part-time ACT, two full-time dispensing assistants, (one of which was due to qualify as a technician), two counter assistants and a driver.
- 4.8.15 Mr Church said that they provided pharmaceutical care to many residents in the neighbourhood on a daily basis and there was no evidence to suggest a poor or inadequate service was offered. Mr Church challenged the Applicant's comment of an "overwhelming response" from residents to his consultation and said that the Applicant had identified the neighbourhood population of 13,752 and said that the public consultation would be made available to a wider population, and Mr Church stated that only 1.3% of that population had responded, which equated to approximately 140 people or 1% of the population, and therefore challenged the Applicant's comment that 140/14,000 could not be defined as "overwhelming" and, instead, indicated a lack of public desire for a new pharmacy, in his opinion.
- 4.8.16 Mr Church said that the defined neighbourhood as described by the Applicant encompassed four different areas which were reference in the application (Govanhill, Laurieston, Pollokshields and Eglinton Toll), and he was confident that the

population were served more than adequately by the existing pharmaceutical services.

#### **4.9 Questions from the Applicant to Mr Church**

The Applicant was invited to ask questions.

- 4.9.1 The Applicant challenged Mr Church's proposed realignment of the borders of the northern part of the Neighbourhood, asking why he was splitting Laurieston with the M74 as the boundary. Mr Church said it was a physical boundary to which the Applicant responded that it was an overpass with no impediment, and Mr Church stated that there was a clear division on the map.
- 4.9.2 The Applicant referred to Mr Church's waiting time audit and asked if it had been produced as evidence or whether there was any further information to show that the audit was conclusive. Mr Church said no.
- 4.9.3 The Applicant asked about the trials conducted regarding the extended hours service and asked where he had conducted the trials, when he had conducted them, over what time period, and how he had advertised the service. Mr Church said that the service had been trialled in the neighbourhood, over the past 6 years they had conducted 2 trails over a month each time and had advertised in GP surgeries and in shop windows, but not in the local press.
- 4.9.4 The Applicant queried whether it would have made more sense to have conducted the trial over a longer period in order to ensure that the service was well known by the public but Mr Church said this they had not required a longer period to trial the service.
- 4.9.5 A brief adjournment followed at which time the Chair explained to all parties that they were unable to accept Mr Hughes' map as it had not been seen or understood by everyone, and also clarified the point on the CAR in relation to the number of responses received [see *paragraph 4.7.2*]

#### **4.10 Questions from Ms Yung to Mr Church**

Ms Yung was invited to ask questions.

- 4.10.1 Ms Yung had no questions

#### **4.11 Questions from Mr Sheikh to Mr Church**

Mr Sheikh was invited to ask questions.

4.11.1 Mr Sheikh had no questions

**4.12 Questions from Hughes to Mr Church**

Mr Hughes was invited to ask questions.

4.12.1 Mr Hughes asked Mr Church if he knew how many pharmacies were within the defined neighbourhood to which Mr Church said he did not know (and Mr Hughes stated that there were 4).

**4.13 Questions from the Committee to Mr Church**

4.13.1 Mr Roberts asked how many patients were taking part in the smoking cessation service, to which Mr Roberts replied that he did not know.

4.13.2 Ms Williams asked Mr Church to explain why the refitted pharmacy would have two consultation rooms. Mr Church said that historically they had held a chiropodist service on a morning or afternoon, which would stop the consultation room being used for other purposes. Ms Williams sought clarity on the reasons going forward as to why two consultation rooms would be required in order to verify if this demonstrated an inadequacy in the existing service. Mr Church was unable to verify and said that they were not sure how often it would be used, but was looking to the future when it may be required.

4.13.3 Ms Williams sought clarity on what plans Mr Church had to develop any services within the pharmacy, in relation to having two consultation rooms. Mr Church said that it would provide a private space if required, and they had looked at travel vaccination service in the past and was something that they could potentially look at to increase.

4.13.4 Dr Johnson asked if Mr Church worked at the pharmacy, to which Mr Church responded that he did not.

4.13.5 Dr Johnson referred to Question 3 in the CAR regarding inadequacy and the relative magnitude of the numbers – in particular to the stoma service– that the column figures were very similar and queried if Mr Church felt that the information within the CAR was therefore unreliable. Mr Church said that he agreed that the numbers were unusual but had no further comment.

4.13.6 Mr Dykes referred to Mr Church dividing the neighbourhood into four different areas (Govanhill, Laurieston, Pollokshields and Eglinton Hill) and asked if he felt that Laurieston and Govanhill were separate areas and whether Mr Church would define Eglinton Toll as being part of that area. Mr Church replied that he had simply quoted the four areas mentioned by the Applicant

and, without a detailed map, was unable to provide a further answer.

