



PPC/INCL05/2016

**Pharmacy Practices Committee**

**Minutes of a Meeting held on Monday, 29 August 2016 at 12:00 hours,  
LMC Offices, 40 New City Road, Glasgow, G4 9JT**

**PRESENT:**

Mrs Susan Brimelow	Chair
Mr Stewart Daniels	Lay Member
Mr Kenneth Irvine	Contractor Pharmacist Member
Mrs Maura Lynch	Lay Member
Mr Ian Mouat	Non-Contractor Pharmacist Member
Mr Michael Roberts	Lay Member
Ms Yvonne Williams	Contractor Pharmacist Member

**IN ATTENDANCE:**

Mrs Janice Glen	Contracts Manager, NHS GGC
Mrs Margaret Morris	NHS Lanarkshire (Observer)
Mrs Susan Murray	Legal Advisor, Central Legal Office
Ms Gillian Gordon	Secretariat – NHS NSS

**1 INTRODUCTION & APOLOGIES**

There were no apologies for absence

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.

The Applicant and Interested Parties were invited into the meeting.

**2 APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST Case No. PPC/INCL05/2016 701-703 Balmore Road, Glasgow G22 6QT**

2.1 The Chair welcomed all, covered the Health & Safety arrangements and introductions were made.

2.2 The Applicant was **Mr Vishal Sood** (“the Applicant”), was accompanied by **Mr Muhammad Shabbir**. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the Hearing, were **Mr Martin Green** representing M&D Green Dispensing Chemist Ltd, **Mr Mark Feeney** representing Bannerman’s Pharmacy, **Mr Michael Church**, accompanied by **Ms Diane Bates** representing Rowlands Pharmacy and **Mr Don Polson** representing Lambhill and District Community Council (together the “Interested Parties”).

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- 2.3 The Chair checked that there were no objections to Mrs Margaret Morris, Chair of NHS Lanarkshire PPC attending as an Observer. There were none and Mrs Morris was invited to join the meeting.
- 2.4 The Applicant and the Interested Parties were informed that no Committee member had declared any interest in the application being considered.
- 2.5 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.
- 2.6 The Committee was asked to consider an application submitted by Lambhill Chemist Ltd to provide general pharmaceutical services from premises situated at 701-703 Balmore Road, Glasgow, G22 6QT (“the Proposed Premises”) under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
- 2.7 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.
- 2.8 The Chair stated that only one person would be able to speak on behalf of the Applicant and each Interested Party and reminded all present to speak through the Chair.
- 2.9 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.

### 3 **The Applicant’s Case**

- 3.1 Mr Sood opened by thanking all for making the effort to attend the meeting and for allowing him the opportunity to present his case.
- 3.1.1 He stated that he and Mr Shabbir were seeking to open a pharmacy at 701-703 Balmore Road, Glasgow, G22 6QT, which address was currently operating at Lambhill Post Office and grocery store.
- 3.1.2 They believed the current access to pharmaceutical services were inadequate in the district. He would also show that they had the support of the local community for their application.
- 3.1.3 He said that the facts that he would present were based on the Legal

Test, set out by regulation (10) which stated:

1. *An application shall be granted if the Board only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are location*
2. *If the boundaries of the neighbourhood within which the applicant intends to provide pharmaceutical services falls within any part of a controlled locality, only if it is satisfied that the granting of such an application, in its opinion, would not prejudice the provision of NHS funded services in the controlled locality*

3.1.4 Mr Sood then described his proposed neighbourhood as:

Moving in a clockwise direction:

**NORTH** – Glentinar Road, moving west

**EAST** - Glentinar road joins on to Castlebay Street, moving south until Liddesdale Road, where it is joined to Birsay Road

**SOUTH** - Birsay Road joins on to Ashgill Road, moving west where it joins Balmore Road. Moving south it reaches Possilpark and Parkhouse train station

**WEST-** Follows a western direction where it joins a path NCR754 and moves north, this completing our target neighbourhood

3.1.5 He explained that Lambhill was an area of Glasgow located in the NW. From Scottish Neighbourhood Statistics it could be seen that the population of the neighbourhood stood at 1968. This was a decent population for the size of the neighbourhood which would no doubt benefit from access to pharmaceutical services.

3.1.6 He noted that this population would be increasing significantly as located within close proximity to the proposed site, there were a number of new houses and flats that have been built. There were also plans in place for more housing which would further increase the population. After speaking to the relevant housing authorities, they were made aware that potentially 148 houses were due to be constructed on several sites in Lambhill; one being the school, which had recently been knocked down, and its surrounding areas. A 22 unit four storey development had already been constructed in Lambhill (on Balmore Road).

3.1.7 He stated that Lambhill was a largely residential area which had been in

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existence since the middle of the 18<sup>th</sup> century. Lambhill was a recognised regeneration area. The Scottish Index for Multiple Deprivation figures showed that it was ranked in the highest percentile (amongst the top 5%) for deprivation statistics, which naturally led one to conclude that there was an increased demand for pharmacy services. The cost of transport and access to pharmaceutical services was a very important issue for a large number of residents. There were parts of the neighbourhood where levels of unemployment far exceeded the local and national averages, as well as higher levels of drug and alcohol abuse.

3.1.8 He further stated that it was a neighbourhood for all purposes in that:

- 3.1.9
- There were several educational facilities such as schools, nurseries and primaries within the vicinity;
  - There were two churches - St Agnes Church and Colston Milton Parish Church.
  - There were several grocery stores, local businesses, takeaway restaurants, and a recently upgraded main post office.
  - In saying this however, it should be noted that Lambhill was a district on its own.
  - By speaking to local residents they were made aware that Lambhill stood on its own from areas such as Milton, Cadder and Possilpark.
  - Lambhill and District Community council also operated there and had the following statement on their website:

*"Lambhill & District Community Council is a voluntary, non-political organisation. Our role is to represent opinions from local people and businesses of Lambhill and the surrounding areas. Issues such as planning, licensing and Police matters are part of what is discussed at our monthly meetings.*

*Our aim is to improve the wellbeing for all that live and work in the neighbourhood, making Lambhill a place that is welcoming and safe for all"*

3.1.10 From the above he stated that it was clear that Lambhill was a neighbourhood for all purposes.

3.1.11 He then moved on to consider the existing pharmaceutical services in the neighbourhood and said that there were very little within easy reach. It was evident that residents in the neighbourhood had to travel considerable distances to access these. This also begged the question as to whether or not the existing services outwith the neighbourhood were adequate.

