

Pharmacy Practices Committee

Minutes of a Meeting held on Friday, 30 June 2017 at 11:00 hours, in the Blantyre Room, Reid MacEwen Training & Conference Centre, Bishopston, Renfrewshire, PA7 5PU

PRESENT:

Mr Ross Finnie	Chair
Mrs Catherine Anderton	Lay Member
Mr Scott Bryson	Non-Contractor Pharmacist Member
Mr Stewart Daniels	Lay Member
Mr Kenneth Irvine	Contractor Pharmacist Member
Mr Alasdair MacIntyre	Contractor Pharmacist Member
Mrs Leonora Montgomery	Lay Member

IN ATTENDANCE:

Mr Richard Duke	Contracts Manager, NHS GG&C
Mr Alan Cowan	Deputy Chair, NHS GG&C (Observer)
Ms Morag Shepherd	Legal Advisor, Central Legal Office
Ms Anne Ferguson	Secretariat, NHS NSS, SHSC

1. PRELIMINARY MEETING

- 1.1 The Pharmacy Practices Committee (PPC) convened at 8:30am. Mr Duke and Mr Cowan were also in attendance.
- 1.2 The Chair called for declarations of interest. All present confirmed no interest in the application.
- 1.3 The Committee agreed the route of the site visit before departing on the bus tour. The route was as follows –
 - Across Erskine bridge and join A82 towards Clydebank.
 - Turn left onto A810 to Duntocher **stopping at the Duntocher Pharmacy.**
 - Continuing along A810 turning left onto Cochno Road.
 - Drive up Cochno Rd until the end of the housing (Faifley on the right hand side).
 - Turn back down Cochno Road and bearing left at the junction (A810).
 - Cross the Hardgate roundabout **stopping at Clan Chemists.**
 - Drive into Colbreggan Gardens

- Drive round Fairways View
- Continue along A810 (Glasgow Rd) turning left into Faifley Road.
- Travel along Faifley Road crossing onto Douglas Muir Road.
- At end of Douglas Muir Rd turn back until Faifley Road and then bear right.
- **Stop at proposed premises.**
- Turn left onto Abbeylands Rd and follow the road until Lennox Road.
- Bear right onto Lennox Road. At the end of the road turn left back onto Abbeylands Road.
- At the junction with Faifley Road, turn left.
- Travel the length of the Faifley Road.
- Cross over the Hardgate roundabout and onto Kilbowie Road.
- Cross over the next roundabout continuing on Kilbowie Road.
- At the junction of West Thomson Street (on right) **view Clydebank Health Centre.**
- Return to Reid MacEwen Training & Conference Centre.

2. INTRODUCTION & APOLOGIES

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

2.2 There were no apologies for absence and introductions were made.

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST Case No. PPC/INCL01/2017 258B Faifley Road, Glasgow, G81 5EH

3.1 The Applicant, BGH Health Care Ltd, was represented by **Mr Ronald Badger** ("the Applicant"). The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were **Mr Michael McLaren** representing Clan Chemists and **Mr James Semple** accompanied by Mr Brendan Semple representing TLC Pharmacy Group (together the "Interested Parties").

3.2 The Chair welcomed all to the meeting.

3.3 The Applicant and Interested Parties were advised that a preliminary meeting had been convened at 8:30am when all present were invited to state any interest in the application. No interests were declared so the meeting was adjourned and a site visit carried out to familiarise the Committee with Faifley and the surrounding area.

3.4 The Chair explained that the Deputy Chair, Mr Alan Cowan, was keen to observe the hearing but required permission. Neither the Applicant nor any of the Interested Parties objected to Mr Cowan observing the proceedings. It was noted that Mr Cowan would not observe the deliberations of the

Committee. Mr Cowan was invited to join the meeting.

- 3.5 The Chair advised all present of the necessary housekeeping and Health & Safety information.
- 3.6 This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by BGR Health Care Ltd to provide general pharmaceutical services from premises situated at 258B Faifley Road, Glasgow, G81 5EH ("the Proposed Premises").
- 3.7 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.
- 3.8 Confirmation was sought by the Chair that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed that this was the case.
- 3.9 The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.
- 3.10 Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.
- 3.11 Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Ron Badger to speak in support of the application.

4. The Applicant's Case

- 4.1 The applicant introduced himself as Ron Badger and thanked the Committee for taking time to hear this application.
- 4.2 Mr Badger had been a community pharmacist for 12 years working for large companies as a pharmacist, in management roles and for the last eight years running his own business.
- 4.3 Mr Badger stated that this was not an opportunistic application and had not applied for multiple contracts in the past. This application was based on evidence and feedback from the community.
- 4.4 Faifley was an area the Applicant knew extremely well. The family of Mr Badger's wife had moved there in the 1950s and visited Faifley several times a week. Mr Badger had always been aware that the area was lacking and in need of an accessible pharmacy service.
- 4.5 It had been a long time since this application had been completed but

several Scottish Government statements had stuck in the Applicant's mind such as a Fairer, Healthier Scotland 2012-17.

- 4.6 The vision was a Scotland in which all people and communities had a fairer share of opportunities, resources and confidence to live longer healthier lives.
- 4.7 The mission was to reduce health inequalities and improve health by influencing policy and practice. It was to be based on evidence and action promoted across public services in order to deliver greater equality and improved health for all in Scotland.
- 4.8 Mr Badger hoped to demonstrate that by approving a pharmacy contract in Faifley this would happen for its residents.
- 4.9 Faifley Neighbourhood Boundary
- 4.10 The Faifley estate was built in the 1950s before the current shops at Hardgate Cross and had been a separate neighbourhood since this time. West Dunbartonshire Council quoted its population as 5342. It had two primary schools and two nurseries used by over 700 children, churches, small and large convenience stores, hairdressers, a dentist and a multifunctional community centre. All the amenities expected in a local neighbourhood. The Community Council was extremely active with new look initiatives like fresh faced Faifley which encouraged residents to work together to make Faifley a better place to live. Faifley was and always had been a distinct community and a recognised neighbourhood. This view was strongly echoed by residents and local Councillors.
- 4.11 The boundaries were as stated in the application and so were not outlined again by Mr Badger.
- 4.12 The southern neighbourhood boundary was the only difference from that agreed by a previous PPC. The amended southern boundary was used by the Scottish census, National Records for Scotland and stated by West Dunbartonshire Council as the southern boundary for the Faifley Community Council.
- 4.13 Below the southern boundary there was a distinct difference in the style of housing. Faifley had mainly flats and maisonettes with an average value of £67,000. There was more affluent housing below the proposed southern boundary (detached villas with an average value of £240,000). Above this boundary was the Knowes which had been awarded local nature reserve status and formed a clear physical boundary between Faifley and Hardgate and Duntocher neighbourhoods.
- 4.14 Mr Badger asked why Faifley actually needed a pharmacy and quoted the following from Fairer, Healthier Scotland –
“Biggest health challenge facing Scotland is our enduring and growing health inequalities gap”

- 4.15 Mr Badger said this gap was wider than the rest of west and central Europe and was increasing on many measures. The Scottish Government had stated that reducing inequalities in health was critical to making Scotland a better, healthier place for everyone.
- 4.16 Mr Badger found it most frustrating that these inequalities were avoidable and caused by the unequal distribution of resources within populations.
- 4.17 In West Dunbartonshire, 40% of data zones were in the 20% most deprived in Scotland. Nationally only Glasgow City and Inverclyde had more deprived areas. This combination of deprivation and unhealthy lifestyles gave West Dunbartonshire a position at or near the top of Scottish Council leagues for all-cause mortality, heart disease, heart attacks, smoking related lung cancer, domestic violence, suicide and alcohol cirrhosis deaths.
- 4.18 The entire population of Faifley contributed to these figures, being one of the most deprived areas in West Dunbartonshire.
- 4.19 Over 1000 residents were in the bottom 10% for deprivation, 3200 in the bottom 15% and the rest in the bottom 20%.
- 4.20 Residents here did not just have poor or low income but fewer resources and opportunities in areas such as health, access to health services and education. This led to lower levels of health literacy. Residents had reduced knowledge, skills, understanding and confidence to access health services and so waited until sicker before visiting a GP, found it harder to understand labelling and take medication, less likely to engage with health promotion and had greater difficulty managing their own health as well as that of their children.
- 4.21 Mr Badger compared a person from Faifley to the Scottish average. The figures were shocking and did not make great reading.
- Faifley residents were
- Almost three times more likely to live in a household where no-one was in employment
 - Twice as likely to depend on benefits
 - Had poor health at a younger age (6 years earlier than average)
 - Suffered a limiting long term illness 7 years earlier than average
 - More likely to be long term sick or disabled
 - Be a carer at a younger age
 - More likely to smoke
 - Women were around 50% more likely to smoke at pregnancy booking
 - As a child, twice as likely to live in poverty (Faifley had the highest percentage of children living in poverty in West Dunbartonshire)
- 4.22 Mr Badger emphasised the effect of this poverty by stating