- 4.13.7 Mr Dykes referred to the Rowlands pharmacy refit and asked Mr Church if he would be providing any additional services in the future that he did not currently offer. Mr Church said that other than a travel vaccine service, there was nothing else at present, but simply that the refit would provide a more effective space in which to provide more locally enhanced services.
- 4.13.8 Mrs Anderton asked Mr Church how many GP practices were close to Rowlands pharmacy. Mr Church said he believed it was mentioned in the application and recalled it was around 10-12.
- 4.13.9 Mrs Anderton asked Mr Church where, in general terms, did his customers come from Mr Church said that the majority were from Nithsdale surgery which was a short walk away, and added that they also picked up prescriptions from all surgeries on a daily basis.
- 4.13.10 The Applicant requested permission to ask a further question, which was granted. The Applicant asked Mr Church to define the neighbourhood for Rowlands Pharmacy, to which Mr Church said that it was irrelevant as the hearing was to assess the Applicant's application. The Applicant asked if Mr Church would be surprised that the Rowlands Pharmacies in Maxwell Road and McCulloch Street did not offer a formal collection service, to which Mr Church responded that he did not believe the Applicant's information was accurate.

#### **4.14 The Interested Parties' Case – Ms Yung from Mackie Pharmacy**

Ms Yung was invited to make her statement.

- 4.14.1 Ms Yung said that as the only pharmacy in the surrounding area, they operated extended hours (open Monday-Friday 8am-7pm and 9am-6pm on Saturdays). The most urgent cases they received were from the Out of Hours Service from the Victoria Infirmary which was a short distance away, and said that it was not far for someone from the proposed Neighbourhood to walk 200 yards outwith the proposed Neighbourhood in order to obtain access to Out of Hours care service through their pharmacy.
- 4.14.2 Ms Yung said that her pharmacy participated in all the national and local enhanced services, and were also a palliative care pharmacy.
- 4.14.3 With regard to the Out of Hours service, Ms Yung said that she had found that after 6pm there was not much of a demand on

the basis of prescriptions issued and, a number of years ago, had reduced their extended hours service from 8pm to 7pm due to lack of demand.

- 4.14.4 Ms Yung alluded to figures for prescriptions contained within the Applicant's presentation and said that she had taken an opportunity to look at PSD website under a Freedom of Information ("FOI") request regarding the actual number of prescriptions issued, and it had shown no increase of demand.
- 4.14.5 Ms Yung said that she had the time frame from 2009-2013, and compared it from 2011, 2012, 2013-14 in the G41 1 area which is where the Applicant's proposed premises would be sited, and it had shown a drop in prescriptions of 2.4%.
- 4.14.6 Ms Yung said that for the surrounding areas, excluding her own area as it was not adjoining the proposed Neighbourhood, prescription levels were stagnant at 0.4% and stated that these figures could be seen on the PSD website under an FOI request. Ms Yung commented that she did not believe this showed an increase in the number of prescriptions and that the postcodes selected in the submission were restrictive – excluded some and included others – as not all were within G41, and G41 5 had only a small part within the proposed Neighbourhood and also seemed to be the only area which showed substantial growth in prescription figures.

#### 4.15 **Questions from the Applicant to Ms Yung**

The Applicant was invited to ask questions.

- 4.15.1 The Applicant asked Ms Yung whether she agreed that the figures she had quoted relating to prescription volumes were not absolute, but only indicative. Ms Yung disagreed and said that her figures were absolute, since the information had been obtained from the FOI which included income but also prescriptions which were within her figures.
- 4.15.2 The Applicant asked why his figures should be discounted, bearing in mind his information had been obtained from a similar source. Ms Yung said that this was because the Applicant's figures were incomplete since he had not included the entire G41 1 postcode in his application – it included part of the G41 1 post code but did not include data on prescriptions from the part of the postcode of the Applicant's proposed premises – only G41 1N-Z and no other G41 1 postcodes had been included in the Applicant's submission.
- 4.15.3 The Applicant referred to Ms Yung's reduction in opening hours and queried if it had made it more difficult for people to access services in the area she had defined. Ms Yung said that

Morrisons were open til 10pm and they were just 5 minutes further away.

- 4.15.4 The Applicant asked for Ms Yung to clarify that both premises were outwith his proposed Neighbourhood, which Mrs Yung agreed but also added that it was not much further than the most northerly area of his proposed Neighbourhood.

4.16 **Questions from Mr Church to Ms Yung**

Mr Church was invited to ask questions.

- 4.16.1 Mr Church had no questions

4.17 **Questions from Mr Sheikh to Mrs Yung**

Mr Sheikh was invited to ask questions.

- 4.17.1 Mr Sheikh had no questions.

4.18 **Questions from Mr Hughes to Mrs Yung**

Mr Hughes was invited to ask questions.

- 4.18.1 Mr Hughes stated his pharmacy's postcode as G41 1HU and asked if it was correct that his pharmacy had been included in Ms Yung's figures but excluded from the Applicant's and Ms Yung confirmed.