3.1.12 He said that currently people had to travel considerable distances to access pharmaceutical services. He then quoted distances from his proposed site to all the surrounding pharmacies:

Westray Pharmacy- 0.8 miles

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- Cadder Pharmacy - 0.5 miles
- Milton Pharmacy - 1.3 miles
- Rowlands Pharmacy- 0.7 miles
- Lloyds Pharmacy- 1.7 miles
- Maryhill Pharmacy- 2.0 miles
- Liddesdale Pharmacy- 1.2 miles

- 3.1.13 He stated that, based on the furthest away pharmacy, local residents would have to make a 4 mile round trip to Maryhill pharmacy. Even taking the closest pharmacy, a 1 mile round trip to Cadder Pharmacy, particularly for an elderly and frail patient, was quite frankly unacceptable. For someone without a car, who could not afford to regularly use public transport, a trip to Maryhill Pharmacy would take 1 hour 20 minutes (based on a healthy adult at average walking speed of 3 mph) plus any additional time waiting for prescriptions or service at the counter. For Cadder Pharmacy this journey time would be at least a 20 minutes round trip plus additional waiting time. For other more vulnerable demographic groups who could not be considered as healthy adults the walking speed would drop down to 1.83 mph. So their journey times, based on these two pharmacies, would range between 36.6 minutes to 2.44 hours. This was without considering factors such as bad weather and illness. This alone clearly showed that adequate access to pharmaceutical services was not being met in Lambhill.
- 3.1.14 He said that a delivery service was a useful tool employed by many pharmacies; however, this could not be considered a suitable alternative to face-to-face interaction with patients. Where there was no access to a car, people would face the expense of a bus, train or taxi. Even if a person decided to walk, the distance ahead of them was unacceptable. Public transport and delivery services did not reduce inadequacy in a neighbourhood. He firmly believed that people should be able to reach a pharmacy in their neighbourhood with ease.
- 3.1.15 He observed that Maryhill centre was a heavily congested area with pharmacies based on its very busy main street. With its lack of car parks and limited on street parking, it often failed to meet the demands of the high volume of traffic it saw. If you were not lucky enough to park on the street close enough to the pharmacy, there was a fair walking distance to get to the pharmacies. This would prove challenging for the frail and elderly, infirm, disabled and parents with young children.
- 3.1.16 He noted that there once was a time where a pharmacy could only be viable if it was located within close proximity to a GP surgery. This was no longer the case. The distribution of pharmacies in Lambhill and the areas closely surrounding it did not make it adequate for the needs of the residents within close proximity to his proposed new site.

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- 3.1.17 He believed that the growing population of Lambhill was not being offered adequate pharmaceutical provisions. After attending several local meetings and getting to know the residents of the neighbourhood, they had their full backing and support. One such meeting was Lambhill and District Community Council held on Wednesday 10 February 2016 at Lambhill Stables. They had taken time to attend such local meetings and discussions so they could establish a good professional relationship with them and listen to concerns in person. In particular, the elderly residents that attended that particular meeting agreed that the nearest pharmacy to them was a fair distance away. Councillor Helen Steven of The Scottish Labour Party also voiced her support of our application at the meeting, along with the community elders.
- 3.1.18 He said that the only way to secure adequate provision of pharmaceutical services in the neighbourhood was to grant the application.
- 3.1.19 He stated that now more than ever, a pharmacy had, and with greater importance, was becoming one of the most centralised and important services on offer to patients in the community. eMAS had been running in Scotland very successfully for many years now, meaning that residents did not always have to obtain services from a GP or emergency services if eMAS were available to them. The provision of this service would be hugely beneficial to them.
- 3.1.20 He referred to PHS (public health service) and said that this was designed so that interventions could be made to improve public health. They had taken great steps with the widely advertised national smoking cessation service and sexual health service, most notably with the provision of EHC. Being a close-knit neighbourhood, this service would have the greatest impact on the population.
- 3.1.21 In addition, he said that the Chronic Medication Service (CMS) was an important part of the pharmacy contract that had been successfully implemented and utilised for several years. Offering this to their proposed neighbourhood would mean many patients would not require access to a GP as often since their medicines and conditions could be managed at the community pharmacy level.
- 3.1.22 As well as the wide range of core services, he stated that they also intended to offer the neighbourhood many other useful services such as the implementation of a pharmacist led chronic pain clinic (subject to funding). By having the adequate professional qualifications and accreditations, the neighbourhood would have access to trained professionals able to diagnose, prescribe and dispense pain relief medication. Implementing this would further reduce the ever-growing burden placed on GP's and OOH clinics/emergency rooms. To date, no other pharmacy in the area offered this independent prescribing clinic. It was not uncommon today that patients had to wait up to 2-3 weeks for an appointment with their GP.

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- 3.1.23 Turning to the proposed site, he said that this would be finished to the highest standard and comply with GPhC regulations. The premises would also comply with the Disability Discrimination Act (which has now been repealed and replaced with the Disability and Equality Act 2010). The building was situated on a street with a near level gradient (on a road which was not built on a hill/slope). This would benefit several demographic groups including the elderly, disabled and parents with young children.
- 3.1.24 The premises would allow for a consultation/treatment room with an additional consultation area for provision of substance misuse services. The treatment room would also be suitable for use by other HCPs such as independent nurses pharmacist prescribers and physiotherapists. This would provide further access to new services and give additional health benefits to the neighbourhood.
- 3.1.25 He said that they would be providing a smoking cessation service, provision of Emergency Hormonal Contraception, free condom distribution, BP monitoring, Diabetes testing, Weight Management clinics, stoma supply and advice to care homes. A free collection and delivery service would be provided to all.
- 3.1.26 He indicated that they intended to enroll all delivery drivers on General Pharmaceutical Council accredited (NPA) training courses to upskill and develop staff who deliver medicines to patients' homes. This would enable them to provide critical knowledge to ensure the safety of patients and reduce the risk of errors. A service whereby a pharmacist home consultation could be offered if the need arose where a patient was housebound.
- 3.1.27 Referring to opening hours he said that Barclays Medical Practice, Gairbraid Medical Centre, Keppoch Medical Practice and Dr's Reid, Crawford and Hee all opened at 8am whilst Red Practice open at 8.30am. They were planning to open at 8am on weekdays, so would be the only pharmacy within 2 miles to cater to the needs of early patients. Also they were planning to open on a Sunday from 9-1pm, which no other pharmacy in the area was currently doing. He suggested that other pharmacy contractors explain what a patient would do if they required pharmaceutical services before 9am on a weekday and on a Sunday.
- 3.1.28 He noted that there were several schools within close proximity to the proposed premises. Parents would be able to bring their children to the pharmacy before the start of a school day to access a MAS consultation if necessary. This could include a forgotten inhaler or simply a bottle of paracetamol for pain relief. No other pharmacy in the area could offer this as their opening hours did not allow for it.
- 3.1.29 He wholeheartedly believed that granting this application would secure

adequate pharmaceutical provisions for the neighbourhood. Most importantly, it would provide valuable face-to-face services. The neighbourhood he had defined was absolutely a neighbourhood in every sense of the word. Currently there were no pharmaceutical services on hand within close proximity. The services provided in the surrounding areas did not adequately meet the needs of their neighbourhood.

- 3.1.30 He concluded by saying that the granting of this application was both necessary and desirable in order to adequately provide pharmaceutical services for the residents of the neighbourhood- both now and for the future.

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

3.2 **Questions from Mr Church of Rowlands Pharmacy to the Applicant**

- 3.2.1 Mr Church referred to the neighbourhood and asked how this was arrived at as it appeared to be designed deliberately to exclude all existing pharmacies in the locality. Mr Sood replied that it was based only on the area known as Lambhill which had a different identity from the surrounding areas of Cadder, Milton and Possilpark.

- 3.2.2 Mr Church asked if 0.7 miles, the distance to his pharmacy, could really be considered a “great distance”. Mr Sood said that for a certain demographic it could be and he had only considered the distance from his proposed site to the other pharmacies and not included distances and times to bus stop.

- 3.2.3 Mr Church asked how many GP surgeries were in the proposed neighbourhood. Mr Sood replied that there were none, but a GP practice was not a necessity for a pharmacy to be successful. When asked, he also confirmed that residents within his area would all have to travel to obtain GP services but he stressed that the application was about pharmaceutical services.