- that a three year old living in a house with an income under £10,000 was 2.5 times more likely to suffer a chronic illness than a child in a household with an income above £50,000.
- Over 65s were 40% more likely to have an emergency hospital admission.
- The Healthy Life Expectancy (HLE) for men in Faifley was 56 years (16.7 years less than the least deprived areas at 72.7 years)
- For women the HLE was 58 years (15 years lower than the least deprived areas at 73.2 years)
- There had been no significant change in the HLE gap since 2009
- Adults in the most deprived areas were also five times more likely to have a below average wellbeing (26% versus 6%). Further complicated by a loss of self control and disempowerment (26% versus 6%).

4.23 Faifley residents lived for more years in ill health, with the consequent impact on quality of life, economic and social contribution and a greater need for services. The life expectancy of Faifley residents was lower than West Dunbartonshire, Greater Glasgow and the Scottish average.

4.24 The average Faifley resident was by almost every measurable factor disadvantaged when compared to national levels. Residents had increased healthcare needs, decreased life quality and life span. This strongly indicated an above average healthcare need, a need for greater support and targeted intervention. This neighbourhood desperately needed investment in healthcare to address these inequalities. These issues were not going to disappear.

4.25 Current level of pharmacy provision

4.26 The nearest pharmacy was Clan Chemists at Hardgate Cross. Although this was outside the neighbourhood proposed by the Applicant, Mr Badger realised that this did not mean the application would be granted.

4.27 Over half of residents had no car so were more likely to walk or rely on public transport to access pharmacy services.

4.28 Clan Chemists was a 20 minute walk from the proposed pharmacy location and 30 minutes from the far end of Faifley. From Langside Street, Mr Badger said residents could walk along Glasgow Road. This road was extremely busy, there was no pedestrian crossing and the footpath was narrow. Mr Badger did not feel comfortable walking alone along this footpath and certainly would not do so with children. This issue had been raised by the Community Council as well which stated that the pavement was too narrow for buggies or mobility scooters.

4.29 There was a steep hill to negotiate in the other direction along Faifley Road towards Hardgate roundabout. This was a barrier to elderly residents, young families and those with mobility issues. Mr Badger had walked up

this hill with a buggy and found that physical fitness was required to do so.

- 4.30 There were a number of paths that could be used as a short cut but again would not be suitable for some residents.
- 4.31 Residents from the far end of Faifley needed to walk for 60 minutes (round trip) to access existing pharmacy services. Waiting time within the pharmacy also needed to be taken into account.
- 4.32 On paper there was a regular bus service but had been described as unreliable by the Community Council. There had been reports of buses driving past passengers, overcrowding on buses, people not allowed on, buses not being on time and passengers waiting long periods at the terminus while drivers had breaks. The bus service had also previously stopped completely in periods of bad weather. The Community Council felt the need to petition First Bus regarding the poor level of service.
- 4.33 The First Bus website stated there was limited space for buggies and not all buses were buggy friendly. Up to two children under five years were allowed to travel on the bus for free but were not allowed to occupy a seat needed by a paying adult. Mr Badger asked the Committee to imagine a young mother, possibly needing hospital admission, struggling with young children on the bus to visit a pharmacy.
- 4.34 The cost of bus travel would also be an issue for some residents. 1500 people in the neighbourhood were income deprived. 50% of households were single parents receiving £73 a week in benefits. A return bus fare cost £2.15. A couple of visits to the pharmacy in a week would cost £4.30. Although this did not seem a large amount of money, would people receiving only £73 per week want to spend £4.30 on bus fares?
- 4.35 Government policy was to reduce price barriers by providing free prescriptions. However bus fares were a clear barrier and a deterrent to accessing the service.
- 4.36 Bus stop location was also a barrier for any resident with mobility issues. From Faifley the bus stop was a distance down Kilbowie Road past the car dealership. To get to the bus stop going back to Faifley, Glasgow Road needed to be crossed and there was no pedestrian crossing point.
- 4.37 Some residents could drive but parking at Clan Chemists was extremely chaotic due to the number of people parking to use the other shops.
- 4.38 There were also only two marked disabled bays for the entire carpark.
- 4.39 There was overspill parking to the back of the building, which was also used by shop staff. Walking from the overspill carpark was dangerous and not possible for some because of the blind corner at the end of the building which necessitated people stepping into oncoming traffic.
- 4.40 There was much traffic congestion, queuing and delays in this area. Traffic problems could be so bad that the location was listed as tier 1 in the Council

transport strategy which indicated a primary problem with significant impact and caused widespread disruption at peak times.

- 4.41 There was also a pharmacy in Duntocher but Mr Badger said Faifley residents were less likely to access services from this pharmacy.
- 4.42 Clan Chemists
- 4.43 Mr Badger stated that Clan Chemists was a long established business and one of the busiest pharmacies in Greater Glasgow and in Scotland. It was consistently in the top 10% nationally for dispensed items and payments. As an example in September 2016 Clan Chemists had the 87th highest number of items and in March 2016 were the 69th highest paid contractor in Scotland (1254 pharmacies) and the 16th highest in Greater Glasgow.
- 4.44 For the year ending September 2016, the average number of items dispensed per month for a Scottish pharmacy was 6600 items, the monthly average for Clan Chemists was 12200. Mr Badger noted that this was an extremely high volume dispensing business.
- 4.45 The pharmacy dispensed prescriptions issued by over 50 different GP surgeries on a monthly basis. Given that there were only 18 GP practices in West Dunbartonshire this showed the large amount of transient customers using this pharmacy in addition to residents of Hardgate, Duntocher, Clyde bank and Faifley.
- 4.46 For the same period Duntocher pharmacy dispensed an average of 4200 items per month, suggesting that Clan Chemists was used by a significant number of Duntocher residents.
- 4.47 The total number of residents in Faifley, Hardgate and Duntocher was over 12000.
- 4.48 Clan Chemists and Duntocher pharmacy had a total of 2000 minor ailment registrations (1400 for Clan Chemists and 600 for Duntocher). This was only 17% of residents.
- 4.49 The potential total number of eligible patients; under-16s, over 65s; unemployed and single parent families was 6200 people over both neighbourhoods. In reality this figure was much higher as Mr Badger was unable to account for people aged 60-65, those on sickness benefit and medical exemptions. It was estimated that a minimum of 50% of people in this area were able to use the Minor Ailments Service (MAS), but the pharmacies were only providing care to 17%.
- 4.50 Mr Badger concluded that this strongly suggested the minor ailments service was not being delivered adequately.
- 4.51 Faifley had a deprived neighbourhood with over 1200 children under 15 alone. Yet Clan Chemists which claimed to serve this neighbourhood had only 1400 patient minor ailment registrations.