4.19 **Questions from the Committee to Ms Yung**

- 4.19.1 Mr Roberts asked if Ms Yung worked at the pharmacy and Ms Yung confirmed that she did.
- 4.19.2 Mr Roberts sought Ms Yung's opinion on what she perceived as social standing. Ms Yung said that her pharmacy was situated in Shawlands, with a lot of traditional working class people. The area had changed, and was continuing a process of ongoing change – with many young professionals moving into the area; and they were also pressed from the West End – going through the area, one could see a lot of charity shops and discount shops, but also some nice cafes and hipster bars – which denoted a real mix and showed an area in flux, and indicated that it was generally becoming more affluent, and this also showed that the healthcare needs of the area were changing – making it less demanding.
- 4.19.3 Mr Roberts asked if Ms Yung's pharmacy had many methadone customers. Ms Yung said that they had between 30-40 patients at present in total. Ms Yung said that they had previously had a

larger figure but when Honey pharmacy had opened recently near to Kennishead flats, the numbers had decreased.

- 4.19.4 Mr Roberts asked about the smoking cessation service. Ms Yung said that numbers fluctuated. Initially they had a larger number, but had gone down, and were probably less than 10, and was lower than the national average.
- 4.19.5 Mr Roberts asked if Ms Yung actively promoted her pharmacy's services. Ms Yung said that that they put adverts in Extra and promoted services to patients – eg to make them aware of the collection service, and also promoted other branches in Giffnock and Cardonald.
- 4.19.6 Mr Roberts asked how Ms Yung promoted the smoking cessation service. Ms Yung said that there were leaflets in the pharmacy in a visible place so that people could see that they participated in the service, and a poster in the window which showed the chronic medical service when doing initial assessments, to remind patients of the service.
- 4.19.7 Ms Williams referred to the 30-40 methadone dispensing patients and asked if Ms Yung used a methameasure, to which Ms Yung confirmed that she did.
- 4.19.8 Ms Williams referred to Ms Yung's comments of the changing demographics in the area: younger, more affluent and that health needs were reduced, and asked Ms Yung if she still had capacity if the population influx increased, taking into account the reduced numbers for methadone and the use of the methameasure system. Ms Yung confirmed she did have capacity.
- 4.19.9 Dr Johnson asked if Ms Yung offered a collection/delivery service, and Ms Yung confirmed that she did.
- 4.19.10 Dr Johnson asked the Applicant if the collection service extended up to McCulloch Street. Ms Yung confirmed that they collected between all surgeries down Pollokshaws Road, Govanill, Gorbals, Paisley Road West, Maxwell Road, Nithsdale Road – a list of 40 surgeries. Dr Johnson asked if Ms Yung collected from surgeries outwith the proposed Neighbourhood, and Ms Yung confirmed.
- 4.19.11 Mr Dykes asked how easy it was to park outside Ms Yung's pharmacy. Ms Yung said that there were ticketed parking bays outside, and admitted that there was some restrictive parking in the morning and evening, due to being a clearway, but said that there was parking available at the co-op opposite, and paid parking pays at 20p for 30 minutes.

- 4.19.12 Mrs Anderton referred to Ms Yung's comments concerning the Victoria Infirmary and asked if this related specifically to the Out of Hours service. Ms Yung said yes, urgent prescriptions came in from the Out of Hours Service after 6pm, and also people would come in after working hours to collect prescriptions.
- 4.19.13 Mrs Anderton asked Ms Yung if her pharmacy was linked with the Victoria Infirmary and Ms Yung said that they dealt with any urgent prescriptions that needed to be dispensed outside the model hours; for other prescriptions, people collected them from their own GP and may not be so urgent – Mrs Yung highlighted that it about urgency.
- 4.19.14 Mrs Anderton asked if the Out of Hours Service and Victoria Infirmary were linked and Ms Yung clarified that the Out of Hours Service was linked with the Victoria Infirmary.

4.20 **The Interested Parties' Case – Mr Adill Sheikh representing Pollokshields Chemist**

Mr Sheikh was invited to make his statement

- 4.20.1 Mr Sheikh stated that the application had been heard over 21 times, noted that there were 4 pharmacies within the Applicant's proposed Neighbourhood, and 6 additional pharmacies just outside, making a total of 15 pharmacies within a one mile radius, all of which were easily accessible.
- 4.20.2 Mr Sheikh said that during the last hearing, the committee had acknowledged this and stated that "regarding adequacy of services that on all 21 applications the current network ensured satisfactory access to pharmaceutical services for the neighbourhood."
- 4.20.3 Mr Sheikh outlined the Neighbourhood defined by the Committee at the oral hearing in 2009 :

**North:** Scotland Street from its junction with Shields Road, West Street, Cook Street and Bedford Street to its junction with Gorbals Street;