- 3.2.4 Referring to the 2 – 3 week wait for a GP appointment, Mr Church asked where the evidence was for this. Mr Sood replied that it was from personal experience and from talking to the local community.

- 3.2.5 Mr Church then referred to the statement about home visits and asked if there would be two pharmacists available on a regular basis. Mr Sood replied that there would be provision made for home visits if there was a need but more often than not there would be 2 pharmacists on the premises as both he and Mr Shabbir would be working there.

- 3.2.6 Mr Church asked if there had been any complaints to the Health Board about pharmacies not opening early in the morning. Mr Sood replied that he was not aware of any but he was approaching it from the angle that he wanted to provide a service at those times.



Mr Church had no further questions.

**3.3 Questions from Mr Green of M & D Green Dispensing Chemists Ltd to the Applicant**

3.3.1 Noting that the proposed premises were currently the Post Office, Mr Green asked if this was going to close. Mr Sood said that the intention was that the owner would operate the business in a small part of the building and that the pharmacy would occupy the rest. When asked about privacy issues, Mr Sood said it was a large site and there would be a consultation room to ensure privacy.

3.3.2 Mr Green noted that Mr Sood had referred to a population of 1968 being “decent” and asked what population would be necessary to ensure a pharmacy was viable. Mr Sood said that he knew that there was no need for a large population to keep a pharmacy viable. In any event pharmacies were moving from dispensing to being service based businesses. He noted that a recent contract awarded in Ayr had had a population of 1069 and they appeared to be operating successfully.

3.3.3 Mr Green asked how many pharmacies Mr Sood had run. Mr Sood replied that he ran one and that Mr Shabbir worked as a locum all over Scotland.

3.3.4 Given that Mr Sood had referred to a round trip of one mile and a time of 20 minutes to be unacceptable, Mr Green asked how close a pharmacy should be to its community. Mr Sood replied that depending on one’s health – 100 yards could be a marathon but distances were relative and depended on those who were requiring a service.

3.3.5 Mr Green asked where the “several schools” that Mr Sood mentioned were. Mr Sood stated that he had said there were several in the surrounding area. He believed that there was a primary just on the border. His point had been that mothers taking their children to school could stop off on the way there if they required pharmacy services.

3.3.6 Mr Green then referred to the extended opening hours that Mr Sood was proposing and asked if he knew what the hours for existing contractors were and where the nearest pharmacist with longer hours was. Mr Sood said that he had checked and none of them worked the hours he was proposing. He indicated that he felt that the question was irrelevant as he was only concerned with his neighbourhood and he felt the hours he proposed would offer a good service to the residents of Lambhill.

3.3.7 Mr Green indicated that, having lived and worked in the area for many years, he could not understand the Applicant’s definition of the neighbourhood as none of the boundaries were major arterial roads or physical boundaries. He asked how he had arrived at the definition and why some people in the same street would be in a different neighbourhood. Mr Sood said that he did not

feel that he had to explain this. This was just the way they had chosen to define their neighbourhood in terms of their application. The boundaries had been described at the local meeting attended and no-one had raised any objections and felt that it encompassed the area known as Lambhill.

Mr Green had no further questions.

**3.4 Questions from Mr Feeney of Bannerman’s Pharmacy to the Applicant**

3.4.1 Mr Feeney asked why Mr Sood had chosen to focus on Maryhill in his presentation and not mentioned Saracen Street. Mr Sood said he had chosen this because Maryhill was busier. He noted that Saracen Street was fairly saturated with pharmacies but Lambhill’s needs were not being met.

3.4.2 Mr Feeney asked if Mr Sood had ever driven from his Neighbourhood to Saracen Street. Mr Sood replied that he had and had noted that most of the parking spaces were full or were for loading only. Mr Feeney noted that he had worked there for years and had never had a problem parking.

Mr Feeney had no more questions.

**3.5 Questions from Mr Polson from Lambhill & District Community Council to the Applicant**

3.5.1 Mr Polson had no questions but noted that the Community supported the application.

There were no further questions from the Interested Parties.

**3.6 Questions from the Committee to the Applicant**

3.6.1 Mr Mouat noted the stated population of 1968 and asked how much it would increase with the new build. Mr Sood replied that they were currently building 148 houses and could not give an exact population figure but speculated that this could be another 700 people.

3.6.2 Mr Mouat asked if the new houses were replacements for any that had been demolished. Mr Sood indicated that they were all new as most would be build on the site of a former school.

3.6.3 Looking at the eastern border, Mr Mouat asked what they distance would be to the new premises for someone living in Castlebay Street. Mr Sood was unsure – all his distances had been calculated from his proposed site to existing pharmacy contractors’ premises.

3.6.4 Mr Mouat referred to the opening hours and asked why Mr Sood had proposed opening from 8am to 8pm on Thursdays. Mr Sood replied that they believed that it would be good service to offer one late opening day.

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- 3.6.5 Mr Irvine referred to the boundaries and drew attention to the cycle path at Glentamar Road and asked if there was a way to cross the canal there. Mr Sood could not say. The neighbourhood had been arrived at by consulting maps, visiting the area and also reflected the Community Council area.
- 3.6.6 Mr Irvine indicated that neighbourhoods were all about boundaries and asked why Balmore Road was not a boundary but Castlebay Street was. Mr Sood replied that Balmore Road was a very busy commuter road containing several transport links and was just a straight road going through the neighbourhood.
- 3.6.7 Mr Irvine asked what evidence there was to say that the pharmacy provision was inadequate. Mr Sood replied that he believed in the community and the people had the biggest voice. In speaking to the locals they believed that the travelling times and distances to access pharmaceutical services were a bit of a stretch. These people were the voice of Lambhill and believed that their needs were not being met.
- 3.6.8 Mr Irvine referred to the CAR and noted that little mention had been made in the presentation and asked why this was the case. Mr Sood replied that he had not mentioned this because a lot of surveys had low response rates and if there had been any objections these would have been raised. In the event there had been a 96% positive response. The CAR could be useful but did not substitute for face to face contact with the locals.
- 3.6.9 Mr Irvine asked for information on the demographics of the local population. Mr Sood replied that he did not have a list to hand but recalled seeing that 50% were over 65 and the area had one of the highest rates of hospital/Out of Hours visits. This was an indication that there was a need for local pharmaceutical services.
- 3.6.10 Mr Irvine asked where the residents did their main shopping. Mr Sood replied that Lambhill was a community and viewed the Post Office as the heart of the community. On a day to day basis it saw a footfall of 5000 per week. There were also local grocery stores. For other shopping residents would take a bus to the city centre or possibly go to Maryhill.
- 3.6.11 Mr Irvine asked if Mr Sood was aware of the model hours scheme and asked him to quote them. Mr Sood said that they were Monday to Friday 9am to 5.30pm and 9am – 1pm on a Saturday.
- 3.6.12 Mrs Lynch referred to the statements that the existing pharmacies did not meet the local needs and referred to question 7 in the CAR where 71.4% of respondents had said they did not know if there were other NHS services which should be provided which did not indicate a lack of provision. Mr Sood said that the local meeting indicated that they wanted an additional pharmacy. One problem with the survey was that people did not know what services community pharmacies could offer so the response was due to lack of knowledge. He noted that he intended to offer a pain clinic with pharmacist led prescribing of pain relief. This would take pressure off GPs

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and he would advertise this service.