- 4.52 The level of minor ailments prescribing at Clan Chemists was also 10% below the Greater Glasgow average. An extremely surprising figure given this pharmacy dispensed almost double the average number of prescriptions and the demographic of the neighbourhoods.
- 4.53 This raised the question whether people in Faifley were accessing minor ailments elsewhere or simply not at all or whether residents were going straight to a GP with minor conditions. Was Clan Chemists just too busy to provide this essential service adequately?
- 4.54 Mr Badger had visited Clan Chemists on several occasions. Each time waiting longer than five minutes to be served for over the counter items and being aware of numerous customers waiting for prescriptions.
- 4.55 Reference had been made to long waiting times and how busy Clan Chemists was both in the Community Council's letter of support and comments from the public consultation.
- 4.56 Mr Badger reported phoning Clan Chemists requesting a dosette box on four separate occasions to be told there were no spaces. Duntocher pharmacy was also contacted for dosette boxes but was told there was a waiting list.
- 4.57 Mr Badger was not for one minute questioning the quality of services or professionalism at Clan Chemists but stated it was simply a prescription factory which could be at capacity.
- 4.58 Mr Badger wondered whether the pharmacists at Clan Chemists were able to undertake an active role in preventing ill health, co-producing and minimising health inequalities given the number of items dispensed.
- 4.59 Or if this high volume business was actually detrimental to the residents of Faifley. A barrier to service access and a factor contributing to health inequality in the neighbourhood.
- 4.60 Looking to the future and the ageing population, the Applicant anticipated increased dispensing levels. Four fifths of over 75 year olds were on prescription medication of which 36% took four items or more. This age group was expected to increase by 25% over the next 10 years and 60% in the next 20 years.
- 4.61 With increased pressure on GPs there would be more demand for minor ailments services.
- 4.62 This could increase even further if the service was made available to all patients following trials in Inverclyde to extend the MAS. GPs could stop prescribing items available via minor ailments services completely and refer patients to local pharmacies for consultations.
- 4.63 Pharmacy services were expanding with additional services such as antibiotics for urinary tract infections and impetigo already available in some Health Boards.

- 4.64 The Falsified Medicines Directive was coming into effect in February 2019 after which pharmacies would have to decommission all medicine packs by scanning prior to supplying to patients.
- 4.65 Mr Badger stated that all these factors would further increase pressure on Clan Chemists. Pharmacy services already non-existent in Faifley would become even more difficult for residents to access.
- 4.66 This in turn would have a negative impact on the health of residents and increase further the inequality and inadequacy in provision of services.
- 4.67 The Application
- 4.68 Mr Badger said that local changes influencing this application were the opening of the Tesco supermarket at Hardgate which increased both footfall and traffic in the area.
- 4.69 The population in Faifley had increased from 5088 in the 2011 census to 5342 quoted by West Dunbartonshire Council. There had also been plans submitted for the development of new affordable housing.
- 4.70 Nationally there had been a 12% increase in prescription items and a 65% increase in minor ailment items since 2011.
- 4.71 It was expected work would begin on the new health centre at Queens Quay in Clydebank in February 2018. Faifley residents would need to travel an extra two miles to see a GP which equated to a 40 minute round trip on a bus. Locally accessible and adequate services were therefore more important.
- 4.72 The proposed pharmacy premises were much larger and more central. Located between two primary schools, closer to the more deprived areas and beside the co-op supermarket.
- 4.73 Looking at a four week period in January 2017, the supermarket next door to the proposed pharmacy served an average of 4250 customers a week. This shop was a central hub for many local people. A pharmacy located there was therefore well placed to serve the neighbourhood.
- 4.74 Opening hours were proposed as follows –
- 8:30am to 6:00pm Monday and Tuesday
 - 8:30am to 8:00pm Wednesday, Thursday and Friday.
 - 9:00am to 6:00pm on a Saturday
 - 10:00am to 2:00pm on a Sunday
- 4.75 The opening hours had been increased following feedback from the survey and following consultation with the Community Council. Mr Badger thought the revised hours would better meet the needs of residents and could be

increased further if there was a demand.

- 4.76 All the main core services as stated in the application were to be provided and additionally –
Harm reduction – supervised opiate substitution therapy/needle exchange
Advice to care homes
Stoma services
Weight management
Blood pressure testing
Unscheduled care
Asthma service
Any other service required locally
- 4.77 The proposed pharmacy was 700 square feet in size and was to be refitted to current General Pharmaceutical Council standards. It was to include two consultation rooms. One for use by the pharmacist and one for other health care professionals to use free of charge. This gave the potential for future onsite clinics led by GPs, nurses, or pharmacists. (Substance misuse, asthma, enhanced minor illness walk in clinics). Mr Badger had previously found that use of consultation rooms by addiction workers worked very well. Patients were less likely to miss appointments and information provided by pharmacists to key workers about patient welfare and behaviour.
- 4.78 The Applicant was of the opinion that a pharmacy in Faifley would have a real impact on the consequences of inequalities evident in the neighbourhood such as alcohol misuse, smoking cessation and obesity.
- 4.79 Just under half of men and over a third of women exceeded daily drinking limits. Alcohol related deaths had doubled in the last decade and related hospital attendances had increased by 50%. Alcohol brief interventions studies had shown 65% of people receiving an intervention complied and had a successful outcome.
- 4.80 Mr Badger undertook to raise awareness of recommended alcohol intake, the benefits of reducing alcohol, ways to reduce levels and provide sign posting to other services.
- 4.81 Adult smoking rates increased with deprivation. There were increased local delivery plan targets in deprived areas to have a smoke free generation by 2034.
- 4.82 Currently the overall trend was a decrease in smoking cessation service uptake across all deprivation groups, but the fall had been largest in the most deprived areas where levels of smoking remained highest.
- 4.83 In 2016 the number of quit attempts fell for the fourth consecutive year. There were 120,000 attempts in 2012 compared to 65,000 last year.

- 4.84 Pharmacies accounted for 70% of quit attempts made in 2016 and so were in a position to have a major impact. Especially in pharmacies accessible to people in areas like Faifley where up to 35% of the population still smoked.
- 4.85 52% of residents had a Body Mass Index (BMI) of 25 or over. The counter weight project team had shown 40% of patients receiving an intervention had a successful outcome. The weight management service to be provided in the proposed pharmacy was to include an initial consultation, blood pressure measurement and BMI calculation for patients. Tailored advice was then to be provided on a healthy life style alongside regular support or if appropriate direct the patient to specialist weight loss services.
- 4.89 Local schools had expressed an interest in pupil visits to the pharmacy. Mr Badger was very keen to support these. A focus on health education of children in young and early years was an integral part of government policy and a recognised policy effective in reducing health inequality. From an early age pupils would be made aware of the services available from the local pharmacy, encouraged to make use of these services when older and make healthier choices.
- 4.90 Only 23% of residents currently had five portions of fruit and vegetables per day. As a health initiative Mr Badger proposed to provide free fruit for children in the pharmacy. This was something simple that the Applicant had seen in supermarkets and would be an ideal way to engage with parents and children in a pharmacy environment to provide advice on a healthy balanced diet.
- 4.91 All these services would be easily accessible to Faifley residents at the proposed pharmacy and would be advertised in a dedicated health promotion area. Details would also be constantly running on a flat screen television in the waiting area and actively promoted with advertising. Mr Badger thought this was where pharmacies missed a trick sometimes because with active promotion so many more people could be engaged. Mr Badger envisaged having time to spend with patients to do this adding that in an area with traditionally low uptake of services this was exactly what was needed.
- 4.92 Mr Badger suggested a pharmacy could have an impact in addressing health inequalities. For example, Mr Badger looked at the existing pharmacies in Hardgate and Duntocher compared with that proposed in Faifley.
- 4.93 Men in Hardgate and Duntocher were expected to live for an additional 6 years compared to men in Faifley. Women in Hardgate and Duntocher were expected to live an additional 2 years.
- 4.94 Men and women in Hardgate and Duntocher had an additional 8 years of Healthy Life Expectancy compared to those in Faifley.
- 4.95 Put simply that was an extra 8 years of expected ill health for Faifley residents compared to someone living less than a mile away.