**West:** Shields Road and Nithsdale Road;

**East:** Gorbals Street, Aikenhead Road and Cathcart Road to its junction with Myrtleview Road;

**South:** Myrtleview Road, Mount Florida Avenue, Cathcart Road, Queens Drive, Pollokshaws Road to its junction with Nithsdale Street

- 4.20.4 Mr Sheikh said that although the Applicant said that there was no pharmacy in the area to serve the needs of the Eglinton Neighbourhood, there were 15 pharmacies within a one mile radius which covered Eglinton Toll, Pollokshields, Queen's Park, Govanhill and Gorbals.
- 4.20.5 Mr Sheikh stated that his pharmacy offered a full range of NHS core services and additionally offered (i) collection and delivery service (ii) a medication review service run by independent prescriber Alia Gilani (iii) Hajj/Umrah vaccination (iv) free blood pressure and diabetic checking
- 4.20.6 Mr Sheikh stated his pharmacy opening hours (9am-6pm Monday-Friday, and 9am-1pm on Saturdays), which was more than the model hours of 9-5.30pm on weekdays, but would be happy to accommodate longer hours if required.
- 4.20.7 Mr Sheikh stated that there was a bus service running every 3 minutes next to the proposed premises to Mackie Pharmacy; that 42.2% of the G41 postcode owned one car per household and 2.16% owned two cars per household. This information had been collected from the Scottish National Statistics website.
- 4.20.8 Mr Sheikh said that they employed staff that spoke a range of languages including Punjabi, Urdu, Swahili, Polish and Arabic.
- 4.20.9 Mr Sheikh said that his pharmacy had undergone a large refit a couple of years earlier, where the dispensary size and consultation room were increased, and said that they had two pharmacists present on Fridays, so there was only a short waiting time for prescriptions and consultations. They had conducted an internal audit to ascertain the average waiting time, calculating from the time the prescription was handed in until the patient was handed the prescription by the pharmacists, and the average was 5 minutes and 46 seconds per patient which was average and adequate.
- 4.20.10 Mr Sheikh referred to the Applicant's comment regarding the increase in population in the area, and said that the increase was very small. Between 2007-2013, the increase was only 1278, which equated to 17 patients per pharmacy each year. From 2010-2013, the increase was only 369 people, which was 123 people per year, and showed an overall very small increase, which was easily absorbed from the 15 pharmacies within the mile radius of the proposed premises.
- 4.20.11 Mr Sheikh noted that the population increase was in line with the rest of Scotland and said that the demographics of the population in the new housing was different to the wider population – the people were young, mobile, more affluent and

generally tended to travel further to access services, including pharmacy services.

- 4.20.12 Mr Sheikh said that with regard to the 90 day public consultation (and quoting the Applicant's population of the neighbourhood was 13,752) only 185 people had responded, of which 150 were in support, which equated to 1% of the population in support of the application, which showed that there was no need or desirability for a new pharmacy.
- 4.20.13 Mr Sheikh referred to waiting times, which the Applicant felt was an issue, and stated that they had never had any complaints on waiting times at his surgery. Mr Sheikh further stated that in 2015, the NHS Greater Glasgow & Clyde Health Board had only received 3 complaints on waiting times within a one mile radius of the proposed premises; local GPs had also endorsed this as Mr Sheikh enclosed that with his letter of objection, and said that this was also backed by a local councillor who had also not received any complaints, and none of those professionals had received complaints in accessing pharmaceutical services or lack of any pharmacy services in the area.
- 4.20.14 Mr Sheikh queried what the new proposed pharmacy could offer that was not currently already offered.
- 4.20.15 Mr Sheikh referred to the Applicant's comment that there were three pharmacies who offered a collection service, including Red Road Pharmacy (Mr Sheikh acknowledged that the Manager of Red Road Pharmacy was a family friend) and stated that there were more than three pharmacies who collected from Red Road . Mr Sheikh also refuted the Applicant's comment that Rowlands Pharmacy did not offer a collection service and said that this was a false statement.
- 4.20.16 Mr Sheikh concluded that the application was neither necessary nor desirable and had been made on the grounds of convenience rather than on necessity, and said that it would clearly have a detrimental effect on his business and of the other network of pharmacies and hoped the Committee would agree to reject the application.

#### 4.21 **Questions from the Applicant to Mr Sheikh**

The Chair invited the Applicant to ask questions.

- 4.21.1 The Applicant asked Mr Sheikh if he had previously applied for the pharmacy. Mr Sheikh confirmed he had applied in 2007.