- 3.6.13 Mrs Lynch noted that he intended to open until 8pm on one day to allow people to collect prescriptions after work and asked where people would be coming from to avail themselves of this. Mr Sood replied that Balmore Road was a busy commuter route into and out of the city centre so people would be passing on their way from Bearsden and Milngavie. There was access to parking so it would be easy for them to stop.
- 3.6.14 Mrs Lynch asked how many people had attended the meeting on 10 February. Mr Sood said he thought there were about 20 people there.
- 3.6.15 Mr Roberts was interested in the population and asked which postcode area the premises covered and was told this was the postcode for Lambhill Post Office.
- 3.6.16 Mr Roberts asked if there was any transient population from the Balmore Industrial Estate. Mr Sood replied that there was no housing in that area.
- 3.6.17 Mr Roberts asked if there were care homes in the area. Mr Sood replied that there was one just around the corner from the proposed premises.
- 3.6.18 Mr Roberts asked if Lambhill Stables was in the proposed neighbourhood. Mr Sood said that it was not although it was a meeting area for the population.
- 3.6.19 *The Chair indicated that Mrs Murray would like to offer some clarification on population calculations. Mrs Murray stated that in other PPC and NAP decisions, populations could also cover those who worked within a neighbourhood and was not restricted to those who lived there. Therefore, transient populations could be included in calculations.*
- 3.6.20 Mr Daniels asked how long home visits would take and how would pharmacist cover be ensured. Mr Sood said that the length would vary depending on patient needs. However as the pharmacy would be in the neighbourhood, a home visit would probably not be longer than 30 minutes including travel time. There would be two pharmacists working in the pharmacy and the rota would be arranged to allow cover.
- 3.6.21 Mr Daniels referred to comments about the elderly and those in a wheelchair finding it difficult to walk to existing pharmacies and the expense of taking public transport and pointed out that these people would have a national bus pass so there would be no cost. Mr Sood said that even the struggle to get to the bus stop may be a hardship for some and there was quite a chain of travel. It would be much easier if they could access a local pharmacy.
- 3.6.22 Mr Daniels asked if there was a difference between using a pharmacy and doing a food shop. Mr Sood that there were several local shops which could be used for day to day food and many people did their main food shop on

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line.

- 3.6.23 Mr Daniels asked if a methadone service would be provided and Mr Sood indicated that substance misuse services would be available if required.
- 3.6.24 Ms Williams noted that Mr Sood had said that a one mile round trip was unacceptable. She referred to the map and said that the distances from Castlebay Street at the corner of Egilsay Street and the far end of Hillend Road would entail a similar round trip. Mr Sood said that he had based his calculations on the distances from his proposed premises to existing pharmacies.
- 3.6.25 Ms Williams said that from the visit she had noted there were some quite steep gradients in the neighbourhood and asked how someone would cope getting from the bottom of Hillend Road to the premises. Mr Sood replied that this would be a prime candidate for a home visit and that he was unaware of these being provided by existing pharmacies so this was something new he would be offering to Lambhill residents.
- 3.6.26 Ms Williams referred to lack of mention of Saracen Street in the presentation and asked if it was likely that Lambhill residents would be registered with a GP in Saracen Street. Mr Sood replied that this was possible but it was up to patients to decide which GP they wished to attend. In his experience, people were quite often willing to travel to see a GP. He noted that the majority of GP surgeries were based in Maryhill and Saracen Street. He did not see where a GP was located made any difference to Lambhill being a community.
- 3.6.27 Ms Williams asked how patients would access GP services. Mr Sood said that they would either walk, take a taxi or go by bus. Those who could not afford a bus or taxi would be forced to walk.
- 3.6.28 Looking at the census statistics, Ms Williams noted car ownership levels appeared low and asked if it was Mr Sood's perception that residents were quite used to travelling outwith the area to access services. Mr Sood acknowledged that they were used to doing so but that they had no choice in terms of pharmacy services where they were forced to go elsewhere.
- 3.6.29 Referring to opening hours mirroring GP surgery hours, Ms Williams asked if GPs gave appointments. Mr Sood replied that GPs gave emergency appointments each morning.
- 3.6.30 Going back to distances, Ms Williams asked if it was fair to describe services as being inadequate, solely because of distance. Mr Sood replied that it was not unfair as it was important that a community should have access to pharmaceutical services and the Lambhill residents faced a journey of at least half a mile to reach a pharmacy.
- 3.6.31 Ms Williams noted that it that was applied nationally, there would be a

pharmacy on each corner and that Mr Sood’s argument was based on convenience rather than adequacy. Mr Sood replied that he could not comment on the national situation but a pharmacy was needed in Lambhill.

3.6.32 Ms Williams asked why Mr Sood had chosen Lambhill for his application as other opportunities were available. Mr Sood replied that he had been brought up in Glasgow and this was an area which had come to the notice of both he and Mr Shabbir during their training. They had chosen Lambhill as it was a distinct standalone area. The community there wanted to see a pharmacy in what they regarded as the central point of their area.

3.6.33 Mr Roberts asked how proactive they would be if the application was successful. Mr Sood replied that they would be very proactive and planned to have a large role in the community. They would attend community meetings, hold open days, liaise with national charities to raise awareness, run public health campaigns. They wanted to play an active role in making Lambhill a better place to live.

This concluded the Committee questions to the Applicant.

#### 4 **The Interested Parties’ Cases**

##### 4.1 **Rowlands Pharmacy**

4.1.1 Mr Michael Church read thanked the Committee for the opportunity to put his views that the application for a new pharmacy at 701-703 Balmore Road in Glasgow was neither necessary nor desirable.

4.1.2 He stated the in order to cover the legal test, he would first address the issue of the neighbourhood. He said that he would alter the neighbourhood as defined by the Applicant to the one put forward by the CP Sub-Committee, namely:

North Tresta Road> Skirsa Street> Balmore Road A879

East Balmore Road A879 > Glentanar Road> Liddesdale Road>Torogay Street > Ashgill Road

South Railway Line

West Tresta Road meeting the railway line

4.1.3 He stated that within this neighbourhood there were three existing community pharmacies with Rowlands Pharmacy at 144 Balmore Road right on the edge of the defined neighbourhood, only 0.6 miles from the applicant’s proposed site.

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- 4.1.4 It was his belief that this was nothing more than an argument of convenience. Once respondent to the public consultation said it would be “handy” to have a new pharmacy open (Q4). This argument clearly did not satisfy the legal test. According to NHS24, there were 13 pharmacies within a 2km radius of the site put forward by the applicant. On this evidence alone, another pharmacy was totally unnecessary and undesirable.
- 4.1.5 If current provision were inadequate then he would have expected significant engagement with the consultation process. According to the Consultation Analysis Report, an underwhelming 29 responses were received which supported the argument there was little public appetite for a new contract at the proposed site.
- 4.1.6 It was likely that many of the residents of the neighbourhood would be registered with a GP out with the neighbourhood, so already have to leave the neighbourhood to access healthcare. No doubt pharmacy services were accessed at the same time. Moreover, food shopping, banking and other tasks of daily living were also most likely taking place out with the neighbourhood on a regular basis. As a result, opening a new pharmacy at the proposed site did nothing for improving access to pharmaceutical services.
- 4.1.7 Turning to his own pharmacy, Rowlands Pharmacy on Balmore Road, Mr Church stated that it provided all the core services of the contract- Minor Ailments, Public Health Service 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.
- 4.1.8 He said that waiting times 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 MDS trays. Furthermore they participated in all the locally enhanced services (APCS) that GGC supported and were always looking for new services to get involved in.
- 4.1.9 Their team was well established and were all highly experience and well trained. The pharmacist had been in post for over 5 years and was supported by a pharmacy technician, two dispensing assistants, a counter assistant and a delivery driver. They provided pharmaceutical care to may residents of the defined neighbourhood and all had been employed by Rowlands for many years.
- 4.1.10 There was nothing to suggest that their pharmacy, or indeed any others, were offering a poor or inadequate service. The fact that the public

consultation only received 29 responses told that the local population had no concerns regarding lack of pharmaceutical services.