- 4.96 There was less deprivation in Hardgate and Duntocher. 9% more people worked, 7% less claimed benefits which would be a factor, but the accessibility of adequate pharmacy services was the only major difference in available healthcare between these two communities. This had to play a major part in these figures.
- 4.97 The Scottish Government had stated that 'reducing inequalities in health is critical to achieving the aim of making Scotland a better, healthier place for everyone'. It had a commitment to social justice and narrowing health inequalities (with a task force established in 2007.)
- 4.98 A policy review in 2013 stated that to ensure a significant impact on health inequalities there needed to be a particular focus on those areas that contributed most. Areas like Faifley where the entire community lived in deprivation.
- 4.99 The recognised policies, supported by the strongest evidence effective in reducing inequalities were -
- Improving accessibility of services, specifically the location and accessibility of primary health care.
 - Reducing price barriers.
 - Prioritising and targeting high risk disadvantaged groups and communities that faced the most challenges.
 - Focus on young children and early years.
- 4.100 The Clinical and Care Governance framework stated that all aspects of the work of Health boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care.
- 4.101 The purpose of Greater Glasgow & Clyde Health Board was to deliver effective and high quality health services, to act to improve the health of the population and to do everything it could to address the wider social determinants of health which caused inequalities.
- 4.102 Priorities from the local delivery plan included to
- Detect and redress the inverse provision of care
 - Increase identification of and reduce key risk factors including those associated with health inequalities (e.g. smoking, obesity, drug and alcohol use)
 - Enable disadvantaged groups to use services in a way which reflected need
- 4.103 The NHS Greater Glasgow & Clyde website stated "those with the most need are least likely to take up services, especially preventative services. Specific targeting is required to reach those with an unmet need."
- 4.104 The West Dunbartonshire Council Strategic Plan 2012-2017 stated "plans

should focus on those communities where deprivation is greatest".

- 4.105 Mr Badger concluded that the granting of a pharmacy contract in Faifley fitted in with both local and national policy and strategy.
- 4.106 It had been widely publicised that West Dunbartonshire Health and Social Care partnership had to make almost £1 million of savings in the last financial year. In this age of austerity the health service and health boards were currently and would continue to be under extreme financial pressure. A pharmacy in Faifley was a health care investment for residents which would not cost the health board a single penny to establish.
- 4.107 Mr Badger advised that this application had significant community support with the unanimous backing of the Community Council, all three local Councillors, a parent teacher group and 92% of survey respondents.
- 4.108 By granting this contract a local health care resource would be built around the community with none of the current and future barriers to access.
- 4.109 It would enable equitable and adequate access and consistency in quality of services, alongside development of accessible services for substance misuse, smoking cessation, weight management, alcohol advice and sexual health.
- 4.110 Residents would have access to the expertise of a pharmacist seven days a week which would bring health benefits through early intervention, self-management and supporting healthier lifestyle choices. Pilots had shown that 60% of pharmacist consultations saved GP appointments.
- 4.111 It would also help address the level of health inequality currently entrenched in the neighbourhood.
- 4.112 People in Faifley were disadvantaged on so many levels. Less likely to engage, have lower motivation and confidence to access health services. Adults had difficulty managing their own health and that of their children. It was an ongoing cycle. Mr Badger stressed that this could not continue, something had to change. All physical and financial barriers to service access had to be removed. What seemed like a small inconvenience to us was a major hurdle to overcome and a significant barrier for someone in Faifley. As the government paper stated "we need to make it easy".
- 4.113 Mr Badger concluded by reminding members of the Committee of their power to do this today.

5. **Questions from Mr McLaren (Clan Chemists) to the Applicant - none**

6. **Questions from Mr Semple (TLC Pharmacy Group) to the Applicant**

- 6.1 Mr Semple noted that the Applicant had made much about access to pharmaceutical services so asked whether a Faifley resident living in Craigs Avenue would use Clan Pharmacy or the proposed new pharmacy in Faifley Road. Mr Badger acknowledged that some residents would continue to use

Clan Chemists.

- 6.2 Mr Semple clarified that the question asked was not about where patients chose to obtain pharmacy services but was purely about access. When asked if Mr Badger agreed that access to Clan Chemists was easier for those living in Craigs Avenue or even those living in Watchmeal Crescent as residents were more likely to travel downhill towards the shopping area or that the proposed pharmacy would provide easier access for a small cohort of patients in the neighbourhood at best 50%, the Applicant said there were so many factors involved e.g. how busy Clan Chemists was.
- 6.3 Further clarification was provided that Mr Semple was talking about getting to the pharmacy. Mr Semple stated that there were no issues with the footpath leading to Clan Chemists so asked if Mr Badger thought it would be easier to access. Mr Badger replied that the new pharmacy would potentially encourage more people to walk the shorter distance.
- 6.4 Mr Semple then referred to people with mobility issues for which access was currently inadequate. Mr Badger was asked if such a resident living in the middle of Faifley was more likely to access the proposed pharmacy or Clan Chemists. Mr Badger explained that the Applicant case had referred to the neighbourhood as a whole not just one street in that neighbourhood.
- 6.5 Mr Semple referred to comments made by Mr Badger that the bus services to and from Faifley were terrible and asked if there was any evidence to support this statement. Mr Badger said that this feedback had been received from service users but acknowledged that there was no real data available. Mr Badger had tried to obtain this data from First Bus but was denied the information. Mr Semple said that people moaned about the bus service everywhere. Mr Badger added that 220 people had signed the Community Council petition to First Bus.
- 6.6 Mr Semple referred to the “prank” call made by Mr Badger requesting a dosette box. Mr Semple asked if Mr Badger was aware of the rigid rules within NHS Greater Glasgow & Clyde in order to use Monitored Dosage Systems (MDS). Mr Badger was not aware of this in Glasgow but was aware of it in other areas. Mr Semple would not have expected the pharmacy to agree to this during a telephone call as this was not the procedure to access this service. The rigid rules in place were most likely the reason Mr Badger was refused the request. Mr Badger was told that there was no space available. Mr Semple said that all TLC Pharmacies always had space available for MDS. When asked, Mr Badger retracted a subsequent statement made about waiting lists as there had never been a waiting list for MDS at TLC Pharmacy Group.
- 6.7 Mr Semple acknowledged that the number of patients in the neighbourhood using the Minor Ailments Service looked low given its demographics and assumed that the numbers presented were for which capitation was paid every month. Mr Badger confirmed that the numbers quoted were patients registered on a monthly basis. Mr Semple noted that these figures did not include lapsed registrations.

6.8 Mr Semple asked whether all pharmacy services offered in the proposed pharmacy were to be free of charge. Mr Badger confirmed that services were to be free adding that pharmacy was changing towards being service driven. Mr Semple did not disagree but asked if the way forward was to provide a huge number of services free of charge. Mr Badger explained that the figures showed a massive health inequality in this neighbourhood with problems such as alcohol abuse. Mr Badger wanted to try and change that.

6.9 Mr Semple made reference to the statement made that a new pharmacy contract would have no cost to the Health Board and asked whether Mr Badger was suggesting that the new pharmacy had no additional cost to the NHS. Mr Badger did not think there was any additional cost given that the patients that would use the proposed pharmacy already existed. There might be additional costs if new patients started to access services but should cost the NHS less in the long run. Mr Semple stopped there as he felt the Applicant did not know why it did significantly cost the NHS to award a new pharmacy contract.

7. **Questions from the Panel to Mr Badger (the Applicant)**

7.1 Mr Irvine (Contractor Pharmacist)

7.1.1 Mr Irvine began by asking Mr Badger to define a boundary. Mr Badger said a boundary was a physical barrier, a difference in landscape or a significant change in the style of housing.

7.1.2 When asked about the southern boundary used by the Applicant, Mr Badger said it was the boundary used by the council to define the ward.

7.1.3 Mr Irvine enquired whether the Applicant was aware of any complaints made to the Health Board that would show any inadequacy of existing pharmacy provision. Mr Badger was not aware of any complaints.

7.1.4 Mr Badger had mentioned that Clan Chemists was busy with a high level of transient patients. Mr Irvine asked where the people of Faifley accessed pharmaceutical services. Mr Badger stated that Faifley residents currently went to Clan Chemists, got a bus to TLC Pharmacy in Duntocher or did not bother accessing services at all.

7.1.5 Mr Irvine made reference to the 2011 census analysis data which showed 79% of Faifley residents described themselves as being in good health. As this information contradicted that presented by the Applicant, Mr Badger was asked to comment. This was not a figure Mr Badger had been aware of previously. Mr Badger stated that Faifley was a deprived area. Mr Badger quoted that Faifley residents over 65 were more likely to have an emergency hospital admission. Mr Irvine noted that the census had shown only 11% of the Faifley population was over 65 years. Mr Badger was aware of that.

7.1.6 Mr Irvine noted that only 86 responses had been received from the joint consultation exercise and asked Mr Badger to comment. Mr Badger was

disappointed at this number of responses but gave some scope to this figure by stating that a recent Council survey concerning an education programme had received only 5 responses from Faifley residents whilst other surveys had received only 12 responses. The population was hard to reach with low levels of literacy. The Consultation questionnaire was not particularly user friendly which may have discouraged some people from responding.

