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 1st 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 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:

\[
\text{NHS Greater Glasgow & Clyde is in joint consultation with Mr Andrew Mooney who is proposing to submit an application to open a pharmacy from vacant premises at 19 Greenock Road, Bishopton. This is in view of the growing population of Bishopton. My opinion as the constituency MSP has been sought. I therefore ask:}
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\begin{itemize}
  \item Would you be supportive of such a proposal?
  \item Would you be opposed to such a proposal?
\end{itemize}\]

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.
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.
Mrs Dalrymple said that there were 150 houses proposed to be built every year with a completion date in 2033 - which was 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.

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.

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.

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.

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 Dalymple 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.

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Mr Ross Finnie as Chair of the PPC: Date