4.1.11 Looking at current provision, he said that he would be pleased to hear what else Rowlands could do to make their pharmacy more adequate. He did not believe that anyone within the current neighbourhood had problems accessing pharmacy services.

4.1.12 In conclusion, he said that the current services were without a doubt adequate. He therefore could see no need for a pharmacy in the neighbourhood as defined.

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

4.2.1 Mr Sood asked if Mr Church conceded that it was common for people not to respond to surveys. Mr Church replied that it would depend on what was being surveyed. If there had been a genuine lack of service or strong feelings about it, there would have been a larger response. Mr Sood said that if there were mass objections to the application people would have said so and there were none. Mr Church replied that he could understand why he would paint it that way but 96.4% of 28 responses was not an overwhelming figure.

4.2.2 When asked what Rowlands opening hours were, Mr Church replied that these were 9 am to 6 pm Monday to Friday and 9 am to 1 pm on a Saturday. Mr Sood asked if the shop closed for lunch, to which Mr Church replied that it did not. Mr Sood then pointed out that when he had passed at 1 pm on Friday, the shutters were down. Mr Church said that this was a situation of which he was unaware.

4.2.3 Mr Sood asked how a pharmaceutical service could be provided to those with pre 9 am doctor appointments. Mr Church replied that there would be no service at that time. The hours had been geared around the Balmore surgery which had recently relocated but there had been no requests to change their opening hours.

4.2.4 When asked if there would be benefit to opening on a Sunday, Mr Church said that there was adequate provision the surrounding areas and there was not a great demand for service on a Sunday.

4.2.5 Mr Sood asked if it was appropriate that people should be forced to leave their area to access a pharmacy. Mr Church replied that it did not seem to be an issue as it had not been raised in the consultation process.

## 4.3 **Questions from Interested Parties to Mr Church**

4.3.1 Mr Green and Mr Feeney had no questions.



- 4.3.2 Mr Polson said that he was confused by all the questions as he actually lived in the area and could answer the questions that had been put to the Applicant and Mr Church.

*The Chair indicated that Mr Polson would have the opportunity to make his points later in the meeting.*

Mr Polson had no questions.

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

- 4.4.1 Mr Mouat asked if Rowlands dispensed to the Lambhill area. Mr Church confirmed that he did but had no information on how many items were dispensed.

- 4.4.2 Mr Mouat asked if Rowlands provided a delivery service. Mr Church confirmed that they did and that the number of pick up and delivery request had increased since the GP surgery located.

- 4.4.3 Mr Irvine referred to the neighbourhood and asked where someone from Torogay Street would describe themselves as living. Mr Church replied that defining a neighbourhood was always difficult; some people may say they were from Lambhill, some from Milton but a line had to be drawn somewhere for this process.

- 4.4.4 In reply to a question, Mr Church confirmed that he was not the pharmacy manager at Balmore Road.

- 4.4.5 Mr Mouat asked how Rowlands would cope with home visits. Mr Church said that they could arrange cover from other branches which would be within the GPhC regulations.

- 4.4.6 Mr Mouat asked if there had ever been a Health Board Sunday rota for North West Glasgow. Mr Church replied that he was not sure but if there was to be one, Rowlands would be willing to participate.

- 4.4.7 Mrs Lynch asked if there were any services that Rowlands would like to provide that they could not do at present. Mr Church replied that Rowlands provided all available services. They engaged with the local enhanced services for COPD. Also some of Rowlands pharmacies participated in the pain service which had only been offered to 50 pharmacies though not the Balmore Road premises. These were all part of the GP practices' contracting as there had been some change in demand with people asking for pharmacy support as GPs were further away. He did, however, say that this was not significant as pharmacy care needs were sometimes complex and where people had multiple chronic conditions, the service was GP led.

- 4.4.8 Mr Roberts asked if there had been any complaints about his pharmacies

and Mr Church stated that he was unaware of any.

- 4.4.9 Mr Daniels asked if the pharmacy was operating at capacity. Mr Church said that it was nowhere near capacity and there had been a slight drop in prescriptions since the relocation of the surgery.
- 4.4.10 Ms Williams asked if there were any limitations on capacity. Mr Church replied that the shop did have some space constrictions but there was large storage space behind. While prescriptions had dropped slightly there had been a rise in collection and delivery. He also confirmed that this service was available to residents of Lambhill.
- 4.4.11 Ms Williams asked why he had put the boundary of his proposed neighbourhood rather than carry on to Castlebay Street. Mr Church said there was no great justification for this other than that he was conscious that the eastern boundary was going to Ashgill Road and the railway line.

The Committee had no further questions.

*The Chair called a short comfort break and the meeting adjourned for 10 minutes.*

#### 4.5 **M&D Green Dispensing Chemist Ltd**

- 4.5.1 Mr Green thanked the Chair for the opportunity to present and indicated that his company operated three pharmacies in the area in Cadder, Westray and Milton.
- 4.5.2 He first addressed the question of the neighbourhood as described by the Applicant. He noted for the purposes of the legal test a neighbourhood had to be a neighbourhood for all purposes. This meant that, in addition to people, it should include a range of services such as offices, shops, banks, schools, churches. The absence of these meant that the population had to undertake journeys to access these. In his opinion, that defined by the Applicant fell far short of this definition.
- 4.5.3 He stated that neighbourhoods were generally defined by boundaries which were either physical or substantial roads. In this case the canal and the railway line were clear physical boundaries. However the roads proposed by the Applicant would no doubt be a huge surprise to people who lived there. In addition there were no services with which to sustain a neighbourhood.
- 4.5.4 He proposed that the boundaries be to the North and West the Forth and Clyde Canal down to its junction with the railway line; then along to Balmore Road; following this to Hawthorn Street; then running straight to Springburn Road; following this to junction with Kirkintilloch Road to the lights then left along Colston Road to Ashgill Road; follow this north to Scaraway Street and then take the line along the open countryside back to the canal.