- 7.2. Mrs Montgomery (Lay Member) had no questions for the Applicant
- 7.3 Mr Bryson (Non-Contractor Pharmacist)
- 7.3.1 Mr Bryson complimented that Applicant on the characterisation of Faifley residents describing an unmet need but suggested looking at existing pharmacies for evidence of inadequacy. When asked whether there was any real evidence of inadequacy in existing pharmacy services, Mr Badger conceded there was none but was uncomfortable attacking other pharmacies stating that it was unprofessional. Faifley was a deprived area and as such its residents were reluctant to voice complaints. Mr Badger stated that health went hand in hand with pharmacy provision.
- 7.4 Mrs Catherine Anderton (Lay Member)
- 7.4.1 Mrs Anderton noted that the Applicant had made reference to high unemployment levels in the area. However the population census statistics for 2011 stated that 67% were economically active and of the 33% economically inactive: 30% were retired, 17% student, 20% looking after home/family, 27% long term sick/disabled. This gave a slightly different impression of the neighbourhood from that portrayed by Mr Badger. Mrs Anderton asked where the information used by Mr Badger had been obtained. Mr Badger confirmed that census information from 2011 had been used which showed 1500 people were income deprived. Income information not just unemployment figures had been used.
- 7.4.2 Mrs Anderton asked why there were no figures alongside smoking cessation in the CAR for question 3. Mr Badger did not have an explanation for this as there were many people smoking in the neighbourhood. Often those most in need were least likely to take up a service. [It was later established that the information in the table relating to question 3 was misaligned – smoking cessation responses were at the bottom of the previous page]
- 7.4.3 Mrs Anderton enquired how much space was planned in the proposed pharmacy for the consultation room compared with storage etc. Mr Badger did not have the exact measurements but said that the consultation room would be big enough for a treatment bed. Mrs Anderton said this suggested a large space. Mr Badger replied that it was larger than most and that the front shop space was to be limited as a result.
- 7.4.4 Mrs Anderton wondered what the Applicant expected in terms of customers from areas other than Faifley itself. Mr Badger had not given much thought to that as the focus had been Faifley residents. There may be some because of the extended opening hours but the focus was on a local community pharmacy. Mrs Anderton therefore asked whether the viability of

the proposed pharmacy was entirely dependent upon Faifley itself and nowhere else. Mr Badger said that it was.

- 7.4.5 Finally Mrs Anderton asked for clarification that the business Mr Badger was leaving was not BGR Health Care Ltd. Mr Badger confirmed that this was a separate business.
- 7.5 Mr Stewart Daniels (Lay Member)
 - 7.5.1 Mr Daniels made reference to the unreliable bus service mentioned in the Applicant's case and asked what actually caused the buses to stop. Mr Badger explained that this had happened during the last period of bad winter weather but had not occurred recently.
 - 7.5.2 Mr Daniels therefore asked for the Applicant's experience of travelling on public transport. Mr Badger had taken two children under 3 years on the bus from Faifley to Hardgate with a buggy and had struggled.
 - 7.5.3 Mr Daniels referred to the contradiction made in the Applicant's case about very low car ownership and problems finding parking spaces. Mr Badger had tried to address the needs of the whole neighbourhood – those that owned a car may access pharmacy services by car.
 - 7.5.4 When asked if the proposed pharmacy had parking available, Mr Badger said there were 13-15 parking spaces opposite the proposed pharmacy. These spaces were not designated for pharmacy customers but available for use.
- 7.6 Mr Alasdair MacIntyre (Contractor Pharmacist)
 - 7.6.1 Mr MacIntyre asked for clarification of the Applicant's southern boundary. Mr Badger explained that the southern boundary proposed was used by the Scottish census, National Records for Scotland and stated by West Dunbartonshire Council as the southern boundary for the Faifley community council.
 - 7.6.2 Mr Badger had mentioned the housing stock in Hardgate and quoted the housing prices. Mr MacIntyre asked where the £240k houses were found in Hardgate. Mr Badger said these were in Colbreggan Gardens and Thomson Place.
 - 7.6.3 The Applicant had mentioned that the extended opening hours may be increased even further if there was the demand. Mr MacIntyre asked if the converse was also true. Mr Badger fully intended to trade the hours quoted in the application even if there were no patients.
 - 7.6.4 Even although Boots in Clydebank was open on a Sunday, Mr Badger confirmed when asked that the proposed pharmacy was to open on a Sunday from 10am until 2pm. Mr Badger had felt there was a need for Sunday opening from the comments received during the consultation exercise.

7.6.5 When Mr MacIntyre asked if the applicant's existing business opened the extended hours quoted in the application, Mr Badger said that it did not. The opening hours of the existing business were dependent upon the opening hours of the health centre in which it was located.

7.7 Ross Finnie (Chair)

7.7.1 Mr Finnie picked up on a previous question about the adequacy of existing services and acknowledged Mr Badger's reluctance to denigrate other pharmacies in the area but asked whether there was any other angle Mr Badger wished to expand in terms of adequacy or inadequacy of existing pharmacy services. Mr Badger reiterated that the health of the overall neighbourhood population suggested an unmet need and people weren't accessing pharmacy services in this neighbourhood. There were relevant comments in the Community Analysis Report (CAR) about how busy Clan Chemists was, low income of residents and the impact of bus fares to access pharmacy services. Mr Badger stated that the treatment of chronic conditions needed a local pharmacy service. MAS registrations were only 17% of eligible patient. The Applicant had tried to look at the health inequalities in the neighbourhood – nothing was changing, residents were in an unhealthy lifestyle cycle. Mr Badger suggested that the poor health of residents was evidence of an inadequacy in pharmacy service provision.

7.7.2 This concluded the Committee questions to the Applicant.

8. **The Interested Parties' Cases**

8.0.1 Of the interested parties present, Mr McLaren was invited first to make representation on behalf of Clan Chemists.

8.1 **Clan Chemists**

8.1.1 Mr McLaren thanked the Committee for the opportunity to present the views of Clan Chemists on this application. Clan Chemists considered that the granting of this application was not necessary or desirable because the area was already well serviced in terms of pharmaceutical provision and there was no evidence of inadequacy in current service levels.

8.1.2 **The Neighbourhood**

8.1.3 In terms of the definition of the neighbourhood, Mr McLaren suggested that the shops and services which existed on either side of Glasgow Road could not be excluded being easily accessible, used freely and on a daily basis by the residents of Faifley. Mr McLaren suggested that the main boundary to the south was the Great Western Road. The neighbourhood was defined as follows:

8.1.4 North Open ground to the North of Faifley

East Open ground to the East of Faifley, and at its southern end the open ground East of Hardgate

West	The line of Cochno Road to its junction with Glasgow Road then across the Goldenhill Park to Stewart Drive and down to Great Western Road
South	Great Western Road from the western boundary to the Kilbowie Roundabout then along Braidfield Road and across open ground to the eastern boundary

- 8.1.5 Mr McLaren described the neighbourhood as Faifley and Hardgate. The population of the Hardgate part of this neighbourhood, being the part accessible on either side of Kilbowie Road, was considered insufficient to support its own pharmacy. Significant parts of Hardgate existed to the West of Cochno Road and were previously agreed to be in the neighbourhood of the Duntocher pharmacy. It was obvious from the map that there was very little housing in the area to the South and South East of Clan Chemists. Most of the land consisted of farmland and a golf course. Clan Chemists heavily relied on Faifley for business.
- 8.1.6 The issue of neighbourhood was important in determining the adequacy of pharmaceutical services to residents. This was particularly important if talking about a large area with a pharmacy at one end and a considerable distance to travel to the other end. In these circumstances, the Applicant may argue that there were two neighbourhoods, meaning that residents in the part with no pharmacy had an inadequate service. An Interested Party may however claim the area was one neighbourhood with the existing pharmacy providing an adequate service to the whole area. In this instance the settlements of Hardgate and Faifley weren't like that because Clan Chemists in Rockbank Place was bang in the centre. With regard to the legal test it made no difference if the neighbourhoods were defined as one or two. If defined as a single neighbourhood then the question was; did Clan Chemists provide an adequate service to the neighbourhood? Mr McLaren contended that it clearly did.
- 8.1.7 If however the Committee decided that Faifley and Hardgate were two distinct neighbourhoods then the question became; did Clan Chemists provide an adequate service to Faifley? In this instance Clan Chemists was right on the border and still provided an adequate service.
- 8.1.8 Having said that, when considering a neighbourhood for all purposes, it was Mr McLaren's opinion that the areas of Hardgate and Faifley should be considered as one neighbourhood with its centre being the shops and services at Hardgate Cross.
- 8.1.9 Existing Services
- 8.1.10 Clan Chemists was the main provider of pharmacy services to Faifley. Some services were obtained from the other pharmacies in Clydebank or Duntocher but the majority of services were provided by Clan Chemists. Mr McLaren referred to the Board's Pharmaceutical Care Plan and said there were no unmet needs in terms of the services provided to Faifley.