- 4.21.2 The Applicant asked if there had been significant developments since 2007. Mr Sheikh replied no, but acknowledged that some flats had been demolished.
- 4.21.3 The Applicant challenged Mr Sheikh, by asking why his opinion had changed if nothing else had changed. Mr Sheikh said that there had been an expected large increase in population but the statistics had shown that there had not been an increase.
- 4.21.4 The Applicant referred to Mr Sheikh's comment in his submission regarding the fact he had not received any complaints and queried if there was a formal process that members of the public had to make with regard to pharmacy complaints. Mr Sheikh said that complaints did not go through the health board but through the local council and GP surgery, but they had received nothing.
- 4.21.5 The Applicant queried Mr Sheikh's comments in his submission regarding waiting times. Mr Sheikh said that in his area, he knew what was happening in his pharmacy on a personal level and had received no complaints regarding waiting times.
- 4.21.6 The Applicant asked Mr Sheikh to define his own Neighbourhood. Mr Sheikh declined, stating that it was not his application so refused to answer the question.
- 4.21.7 The Applicant asked if Mr Sheikh's neighbourhood included Lauriston or Pollokshields, and Mr Sheikh said that those were above his pharmacy.

#### 4.22 **Questions from Mr Church to Mr Sheikh**

The Chair invited Mr Church to ask questions.

- 4.22.1 Mr Church had no questions.

#### 4.23 **Questions from Ms Yung to Mr Sheikh**

The Chair invited Ms Yung to ask questions.

- 4.23.1 Ms Yung had no questions.

#### 4.24 **Questions from Mr Hughes to Mr Sheikh**

The Chair invited Mr Hughes to ask questions.

- 4.24.1 Mr Hughes had no questions.

#### 4.25 **Questions from the Committee to Mr Sheikh**

- 4.25.1 Mr Roberts asked about the Chronic Medication Service (and noted that it started well, with a few patients participating, and that only a few stuck to it, as patients became muddled when deciding if they needed to order or not), and asked how many patients Mr Sheikh had. Mr Sheikh said they had around 12-15 patients.
- 4.25.2 Mr Roberts asked Mr Sheikh if his pharmacy offered the smoking cessation service. Mr Sheikh confirmed they did.
- 4.25.3 Mr Roberts noted that the number of patients using the methadone dispensing service was low and asked Mr Sheikh how he promoted the core services. Mr Sheikh said that they advertised monthly in a local newspaper that was free and handed out at mosques and local shops. They also sponsored a radio show in order to promote their business. Twice a year they promoted travel to Saudi Arabia with four adverts each day for four weeks. Mr Sheikh said that they were not permitted to promote core services
- 4.25.4 Mr Roberts asked if Mr Sheikh advertised for the smoking cessation service and Mr Sheikh confirmed that they advertised in the local newspapers and on radio.
- 4.25.5 Ms Williams referred to Mr Sheikh's comments on vaccination for the Hajj and to Question 6 in the CAR (regarding whether there were any other NHS Services that the proposed pharmacy should consider providing, and noted that 7 respondents had commented that they would like to see a travel clinic) and asked Mr Sheikh for an idea of the uptake on travel vaccinations. Mr Sheikh said that only the meningitis was offered at present. In terms of the uptake, it changed depending on the time of year – eg they had no appointments next month as patients would be fasting - but said that the average was 3-4 people minimum per day, and acknowledged that after Hajj there were fewer people. Mr Sheikh commented that it was a fantastic service which had started 4 years previously.
- 4.25.6 Ms Williams asked Mr Sheikh if it was a service that his pharmacy promoted widely, which Mr Sheikh confirmed he did.
- 4.25.7 Ms Williams referred to the medication review service clinic run by Alia Gilani and the Applicant confirmed that Ms Gilani conducted diabetic reviews as she was an independent prescriber, patients needs could be referred to them as well as the GP, she could sign certain forms, she maintained patients' medications which could be changed or amended accordingly, and commented that it was easier for patients than visiting their GP.

- 4.25.8 Ms Williams referred to Question 6 in the CARs where 12 respondents had suggested a diabetic clinic or conducting blood tests for diabetes should be a service that a new pharmacy should consider providing and asked why that should be if this service was already provided by Mr Sheikh's pharmacy. Mr Sheikh said he was unable to answer and said that they also offered to check blood pressure and conduct diabetic checks.
- 4.25.9 Ms Williams asked how widely services were advertised and Mr Sheikh acknowledged that maybe they were not advertising as much as they should, although they did advertise services in the local newspapers every month and in leaflets.
- 4.25.10 Ms Williams asked if there was capacity to increase services including the travel and diabetes clinic, and Mr Sheikh confirmed there was
- 4.25.11 Dr Johnson had no questions.
- 4.25.12 Mr Dykes asked if Mr Sheikh could explain the percentage of prescription load from the Laurieston area. Mr Sheikh said he could not say, but did not think it was massive.
- 4.25.13 Mr Dykes referred to the survey and Mr Sheikh's comment that 185 responses did not indicate a great level of interest, and queried if Mr Sheikh felt that the response numbers were high, considering that some surveys produced returns of only single figures. Mr Sheikh said that he did not know about other surveys but had seen this on newspapers, twitter and other social media – and said that he felt people could not miss it and that everyone must have come across it and therefore felt that the level of responses received was very low.
- 4.25.14 Mr Dykes asked if Mr Sheikh encouraged people to tweet to him, to encourage them to respond. Mr Sheikh said that it was not his application.
- 4.25.15 Mrs Anderton asked where the most footfall to Mr Sheikh's premises came from. Mr Sheikh said mainly Pollokshields. Mr Sheikh said that if you wanted to say Eglinton Toll, it was a small area for prescriptions. Many people from the Maxwell Road side had moved to Pollokshields and there were not many in that vicinity.
- 4.25.16 Mrs Anderton asked about prescriptions from Laurieston and Mr Sheikh said there were not many.
- 4.25.17 Mrs Anderton noted to Mr Sheikh's comments about the proposed pharmacy being neither necessary nor desirable and