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- 4.5.5 He said that this neighbourhood was well defined by large arterial road and physical barriers with a range of services, including four pharmacies with an additional five in the immediate surrounding areas of Cadder, Summerston and Possilpark. He said that pharmacy provision in and to this area was not only adequate but offered considerable choice.
- 4.5.6 He stated that the residents of Lambhill travelled regularly on a daily basis to access normal amenities. For example, schools were located in Milton, Cadder and Springburn; for groceries and fresh produce the majority would use ASDA in Summerston who offered a regular free bus – there was also a pharmacy next to this store.
- 4.5.7 He then referred to the proposal to offer extended opening hours and suggested that there was no real need for these as the area was well provided with pharmacies with extended opening hours. He drew particular attention to: Milton Pharmacy which opened until 6.30 pm; one in Springburn which was open later and at the weekend and pharmacies within Morrison’s Bishopbriggs store which was open late and also on Saturday and Sunday.
- 4.5.8 He then turned to the question of viability and noted that of his three stores, two (Cadder and Westray) were considered as having low to medium volume so if an additional pharmacy were to open within half a mile, this could threaten their viability. He also suggested that if the new pharmacy were close to two low volume pharmacies then the Applicant needed to consider his own financial viability.
- 4.5.9 In conclusion, he stated that the Applicant’s neighbourhood was not one which met the requirements of the Regulations and was merely part of a larger neighbourhood which offered a large choice of pharmacies to the population. He therefore asked that the application be refused.

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

- 4.6.1 Mr Sood asked if the amenities described by Mr Green as being necessary for a neighbourhood were defined in Regulation. Mr Green replied that they were not and the definition was his own view of the matter.
- 4.6.2 Mr Sood referred to the statement that it was common for the residents of Lambhill to travel outwith the area to access services and asked if Mr Green thought this was fair. Mr Green said it was not a matter of fairness but they had no option but to travel to access basic amenities. This was done on a daily basis. For example the primary schools were in Milton and Cadder and mothers routinely travelled there and it did not cause them difficulty.
- 4.6.3 Mr Sood asked if Mr Green recognised Lambhill as a district on its own. Mr Green replied that they had a sense of identity but this did not make it a neighbourhood.
- 4.6.4 Mr Sood asked when was the last time the he had spoken to the

neighbourhood directly to ask if their needs were being met. He clarified this to mean the neighbourhood as he had described in his application. Mr Green said that he had not directly asked anyone whether they understood the definition of a neighbourhood for PPC purposes but he did understand that they had a sense of identity but that still did not mean that Lambhill was a neighbourhood.

Mr Sood replied that he had spoken to them and they considered it a neighbourhood and it did not have a pharmacy. Mr Green said that his pharmacies were conveniently located and the residents had no difficulty accessing services. Mr Sood said that if people wanted to access pharmacy services locally they could not. Mr Green reiterated that he did not recognise Lambhill as a neighbourhood for PPC purposes.

4.6.5 Mr Sood referred to the mention of ASDA and its bus service and said that where someone shopped was down to personal preference and financial means and as Lambhill was a regeneration area how did Mr Green expect them to use these. Mr Green said that he had only given this as an example as there were no supermarkets in the area. He did know that people went to ASDA as that was what they told him.

4.6.6 When asked to elaborate on what he meant by low to medium volume, Mr Green said that between 4500 to 5000 items would be medium and low would be 2000 items. If there were only 2000 items then they would be financially threatened. He pointed out that both of his pharmacies in this position were only viable because of the care home business. When Mr Sood suggested this may be down to high overheads, Mr Green stated that his overheads were not high.

The Applicant had no further questions.

4.7 **Questions from Interested Parties to Mr Green**

4.7.1 None of the Interested Parties had any questions.

4.8 **Questions from the Committee to Mr Green**

4.8.1 Mr Mouat noted that Mr Green's Skirsa Street premises had been open for a number of years and asked what the agreed neighbourhood was when he started. Mr Green said he struggled to remember but thought it would be Cadder and Gowan Hill to the north west but was quite distinct from Maryhill and Summerston.

4.8.2 Mr Mouat asked if he dispensed to Lambhill and in what volumes. Mr Green replied that both the Westray and Cadder did and estimated the volumes between 60 and 80 and 100 respectively.

4.8.3 Mr Irvine asked how someone from Hillend Road would access pharmacy services on foot. Mr Green said he was not sure as he did not know if there

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were facilities for pedestrians to cross the canal. He imagined they would need to go to Balmore Road and then along Tresta Road to reach Cadder or along Ashgill Road to reach Westray.

- 4.8.4 Mr Irvine said that the neighbourhood described seemed rather large and did not include his Cadder branch and asked why this was the case. Mr Green replied that the Cadder branch was not in the neighbourhood but did provide services to it. He stated that in his view a neighbourhood was about the facilities and amenities which people in an area would share such as schools, churches, shops, banks, community facilities etc and the neighbourhood he had described contained all these. Also although ASDA was not in the neighbourhood, it was close enough to allow frequent access.
- 4.8.5 Referring to the CAR, Mr Irvine noted that a high percentage of respondents felt the service was inadequate and asked for Mr Green's views. Mr Green said that as there were only 28 respondents the significance of the consultation was diluted and it was not a truly representative view of the community.
- 4.8.6 Mrs Lynch referred to Mr Green's defined neighbourhood and asked if residents of Scaraway Street would describe themselves as coming from Milton and if they were on Balmore Road they would describe themselves as from Possilpark. Mr Green said that it was difficult to say it would depend at which end of the road they lived. In fact he very rarely hear people describing themselves as coming from any particular district. When she further asked if residents of Hillend Road would describe themselves as from Lambhill, he replied that they probably would. He noted that it was not unusual to say that you came from somewhere but still be part of a wider neighbourhood.
- 4.8.7 Mr Roberts asked how many complaints Green's had received about their services. Mr Green said that there had been none.
- 4.8.8 Mr Daniels had no questions.
- 4.8.9 Ms Williams asked what in his opinion was the population size required to sustain a pharmacy. Mr Green indicated that this would be minimum of 4000 and that would be the ballpark figure for the neighbourhood he had described.
- 4.8.10 Ms Williams noted that he had said that at least two of his pharmacies were of low to medium volume and asked if he would have the capacity to cope with once the 148 new homes had been built. Mr Green said that he would welcome the increase and certainly had the capacity to accommodate them.
- 4.8.11 Ms Williams said that the applicant had indicated that a travel distance of 0.5 miles was unacceptable and asked what he would think was an acceptable distance. Mr Green replied that, within the consultation, it was usually one mile so up to that would be acceptable. He noted that if it was really difficult

to walk then delivery was also an option and in such cases it did not matter how close the service provision was.

The Committee had no further questions.

4.8.12 *The Applicant asked the Chair for the opportunity to put one more question.*

4.8.13 Mr Sood referred to deliveries and asked if this was an adequate substitute for face to face consultation. Mr Green replied delivery was part of the overall service and supported those patients who had difficulty and complemented the service. He noted that the majority of patients visited the pharmacy.

#### 4.9 **Bannerman's Pharmacy**

4.9.1 Mr Mark Feeney thanked the committee for allowing him to make representations against the application by Mr Sood and Mr Shabbir.

4.9.2 He stated that the applicants had shown no evidence of a lack of NHS Pharmaceutical Services within the area. The area was in fact very well served for NHS contract pharmacies with 10 being situated within a mile radius according to the NHS 24 website.

4.9.3 He said that at Bannerman's Pharmacy, they had invested in their staff and premises at both 171-173 Saracen Street and 220-222 Saracen Street. They had a highly skilled and experienced team including 2 pharmacists training to be independent prescribers, trained Accuracy Checking Technicians and registered technicians. Their premises were modern and had at least one consultation room at each pharmacy.

4.9.4 He stated that they provided the full elements of the community pharmacy contract to their patients (MAS,CMS,AMS and PHS). Their branches were around the national average for dispensing volume and they had capacity to care for more patients in all aspects of the community pharmacy contract.