- 8.1.11 Clan Chemists provided all the core services of Acute Medication Services (AMS), Chronic Medication Service (CMS), MAS and Public Health.
- 8.1.12 Additionally it provided:
- Emergency Hormonal Contraception
 - Free Condom Service
 - Gluten Free Service
 - Stoma Service
 - Opiate substitution therapy
 - Monitored Dosage Systems
 - Smoking Cessation including Varenicline prescribing
- Clan Chemists was a palliative care network pharmacy and therefore on the 24 hour emergency contact list. It was also keen to be involved with various Local Enhanced Services when made available such as the respiratory and pain services that were current.
- 8.1.13 Adequacy and Accessibility of Existing Services
- 8.1.14 The parade of shops at Hardgate had many amenities alongside the pharmacy; there were supermarkets; optician; dentist; bakers; café; and newsagents amongst others. These services were used freely every day by the residents of Faifley. Faifley was also extremely well served by public transport with bus routes running through the estate.
- 8.1.15 First Glasgow No.2 service – departed from Faifley terminus every 7-8 minutes, travel time to Hardgate Cross was 6 minutes from the furthest extent of Faifley or 3 minutes from midway along Faifley Road.
- 8.1.16 Citybus No.17 service – operated from Duntocher to Glasgow every 15 minutes, passing through Hardgate and going through Faifley.
- 8.1.17 There was also a bookable bus service called MyBus which offered door to door transport for people who were registered.
- 8.1.18 In practice this meant that residents should wait no more than a few minutes for a bus service to Hardgate.
- 8.1.19 Mr McLaren also accepted that not all shopping was undertaken at Hardgate and at some point most residents of Faifley travelled to Clydebank to access the large supermarket and shopping centre. There were also no medical practices within Faifley so residents travelled to Clydebank for GP consultations. In the wider Clydebank area there was a choice of a network of pharmacies that the public were free to use. For example patients may use the pharmacy in the shopping centre whilst doing the weekly shop. Clydebank Health Centre was the biggest source of prescriptions for residents. There were two pharmacies within a very short walk of exiting this Health Centre. The wider Clydebank area had a network of nine

pharmacies which offered the public a good level of choice. Several of these pharmacies offered delivery services and delivered to the Faifley area. Even without public transport the pharmacy at Duntocher was less than a 10 minute walk from Hardgate. Clydebank also had access to a late opening pharmacy with Lloyds pharmacy, closest to the health centre, open until 8:00pm Monday to Friday. Clan Chemists was open until 6:00pm weekdays and 5:30pm on Saturdays. Boots in the shopping centre had a Sunday service. Mr McLaren noted that it was not economically viable for all pharmacies to open late or on Sundays, otherwise all would be doing so but the service was available when needed.

8.1.20 Clan Chemists did not have a monopoly and had to work hard to retain customers. To this end there had been significant investment in the premises and car parking facilities to be fit for purpose and of a high standard. The car park had dedicated disabled bays with dropped kerbs to enable access. Clan Chemists had a ramped entry with electric doors and the shop was open and spacious. The retail area had been reduced to make space for two fully accessible consultation rooms providing customers privacy. The consulting facilities were fully accessible to the disabled. Clan Chemists operated with two pharmacists to enable the pharmacy to function whilst consultations were in progress and even allowed the pharmacist to make domiciliary visits as required. For those patients who still found access challenging the pharmacy offered a full-time collection and delivery service with a driver available six days a week to respond to any urgent requests.

8.1.21 Mr McLaren was aware that Faifley residents had a choice where to obtain pharmacy services so Clan Chemists had developed and would continue to develop services which it hoped were more than adequate.

8.2 **Questions from Mr Badger (the Applicant) to Mr McLaren (Clan Chemists)**

8.2.1 Mr Badger enquired how long Mr McLaren's business had been established. Mr McLaren said the early 1960s then more specifically 1961.

8.2.2 Mr Badger then asked if a lot of customers used the prescription collection and delivery service. Mr McLaren stated that customers chose which pharmacy to direct prescriptions and had no influence in which pharmacy patients' used.

8.2.3 Mr Badger wanted to know whether Clan Chemists retained its customers when it relinquished ownership of its other pharmacy in Clydebank. Mr McLaren thought some customers loyal to Clan Chemists may have been retained but no attempt was made to influence customers.

8.2.4 When asked, Mr McLaren confirmed that Clan Chemists delivered prescription items to Clydebank residents.

8.2.5 Mr Badger stated that the point being made with this line of questioning was that Clan Chemists got business far and wide then asked how many

deliveries were made into Faifley. Mr McLaren estimated half of the deliveries were made within Faifley.

8.3.6 Mr McLaren was asked to comment on the fact that only 50% of respondents indicated that existing pharmacy services were adequate. Mr McLaren turned this around by stating that only 40 respondents from a population of over 5000 said it was inadequate. Mr McLaren added that if there was a genuine belief that the service was inadequate then people would have taken the opportunity to make that known.

8.2.7 Mr Badger asked if Mr McLaren thought that a delivery service was as good as accessing services from the pharmacy. Mr McLaren said it was always better to see people face to face but some patients were unable to manage to the pharmacy and so used the delivery service.

8.2.8 Mr Badger made reference to the statement from Mr McLaren that the people of Faifley used the shops in Hardgate and asked whether these residents did not also use the Cooperative supermarket next to the proposed pharmacy. Mr McLaren clarified that the local shops were expensive but handy for the odd item. Residents travelled out-with the neighbourhood for the bulk of their grocery shopping.

8.3 **Questions from Mr Semple (Other Interested Party) to Mr McLaren - none**

8.4 **Questions from the Committee to Mr McLaren (Clan Chemists)**

8.4.1 Mr Irvine (Contractor Pharmacist)

8.4.1.1 Mr McLaren was asked to explain why his southern boundary had been defined as Great Western Road. Mr McLaren said that Great Western Road was an obvious barrier running through Clydebank. Glasgow Road was frequently crossed and so not a significant boundary.

8.4.1.2 Mr Irvine enquired about the staffing levels at Clan Chemists. Mr McLaren said there were 2 pharmacists all day Monday to Friday, 1 pharmacist on a Saturday between 9am-2pm with the other pharmacist working 2-5:30pm. There was also a registered technician, counter staff and dispensing staff. There were around 20 members of staff in total.

8.4.1.3 Mr Irvine asked for the percentage of footfall from Faifley, Mr McLaren said it was difficult to tell but estimated 60% MAS registrations from Faifley and 45% of prescriptions.

8.4.1.4 When asked, Mr McLaren had not been made aware of any complaints to the Health Board concerning any inadequacy in the pharmacy service provided by Clan Chemists.

8.4.1.5 Finally Mr Irvine asked if Clan Chemists would provide MAS to someone who qualified. Mr McLaren said that Clan Chemists would and that it was actively promoted.

8.4.2 Mrs Leonora Montgomery (Lay Member)

8.4.2.1 Mrs Montgomery wanted to know whether any customers had expressed a desire for Clan Chemists to open on a Sunday. Mr McLaren recognised that people might like the pharmacy to open on a Sunday and Sunday opening was continually under review. Mr McLaren had owned a pharmacy in Kilbowie Road which had opened on a Sunday until Boots in Clydebank opened at this time. When this happened it was not financially viable to open then. Mr McLaren considered that Clan Chemists opened more hours than standard opening hours as it did not close at lunch time and was open until 5:30pm on a Saturday.