asked whether there was an adequate service in the area. Mr Sheikh said that yes there definitely was, as everyone offered the required services in the area.

4.25.18 Mrs Anderton asked Mr Sheikh how many GP practices he dealt and Mr Sheikh said maybe 20.

4.25.19 Mrs Anderton asked if Mr Sheikh offered a collection service, and Mr Sheikh confirmed that he did.

#### 4.26 **The Interested Parties' Case – Mr Hughes from Hughes Chemist**

Mr Hughes was invited to make a statement.

4.26.1 Mr Hughes said that he had had experience being on a Committee, and had been a Vice Chair for 7 years up until 6 or 7 years ago, so acknowledged that he had experience of over 20 applications similar to this current application.

4.26.2 Mr Hughes said that he had seen around 22 applications for this particular area of Eglinton Toll, all of which been declined.

4.26.3 Mr Hughes said that he did not see that anything had changed materially – there had been new flats built, and others knocked down, but the population had, more or less, remained static. Mr Hughes had seen figures put forward by each party but noted that questions remained in everyone's minds as to their accuracy.

4.26.4 Mr Hughes said that for this Committee to decide on the necessity of a new pharmacy, nothing had changed and, in his opinion, there was no lack of adequacy in the area and no need for a new pharmacy when talking of desirability – and queried to whom would it be desirable. To himself as another contractor, Mr Hughes said that this was not desirable and would affect his income, which was why they were at the hearing on this day.

4.26.5 Mr Hughes said that it was not just about emotions, but also about cash. Mr Hughes said that the applicant had another pharmacy a within one mile radius from the proposed premises, and said that if there was a 2% reduction of income from pharmacies in his postcode area, the remuneration he received would be less, and an additional pharmacy would make it worse.

4.26.6 Mr Hughes concluded that with regard to questions of adequacy or desirability, he saw no reason why the application should be granted.

#### 4.27 **Questions from the Applicant to Mr Hughes**

The Applicant was invited to ask questions.

4.27.1 The Applicant referred to the consultation and asked if Mr Hughes felt that the control of regulations was rigorous enough for applications. Mr Hughes said that he had no knowledge or interest in the procedure, but said that if it was up to him, he would have had a different result, since, in his personal opinion, people carrying out the consultation influenced those to whom they were speaking. Mr Hughes said that he was suspicious of public consultations and how respondents were influenced by the people who were speaking to them, but admitted he had no experience.

4.27.2 The Applicant asked whether the public consultation strengthened the process. Mr Hughes said that it should not be taken into consideration with adequacy and desirability of service

4.27.3 The Applicant asked if the Community Council could offer valuable insight and Mr Hughes said that they may do, but noted that they were not represented, and noted that they were not as influential as the Applicant wished them to be.

4.28 **Questions from Mr Church to Mr Hughes**

Mr Church was invited to ask questions.

4.28.1 Mr Church had no questions.

4.29 **Questions from Ms Yung to Mr Hughes**

Ms Yung was invited to ask questions.

4.29.1 Ms Yung had no questions.

4.30 **Questions from Mr Sheikh to Mr Hughes**

Mr Sheikh was invited to ask questions.