4.9.5 They also offered the locally negotiated services asked for by NHS GGC in both premises. They provided the NHS Stoma contract and were approved sites by both NHS Education for Scotland and the University of Strathclyde for training pharmacists. They had also applied to take part in research to explore how community pharmacies can work in different ways to spend the maximum amount of time with their patients.

4.9.6 He noted that the transport links provided by the bus and rail network to local pharmacies were also excellent. A Bus service which ran every 10 minutes along Balmore Road allowed patients to travel south to their pharmacies in less than 10 minutes. Other pharmacies were also available within even shorter bus journeys.

4.9.7 He noted the APC CP sub-committee had advised redrawing the

neighbourhood to include an NHS Community Pharmacy. This meant the application could only be described as providing convenience for a small number of the local population.

4.9.8 Mr Feeney stated that in tough and uncertain economic times he believed it would not be wise to put unnecessary additional strain on the community pharmacy global sum.

4.9.9 He said that the application was neither necessary nor desirable and asked that the Committee reject it.

4.10 **Questions from the Applicant to Mr Feeney**

4.10.1 Mr Sood asked about the parking situation in Saracen Street as he had noticed that it was difficult with some bays being for loading only. Mr Feeney said some were only for loading but there were a limited number of ordinary spaces on Saracen Street. There was, however, parking in the side streets. He observed that he had worked there for years and had never had a problem parking when attending work at any time of the day.

4.10.2 Referring to the comment about the global sum and financial constraints, Mr Sood asked if Mr Feeney was aware that the sum had increased in Scotland. Mr Feeney replied that he did know but other costs had increased at a significantly higher rate than the 1% allocated to the global sum and commented that community pharmacy budgets were under strain.

The applicant had no further questions.

4.11 **Questions from Interested Parties to Mr Feeney**

The Interested Parties had no questions.

4.12 **Questions from the Committee to Mr Feeney**

4.12.1 Mr Irvine asked what percentage of Bannerman's customers came from Lambhill. Mr Feeney replied that he could not really say as it would only be speculation. He did know that they delivered to Lambhill on a daily basis for patients who struggled to attend. He could not give an exact footfall but noted that a lot came directly from the GP surgery.

4.12.2 Mr Irvine asked if the new health centre had increased the number of GPs in the area. Mr Feeney replied that as far as he was aware the numbers were the same.

4.12.3 Mr Irvine asked if there had been additional demand as a result of the new centre and Mr Feeney said that he had not seen any rise.

4.12.4 When asked about capacity, Mr Feeney indicated that both had more than ample capacity to cope with any increase in demand.

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4.12.5 Mr Roberts asked if there had been any complaints about Bannerman's service and Mr Feeney replied that he had no knowledge of any.

4.12.6 Ms Williams asked why there were two pharmacies so close together and if there were differences. Mr Feeney said that one had been there for over 20 years and the other was purchased a short time later so it was more historical rather than anything else. As far as differences were concerned, they both served a mixed demographic but as parking was easier at 171, it possibly had a slightly more affluent clientele. Both served patients from Lambhill and they shared the delivery service.

### 4.13 **Lambhill & District Community Council**

4.13.1 Mr Don Polson thanked the Chair for allowing him to present the views of the Community Council on the application.

4.13.2 He said the he had undertaken the walk up Hillend Road and timed it. On the way he had spoken to a number of residents all had said that they would welcome a new pharmacy which avoided having to make this walk. Some had said that they often turned back after getting half way along the road; others said that they would welcome somewhere they could walk to without waiting for buses.

4.13.3 He also stated that there had been one or two comments about the delivery service and the time that took although he appreciated that not every one could be first on the list for deliveries.

4.13.4 He referred to the map and said that he considered Lambhill to be a hamlet which had existed for over a hundred years and there was very much a sense of community in the area.

4.13.5 In conclusion, he referred to the meeting of the Community Council and stated that they supported the application and believed that the area needed its own pharmacy.

### 4.14 **Questions from Applicant to Mr Polson**

4.14.1 Mr Sood thanked Mr Polson for attending and indicated that he appreciated the support.

4.14.2 Mr Sood asked if he had received any complaints about the existing pharmacy service. Mr Polson replied that he had received a few as stated above since the application was made.

4.14.3 Mr Sood asked if the Post Office was considered a central point in Lambhill. Mr Polson replied that it was and even more so now that the bank had now removed the cash machine as well as the branch. He believed they were in discussions with the Post Office to offer a banking service there.



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4.14.4 Mr Sood asked if there would be benefit to the community if the application was granted and Mr Polson said that everyone he spoke to wished that there was a pharmacy nearer.

4.15 **Questions from Interested Parties to Mr Polson**

4.15.1 The Interested Parties had no questions.

4.16 **Questions from the Committee to Mr Polson**

4.16.1 Mr Mouat asked where Mr Polson accessed GP services and how he travelled there. Mr Polson said that he went to Woodside, for historical reasons, and drove there.

4.16.2 Mr Mouat asked where he did his weekly shop and Mr Polson said that usually went to ASDA or TESCO at Maryhill.

4.16.3 Mr Mouat asked what his position on the community council and was told that he was a volunteer member of it.

4.16.4 Mr Irvine asked how many attended the meetings and how many meetings there were. Mr Polson stated that there were about 20 on the Committee and that it met once a month.

4.16.5 Mr Irvine asked if it was possible to cross the canal. Mr Polson said there was a bridge on Balmore Road at the bottom end of Lambhill. There was also a tunnel but this was unlit and was not a route that would normally be used, although there was talk of having lights installed.

4.16.6 Mr Irvine referred to the Scottish Index of Multiple Deprivation which indicated that Lambhill was one of the most deprived areas in the country and asked if Mr Polson agreed with this. Mr Polson remarked that he was generally lucky if he could get a parking space close to his house as there were a lot of car owners. He indicated that the area was changing and there had been a lot of recent incomers. Generally he would describe it as a fairly good area.

4.16.7 Mrs Lynch asked if the Community Council got to see planning applications for new developments. Mr Polson replied that sometimes they saw them and sometimes not. He was aware of three recently completed developments totalling about 250-300 houses – one on the site of the foundry consisted of luxury flats and there was new build where the residential home was and 45 flats next to the chapel.

*For clarification, Mr Roberts, who had previously been Chair of a Community Council, said that they usually only had sight of developments that were likely to be contentious.*

4.16.8 Mrs Lynch asked if these replaced existing housing or if they were new. Mr Polson replied that they were not replacing existing homes and were all new.

- 4.16.9 Mr Roberts asked if Balmore Industrial Estate was part of Lambhill and where The Stables Centre was and Mr Polson confirmed that the Industrial State was part of Lambhill and that the Stables were just north of the canal. He also confirmed that Lochfauld Road was not part of Lambhill.
- 4.16.10 When asked by Ms Williams if he had any idea why the survey response was so low, Mr Polson said that he did not know but his experience was that people tended not to fill in forms. He confirmed that these had been available at The Stables and in the Post Office.

There were no further questions.

## 5 **Summing up**

The Interested Parties and Applicant were then asked to summarise their cases which they did as follows:

- 5.1 Mr Church from Rowlands stated that his pharmacy had no restrictions on their capacity and that they offered the full range of services to the community. Today, they had heard that there were 13 pharmacies already within a 2 km radius of the proposed premises who also supplied all services. There had been a poor response to the CAR which would indicate that there was no great interest in a new pharmacy and that the current service was adequate.