8.4.3 Mr Scott Bryson (Non-Contractor Pharmacist)

8.4.3.1 Mr Bryson asked for a response to the accusation that Clan Chemists had long waiting times to the extent that people did not attend because it was so busy. Mr McLaren said it had never been so busy that people chose not to come to the pharmacy. Clan Chemists had a two pharmacist system so if one pharmacist was caught up with a patient, the other was available to assist. Staffing levels at Clan Chemists were higher than in other pharmacies. Mr McLaren did not accept the accusation that some patients experienced unacceptably long waiting times.

8.4.4 Mrs Catherine Anderton (Lay Member)

8.4.4.1 Mrs Anderton asked about the provision at Clan Chemists for dosette boxes and whether it would take on anyone who requested this service. Mr McLaren acknowledged the problem across the whole of Glasgow. It was certainly the case that if the pharmacist agreed to provide this service to everyone who phoned up then Clan Chemists would be swamped with requests. The Health Board was not keen to promote dosette boxes unless in exceptional circumstances. Manufacturers were also unhappy for medication to be removed from its original packaging as only limited information about the medication was available. Dosette boxes only worked for solid tablets or capsules and were not suitable for liquids or inhalers. Having said that Clan Chemists was not completely closed to providing dosette boxes but depended on the nature of the request and where it came from. There was always the expectation that a review of patients using this service would be carried out. Clan Chemists currently provided dosette boxes for 60 patients.

8.4.4.2 Mrs Anderton asked if input from the GP was expected before this service could be accessed. Mr McLaren was contacted by a wide range of health professionals in such matters as well as the patients themselves. An assessment was required to determine whether this was the best way forward for the patient before starting MDS.

8.4.5 Mr Stewart Daniels (Lay Member)

8.4.5.1 Mr Daniels asked for an indication of the capacity at which Clan Chemists was working. Mr McLaren said Clan Chemists had no problem with capacity

and did not foresee a limit to the number of patients given current staffing levels.

8.4.5.2 Mr Daniels rephrased the question by asking if footfall dramatically increased was there space to increase the workforce in the current premises. Mr McLaren said there would come a point when space became a restriction but did not foresee any problem in the near future. Clan Chemists was bigger than it appeared from the shop front as it used the back of the shop next door.

8.4.6 Mr Alasdair MacIntyre (Contractor Pharmacist)

8.4.6.1 Mr MacIntyre had a question about the buses and wanted to know whether there was a bus terminus at the end the street where Clan Chemists was located. Mr McLaren confirmed that was the case.

8.4.6.2 Mr MacIntyre failed to see how the buses could be too busy when leaving the terminus empty so asked whether Mr McLaren thought the issue was with buses from Clydebank filling up on the way. Mr McLaren was not aware of any of these buses being full.

8.4.7 Mr Ross Finnie (Chair)

Mr Finnie said much had been made during this hearing about the low uptake of services or people not getting a service so asked if Mr McLaren was conscious that there was no uptake or inadequate uptake of pharmacy services. Mr McLaren was not aware of any inadequacy in uptake. Clan Chemists encouraged the uptake of all pharmacy services available. Nothing it was doing was preventing or discouraging uptake of pharmacy services.

8.5 **TLC Pharmacy Group Ltd**

8.5.1 Mr Semple thanked the Committee for an opportunity to present and Mr McLaren for putting forward a most comprehensive case.

8.5.2 Mr Semple explained that the legal test required the neighbourhood to be defined and used to obsess about getting it right. Fortunately it actually didn't make that much of a difference as pharmacy services to as well as within the neighbourhood were taken into account. Mr Semple stated that the convenient Southern boundary proposed by the Applicant which knocked out Hardgate Cross and therefore Clan Chemists from the neighbourhood made no difference. The crucial element for the Applicant was to demonstrate that a cohort of patients of significant size and demographic had an inadequate pharmacy service.

8.5.3 Evidence had been provided that Faifley had a regular bus service going round the neighbourhood. Mr Semple stated that on the map half the residents in Faifley were closer to Hardgate Cross anyway than the proposed pharmacy. This application did not fix the problem that accessing services was difficult without a pharmacy in the neighbourhood for the majority of residents because of its location. The key factor was that the

bus service transported residents efficiently to existing pharmacies.

- 8.5.4 Clan Chemists was at the higher end of the scale distributing 12000 items per month. Mr Semple noted that any distribution curve always showed some pharmacies doing a lot more than the average. The key question was how was it doing them - was it efficient, professional etc. Had Mr McLaren not been providing a good service then Mr Semple would have heard about it through patient feedback as a lot more patients would use the TLC Pharmacy in Duntocher instead which was five minutes away from Clan Chemists.
- 8.5.5 The TLC pharmacy in Duntocher had reached its capacity in terms of space. Mr Semple had therefore bought the florists next door to enable expansion and full disabled access but these plans had been put on hold until the outcome of this application was known.
- 8.5.6 Mr Badger had talked about the low numbers registered for the Minor Ailments Service. Mr Semple explained that MAS registrations were only active for 12 months following each use of the service. If a patient registered but didn't access the MAS within the following 12 month period then the registration lapsed and patients were not counted. There was no way to change lapsed registrations into active registrations until the patient accessed the service. The MAS figures quoted by Mr Badger therefore only reflected the recent interactions with patients.
- 8.5.7 Mr Semple explained that the problem with MDS was that it had been used as a sticking plaster by social services rather than training carers to safely administer medicines. Mr Semple knew for a fact that if one month's supply of six medicines was provided and one was an inhaler there would be no further requests for the inhaler as it was not being used. Mr Semple advised the Committee not to use MDS as a hook for granting this application.
- 8.5.8 The opening hours put forward by the Applicant were noted by Mr Semple but explained that the only hours a pharmacy had to open were the model hours set by the Health Board. Provided the model hours were met, there was nothing the Health Board could do if Mr Badger later reduced the extended opening hours. If an area required opening hours out with the model hours then the way this was handled was through the Area Pharmaceutical Committee and a rota system put in place rather than granting a new contract. The same applied with all the additional services. Mr Semple stated the harsh reality; pharmacists did not spend time doing things for which there was no payment.
- 8.5.9 Mr Semple concluded that the existing pharmacy services to the neighbourhood were adequate because of the bus service and, for most patients, were within walking distance. The Applicant had looked at the deprivation in this area of Glasgow and residents' health. The evidence presented was shocking but the reason for this was not necessarily that there was no access to a community pharmacy. Putting a new pharmacy in a location more convenient to the immediate vicinity would not bridge the deprivation gap. The reason for poor health was poverty.

8.5.10 On that basis Mr Semple suggested the application failed the legal test.

8.6 **Questions from Mr Badger (the Applicant) to Mr Semple (TLC Pharmacy Group)**

8.6.1 Mr Badger was interested in the expansion of TLC in Duntocher and noted that the number of items dispensed at Clan Chemists had not increased since 2011 whilst those at TLC in Duntocher had increased 17%. Mr Semple offered an explanation for that – Duntocher was granted a new contract in 2007. New pharmacies tended to follow a similar path with numbers increasing in the first 5-10 years after opening. Duntocher was still in its upward growth and was undoubtedly taking patients from Clan Chemists that lived in Duntocher. However this was in no way a reflection on Clan Chemists.

8.6.2 Mr Badger asked whether Mr Semple thought it more beneficial for the neighbourhood to have a new pharmacy in Faifley or a larger pharmacy in Duntocher. Mr Semple said that the TLC Pharmacy in Duntocher was being made bigger because it was too small and also to facilitate disabled access. This pharmacy did have some patients from Faifley especially those who drove to access services because of the car park. However a huge number got prescriptions dispensed from the pharmacy at Clydebank Health Centre. In Mr Semple's opinion there was no need for a new pharmacy.

8.6.3 The Applicant asked Mr Semple to comment on the 17% of patients currently registered for MAS. Mr Semple suggested that 90% of patients eligible for MAS thought they were already registered with either one of the existing pharmacies in Hardgate or Duntocher. Only a small fraction of patients actually used the service last year. Until 2 years ago there was a solution available as a consultation with the pharmacist could be used to reactivate patient registration. Mr Semple advised that this was no longer allowed. Huge encouragement was given by Mr Semple to pharmacists working for TLC to register patients for MAS.