4.30.1 Mr Sheikh had no questions.

4.31 **Questions from the Committee to Mr Hughes**

4.31.1 Mr Roberts had no questions.

4.31.2 Ms Williams asked Mr Hughes if he offered a collection service, to which Mr Hughes confirmed that he did.

- 4.31.3 Ms Williams queried in terms of GPs whether Mr Hughes collected from the proposed Neighbourhood too, and Mr Hughes said no.
- 4.31.4 Ms Williams said that if collections were from outwith the proposed Neighbourhood, why would Mr Hughes be affected. Mr Hughes said that not all were from outside.
- 4.31.5 Ms Williams queried if Mr Hughes received patients from the proposed Neighbourhood and Mr Hughes confirmed that he did – from Laurieston, Pollokshaws East and Govanhill.
- 4.31.6 Ms Williams asked if most of Mr Hughes business was walk in rather than from prescriptions. Mr Hughes confirmed that there were a number of walk-ins from GP surgeries, as there were 5 surgeries nearby, with multiple GPs.
- 4.31.7 Dr Johnson said that it was difficult getting from South of M8 heading north, whether walking or by bus. Mr Hughes disagreed and said that the Shields Road ran underneath the M8 and 400 yards from his premises. Dr Johnson said that it would not be a pleasant walk, and Mr Hughes disagreed and said it was nicer and easier than anywhere in Govanhill.
- 4.31.8 Mr Dykes asked whether the construction of the M74 extension affected traffic flow to his pharmacy or away from it. Mr Hughes said that it affected travelling at 5pm due to a traffic backlog. Mr Hughes said that he found getting to work easier with the new motorway and concluded that that access had increased with the addition of the M74.
- 4.31.9 Mrs Anderton asked if Mr Hughes had customers from Laurieston. Mr Hughes confirmed that he had a good number, as there was a good service running east-west.
- 4.31.10 Mrs Anderton asked where the majority of walking custom came from and Mr Hughes said from 50 yards to his right as there were 4 surgeries 50 yards away from his pharmacy which had been built 27 years ago.

#### 4.32 **Summing up**

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

- 4.32.1 **Mr Church** said that in light of what had been discussed today, it had proven that existing pharmaceutical services in the

proposed neighbourhood were adequate and for that reason in his opinion, the application for a new pharmacy was neither necessary nor desirable and should be rejected.

- 4.32.2 **Ms Yung** said that in her opinion, the case had not been made to show that the existing pharmaceutical services were inadequate or indeed that there had been any recent growth, which would show a business case for a new pharmacy within the proposed Neighbourhood. Ms Yung concluded that people that lived within the proposed Neighbourhood were more than adequately served by other local pharmacies in the neighbourhood.
- 4.32.3 **Mr Sheikh** said that there had been no change in the area, especially since the last application in 2009. He said that all the applications had shown that they were capable of handling any small increase in population, and said that the application was made more on convenience rather than necessity or desirability and said that the application should be rejected.
- 4.32.4 **Mr Hughes** noted that the Neighbourhood had been defined by the PPCs and NAPs for this site and the immediate area; discussions had taken place as to the exact boundaries and the NAP had decided 8 years ago that their boundaries were different from the PPCs and many pharmacies were within the boundaries chosen by a particular panel. People went to a pharmacy because they liked it and although you could not prove there was a bad pharmacy in an area, you assumed all were good. All pharmacies provided new services that they were being paid for; all offered additional services to maintain turnover, so there was greater adequacy of services than when it was last written down. Mr Hughes concluded that there was no need to approve a new pharmacy contract for the area.
- 4.32.5 **The Applicant** said that he was confident he had defined the neighbourhood for Eglinton Toll and despite objections, the population had increased and would continue to increase as further developments were completed. The Applicant said that he had been engaging with the local population who were strongly in favour and in his opinion, patients should be able to access a pharmacy within their neighbourhood without having to go on a bus or get in a car. The applicant said it was strange in Eglinton Toll that GP surgeries were more easily accessible than pharmacies, and currently patients in the Eglinton Toll area did not have the benefit of local pharmaceutical services. He believed he had shown the panel that a pharmacy was desirable and necessary and should be approved.

#### 4.33 Conclusion of Oral Hearing.

- 4.33.1 After having confirmed with all parties that they had received a full and fair hearing, the Chair adjourned the meeting so that the Committee could deliberate on the written and verbal submissions.
- 4.33.2 The Chair explained that the decision would be relayed to the Board within 10 working days and that the decision would be relayed to the Applicant and Interested Parties within 5 working days later. Thereafter, there were 21 days for an appeal to be lodged against the panel's decision.

The Applicant, Interested Parties, Legal Advisor and Contracts Manager left the meeting

#### 4.34 **Decision Process**

- 4.34.1 The Committee 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 proposed 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.
- 4.34.2 In addition to the oral submissions put before them, the Committee 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 Committee namely :
- (a) Chemist Contractors within the vicinity of the Applicant's premises of which those marked \* had made a representation to the Committee within the time limit
    - i. L Rowland & Co (Retail) Ltd \* (*not included in papers*)
    - ii. J P Mackie Pharmacy \*
    - iii. Hughes Chemist \*
    - iv. Pollokshields Pharmacy \*
    - v. Lloyds Pharmacy Ltd \*
    - vi. Boots UK Ltd
    - vii. Govanhill Pharmacy Ltd
    - viii. David L L Robertson Chemist
    - ix. M & M Pharmacy
    - x. S H Mehta Pharmacy
    - xi. Mount Florida Pharmacy
    - xii. Queens Park Pharmacy
    - xiii. Langside Pharmacy

xiv. Apple Pharmacy

- (b) Representation from Greater Glasgow & Clyde Health Board – Area Medical Committee
- (c) Representation from Greater Glasgow & Clyde Health Board Area Pharmaceutical CP Sub-Committee
- (d) Email from Pollokshields Community Council