Therefore, it was neither necessary nor desirable to grant the application and he urged the PPC to reject it.

- 5.2 Mr Green from M&D Green stated that, throughout the course of the hearing, there had been no evidence provided to show inadequacy. The Application was based on distances from the proposed premises and he did not believe that 0.5 miles rendered the service inadequate. He appreciated that the residents would find it easier to access but this was convenience rather than adequacy which were two different things.

He asked the Committee to reject the application.

- 5.3 Mr Feeney from Bannerman's said that they had no capacity issues and were geared up to take more patients if required. The application was very much based on convenience rather than inadequacy.

He therefore asked the Committee to reject the application.

- 5.4 Mr Polson from the Community Council felt the foregoing was a bit hard on the Applicants who had put effort into the application. He believed that the people of Lambhill should have the opportunity to have the service on their doorsteps which avoided the necessity to climb a hill.

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5.5 The Applicant opened by quoting from an article in 2010 by Mr Green saying that he had always been passionate about pharmacy and it others had that approach then they could achieve a lot. Mr Sood said that he wholeheartedly agreed with that and was extremely passionate about public health and wanted to share that passion with the residents of Lambhill.

5.6 He stated that pharmacy was shifting to a service based approach rather than dispensing. He would welcome the opportunity to run pharmacy led clinics providing innovation and service to the community.

5.7 The community had made no objections to the pharmacy and their voice had been heard.

He asked that he PPC grant the application.

### 6 **Conclusion of Oral Hearing.**

6.1 The Chair checked that all parties believed that they had received a full and fair hearing and received their individual confirmation. She 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.

6.2 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).

*The Applicant, Interested Parties, Legal Advisor, Contracts Manager and Mrs Morris left the meeting.*

### 7 **Committee Discussion**

7.1 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 were necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

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7.2 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 Applicants' premises, namely:

Maryhill Pharmacy Ltd (who did not make representation)  
Houlihan Pharmacy  
M&D Green Dispensing Chemist Ltd  
Bannerman's Pharmacy  
Maryhill Pharmacy  
Lloyds Pharmacy  
L Rowland & Co (Retail) Ltd

b) The Greater Glasgow & Clyde Area Medical Committee who did not make representation.

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

d) Lambhill & District Community Council who had made representation.

7.3 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 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) The Consultation Analysis Report (CAR);

7.4 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.

**Neighbourhood**

7.5 The Committee considered the neighbourhoods as defined by: the Applicant; the APC, Community Pharmacy Sub-Committee and the Interested Parties during their presentations.

7.6 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.

7.7 From their visit to the area, the Committee observed that the neighbourhood defined by the Applicant contained only a Post Office, some small shops and two churches while the main amenities which people accessed on a daily basis, such as schools, banks, community centres, full range of shops, GP surgeries, dentists and public houses. There was no doubt that Lambhill saw itself as a community but this was not sufficient as it was not a neighbourhood for all purposes.

7.8 They also noted that most of the boundaries were not actual physical boundaries or major arterial routes.

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

- To the South      The railway line from where it crossed Balmore Road at Broadholme Street along to where it crossed Herma Street
- To the West      Herma Street to the Crematorium at Skirsa Street
- To the North      along Tresta Road to where the it crossed the canal at Balmore Road
- To the East      down Balmore Road to Broadholme Street

7.10 The Committee felt that this was a neighbourhood which contained all the amenities and services which people needed to access on a daily basis to carry out their lives.

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

8.1 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.

8.2 The Committee noted that there were one pharmacy within the boundaries of the Neighbourhood as defined above and 12 pharmacies within one mile of the proposed premises. These pharmacies all provided the core services and a range of non-core services.

8.3 The Committee noted that the Applicant had concentrated on the distance of 0.5 miles from the nearest existing pharmacies as evidence of inadequacy and emphasised that residents in his proposed neighbourhood would welcome a pharmacy in the area. This was evidence of convenience rather than inadequacy. They also noted that the population was accustomed to leaving the area on a daily basis to access services and amenities.

8.4 The Committee noted that the Applicant referred to the CAR and the Community Council Meeting as his evidence that the current service was inadequate. However as only 28 people had responded to the CAR and about 20 attended the meeting; there was no overwhelming evidence of inadequacy. The community council representative had also stated that a pharmacy in the area would make life easier; again this was not evidence of inadequacy but rather convenience.

8.5 The Committee took account prescribing statistics and of the evidence provided by Interested Parties who had all stated that they were not operating at capacity and could cope with a rise in population. They also provided a full range of core and non-core services.

8.6 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 were adequate.

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

**9 DECISION**

9.1 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).

9.2 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 7.6 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.

10. **RESPONSE TO NATIONAL APPEALS PANEL**

NHS Greater Glasgow & Clyde was instructed by the Interim Chair of the National Appeals Panel (NAP) to reconvene as originally constituted. The Interim Chair considered that the PPC had failed to sufficiently explain the application of the provisions of the Regulations to the facts adduced in that it had failed to explain the definition of neighbourhood.

In line with the NAP instruction, the members who sat when the PPC initially considered the application attended the re-sit in Meeting room 11, West Glasgow ACH, Dalnair Street, Glasgow at 2.00pm on Monday 13<sup>th</sup> March 2017. The meeting was called to address the issues outlined in Para 5.5 of NAP 62 (2016) and issue this refreshed decision.

The PPC revisited the evidence to familiarise themselves again with the case and explored their original reasoning. It was agreed that all of the content in the original decision formed part of the refreshed decision with the following amendment/s:

**Page 28 – Para 7.9 & 7.10 - Neighbourhood**

7.9 In considering the applicants’ definition of the neighbourhood the PPC felt that Lambhill in itself could not be considered a neighbourhood due to the limited services available.

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

To the South

To the South: The railway line from where it crossed Balmore Road at Broadholme Street along to where it crossed Herma Street.

- The railway line forming a physical boundary.

To the West

To the West: Herma Street to the Crematorium at Skirsa Street.

- Herma Street and Tresta Road form a natural boundary

- between Cadder and Summerston.
- To the North
  - To the North: along Tresta Road to where it crossed the canal at Balmore Road.
  - At the end of the populated area of Cadder is the open ground and the cemetery.
- To the East
  - To the East: down Balmore Road to Broadholme Street.
  - Balmore Road separates Cadder from Milton and is a busy thoroughfare which then meets the railway at the southern boundary.

7.10 Within its defined neighbourhood the PPC noted that the residents of Lambhill would access schools, the community centre and the Pharmacy in Cadder. Amenities such as Dentists, GPs, supermarkets and banks would be accessed elsewhere, e.g. Possilpark, Woodside and Maryhill. Good public transport links are available from Lambhill to each of these areas.

7.11 The estimated population of the neighbourhood as the PPC defined it would be in the region of 4000.

In conclusion, the reconvened PPC has given due consideration to its description of the neighbourhood and has addressed each of the points raised by the National Appeal Panel.

***DECIDED/-***

Taking into account all of the information available, and for reasons set out in the original decision, it remained the view of the Committee that the provision of pharmaceutical services in the neighbourhood (as defined by it in amended Paragraph 7.9 above) and the level of service provided by those contractors to the neighbourhood, was currently adequate and it was neither necessary or desirable to have an additional pharmacy.

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

The PPC re-sit was then closed.