4.34.3 Additional information also provided that the Committee considered:

- o Email from Glasgow City Council – Transport
- o Email from Glasgow City Council – Development & Regeneration
- o Population Census Statistics extracted by Community Pharmacy Development Team
- o Map relating to current pharmaceutical and medical services in the area
- o Details of service provision and opening hours of existing pharmacy contracts and medical practices in the area
- o Distance from Proposed Premises to local pharmacies and GP Practices within a one mile radius
- o Number of prescription items dispensed during the past 12 months & quarterly information for the Minor Ailments Service
- o Summary of Applications previously considered by PPC in this area
- o Consultation Analysis Report (CAR)

4.34.4 Having considered the evidence presented to it by the Applicant, the Interested Parties and also the Committee's observations 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.

4.34.5 **Neighbourhood:**

4.34.5.1 The Committee were cognisant of the boundaries of the proposed Neighbourhood as defined by the Applicant, and of the other neighbourhoods defined by previous applications.

4.34.5.2 In forming an opinion on the Neighbourhood, the Committee referred to the map (page 76 of the papers) and defined the Neighbourhood as:

**NORTH** – From the Railway line immediately above St Andrew's Drive where it starts to curve, following the railway heading east curving northwards until the point where it crosses Gorbals Street (just above Cumberland Street).

**EAST** – Heading south down Gorbals Street into Cathcart Road, until it reaches the railway line south of Dixon Road by Albert Road.

**SOUTH** – Following the railway line heading west where it meets Nithsdale Road and continuing west until it reaches the junction with St Andrew’s Drive.

**WEST** - Heading north up St Andrew’s Drive, until the road starts to curve, extending directly north until it reaches the railway line.

4.34.5.3 The Committee felt that this was a distinct neighbourhood which reflected a strong community and vibrant culture. The railway lines formed physical boundaries, with the areas outwith the boundaries comprising a different social make up and demographic.

4.34.6 **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability:**

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

4.34.6.2 The Committee noted that there were 5 pharmacies within the boundaries of the Neighbourhood as defined above and 15 pharmacies within one mile of the proposed premises. These pharmacies all provided the core services and a range of non-core services.

4.34.6.3 The Committee noted that although the Applicant had not said that there was any inadequacy from the pharmacies outwith, he had emphasised that the proposed Neighbourhood would benefit from a pharmacy.

4.34.6.4 The Committee noted that the Applicant was not offering additional hours or additional non-core services not already provided by the existing pharmaceutical services which included methadone dispensing and a smoking cessation service.

- 4.34.6.5 The Committee took cognisance of the number of responses to the CAR and comments from respondents that they would like services offered in their area. The Committee considered that the existing pharmacies – both within and outwith the Neighbourhood and within a mile of the premises – provided sufficient pharmaceutical service capacity so no inadequacy had been proved.
- 4.34.6.6 The Committee were cognisant of evidence provided by Interested Parties that indicated a reduction in prescriptions between 2011-2014 and considered that the existing pharmaceutical services had capacity to increase their services; however, this did not indicate a lack of adequacy in the existing pharmaceutical services provided.
- 4.34.6.7 The Committee considered that the level of existing services to/and within the defined neighbourhood, provided satisfactory access, for those resident in the neighbourhood, to pharmaceutical services. The Committee therefore considered the existing pharmaceutical services in the Neighbourhood were adequate.
- 4.34.6.8 The Committee noted that over 20 applications had been considered by PPCs for premises in this area over the past few years, with the last application having been considered in 2008, None of the applications had been granted as no unmet need had been found to exist.
- 4.34.6.9 The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source, which demonstrated that the services currently provided to the neighbourhood were inadequate.
- 4.34.6.10 Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the Committee agreed that the neighbourhood was currently adequately served.

**In accordance with the statutory procedure the Pharmacist Contractor Members of the Committee, and Board Officers were excluded from the decision process**

#### 4.35 **DECISION**

- 4.35.1 In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- 4.35.2 Whilst being cognisant of the Applicant's assertion that redevelopment in the area would result in an increase to the current population, the Committee were not satisfied that this population would occur.
- 4.35.3 Taking into account all of the information available, and for the reasons set out above, the Committee was satisfied that the provision of pharmaceutical services at 15 Barrland Street, Glasgow, G41 1QH was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and, in the circumstances, it was the unanimous decision of the Committee that the application be refused.

.....  
**Ms Susan Brimelow as Chair of the Committee:**

.....  
**Date**