8.6.4 Mr Badger reiterated that only 17% of eligible patients were using the minor ailment service at the existing pharmacies and asked Mr Semple to comment. Mr Semple accused the applicant of making an assumption that 17% was unusual or inappropriate without having supporting evidence.

8.6.5 Mr Badger continued by stating that Clan Chemists was 10% below the Glasgow average for minor ailment registrations. Mr Semple proposed that this was a reflection on the professionalism of Clan Chemists not dishing out medication unnecessarily. It reflected well on Clan Chemists not badly. Mr Semple said that Mr Badger needed to find an eligible patient in need of medication but refused registration for the minor ailment service by Clan Chemists.

8.6.6 Mr Badger quoted a statement made by Mr Semple in relation to a previous application in Dumbarton to the effect that a population of a small town (5000 people) should not be expected to use a bus to access a pharmacy. Mr Badger asked whether this statement also applied to this application. Mr

Semple explained that the circumstances were different in that it was Dumbarton not Clydebank, the application in Dumbarton was on the west side of the river in a shopping centre which was not where the existing pharmacies were located. In any event previous applications had no bearing on this application - all that mattered was Faifley.

The Applicant had no further questions for Mr Semple.

8.7 **Questions from Mr McLaren (Other Interested Party) to Mr Semple - none**

8.8 **Questions from the Committee to Mr Semple (TLC Pharmacy Group)**

8.8.1 Mr Irvine (Contractor Pharmacist)

8.8.1.2 Mr Irvine asked for Mr Semple's opinion concerning the neighbourhood boundaries. Mr Semple agreed with the Applicant's boundaries for the East, West and North which were straightforward. However Mr Semple thought the southern boundary should be Glasgow Road as far as the roundabout. Clan Chemists would be on the other side of the boundary.

8.8.1.3 When asked if patients from Faifley used the Duntocher pharmacy, Mr Semple said there were many deliveries made into Faifley especially to housebound patients looked after by carers and using MDS. Unfortunately with current computer software there was no means of calculating the percentage of Faifley residents using the Duntocher pharmacy.

8.8.2 Mrs Leonora Montgomery (Lay Member)

8.8.2.1 Mrs Montgomery was worried when Mr Semple had said plans for expansion were on hold so asked whether the disabled access would still go ahead if this application was granted. Mr Semple had received comments from Duntocher pharmacy staff continually over the last five years that the pharmacy was running out of space. There was also no way to install a ramp at the original premises so the shop next door was bought two years ago. At this point Mr Semple decided that the expansion would go ahead anyway, irrespective of the outcome of this application, so that the disabled ramp could be built.

8.8.3 Mr Scott Bryson (Non-Contractor Pharmacist) – no questions

8.8.4 Mrs Catherine Anderton (Lay Member)

8.8.4.1 Clarification was sought that Mr Semple owned the property in which the Duntocher pharmacy was located. Mr Semple confirmed that this was the case.

8.8.4.2 Mrs Anderton wanted to know what happened if a patient with a lapsed registration needed to use the minor ailment service when the pharmacy was unable to re-activate it. Mr Semple explained that there was a manual process whereby the Information & Statistics Division were able to change a registration that had lapsed to active. Mr Semple informed the Committee

that pharmacists were not allowed to approach patients about lapsed registrations.

- 8.8.4.3 Mr Semple was asked for comments about Sunday opening. Mr Semple stated that Sunday opening, with the exception of a few pharmacies, was at a cost. The number of prescriptions dispensed on a Sunday was never going to cover the cost of opening. The proposed pharmacy was either going to pay for providing this public service by opening on a Sunday or the Applicant was just saying that it was opening but would not actually open. There had been some comments in the CAR about Sunday opening. If this group of patients was genuinely disadvantaged by the pharmacy not being open on a Sunday then the Health Board would arrange a rota and need to pay pharmacists to open. There was a Sunday rota in Dumbarton and TLC participated in this but the Health Board paid for it. Mr Semple concluded that the proposed opening hours were meaningless as all the pharmacy was required to open was the model hours.
- 8.8.4.4 Mrs Anderton asked for an idea of the timescale for the pharmacy expansion in Duntocher. Mr Semple expected the re-fit to be finished by the end of the year. Work was to start in the next few months once work on a new clinic being opened by Mr Semple in Mosspark was finished. The current flower shop was to become a patient area with a larger consultation room. The current area was all to be used for dispensing.
- 8.8.5 Mr Stewart Daniels (Lay Member) – none
- 8.8.6 Mr Alasdair MacIntyre (Contractor Pharmacist) – none
- 8.8.7.1 Mr Ross Finnie (Chair) – none
- 8.9 Having established that the Committee had no further questions, the Chair invited the Interested Parties and Applicant to provide case summaries in reverse order.

9. **Summing up**

9.1 **Interested Party – TLC Pharmacy Group**

- 9.1.1 Mr Semple declined the opportunity to sum up the case made.

9.2 **Interested Party – Clan Chemists**

- 9.2.1 Mr McLaren explained that the key part of the legal test was the question of adequacy of the pharmaceutical service within the neighbourhood in which the proposed premises were located. If the PPC considered the proposed premises to be in the same neighbourhood as Mr McLaren's pharmacy then it was hoped the panel would accept that Clan Chemists provided an adequate service to Faifley and Hardgate.
- 9.2.2 However if the PPC considered Faifley a distinct neighbourhood with no pharmacy within the defined boundaries then, in the opinion of Mr McLaren, this made no difference. Clan Chemists was still easily accessible to all

residents of Faifley and still provided a more than adequate service. The Applicant stated that because Faifley was built on a hill this was a barrier to accessing Clan Chemists. Mr McLaren said that Faifley was indeed built on a hill but not on the top of a hill so whether the pharmacy was at the top or bottom of the hill it made no difference to the average resident. Mr McLaren also added that given the normal patterns of travel and daily activity it was easier for most residents to access services at Hardgate than at the proposed location. Convenience was not a reason to grant an application. Whilst clearly convenient for a number of residents living close to the proposed premises as revealed by the public consultation, the proposed location would be less convenient for the majority of residents.

9.2.3 Applications for new contracts in this area were rejected in 2004, 2006 and 2011. Mr McLaren suggested that there had been no substantial changes to warrant a different conclusion today. If anything, the Scottish Government's mid year population estimates showed a slight decline in population from 2011 to 2015. Had there been widespread concern about the lack of a pharmacy service then this would have been apparent in the public consultation. The consultation received 86 responses from a population of over 5000. The majority of respondents were in favour predominantly based on convenience rather than inadequacy of current provision.

9.3 **The Applicant – BGR Health Care Ltd**

9.3.1 Mr Badger stated that deprivation was the key determinant of health inequalities and Faifley was one of the most deprived areas in West Dunbartonshire and in Scotland. These inequalities meant that residents were more likely to be ill, have low levels of wellbeing and die younger than others. Limiting the chance for residents to live a longer healthier life. Mr Badger thought this unfair and unjust and had no place in modern day Scotland. The Government and the NHS had a commitment to reduce these health inequalities.

9.3.2 Failure to link investment with deprivation had entrenched and exacerbated these health inequalities.

9.3.3 Historically deprived communities like Faifley were hard to reach and engage. Residents approached healthcare reactively rather than proactively. Many people did not take care of themselves as health was not a main priority.

9.3.4 The people of Faifley did not have the same levels of knowledge, skills, understanding or confidence to access health care.

9.3.5 Added to this were the current physical and financial barriers so those people needing it most were even less likely to access pharmacy services.

9.3.6 Mr Badger said that these barriers were only going to increase in the future.

9.3.7 However a community pharmacy in a central location, with community engagement and increased access hours had the potential to turn the tide of

health inequality in the neighbourhood and provide an entry point into primary health care services.

- 9.3.8 A pharmacy in Faifley would take some customers from Clan Chemists but not to a level that required it to close. Clan Chemists was long established with a lot of transient customers. Mr Badger thought that access to adequate services and the health of residents had to be a priority over maintaining income and profits for another pharmacy.
- 9.3.9 Should this new contract be granted, there would be significant investment into the current and future health of 5300 deprived adults and children at zero cost to the NHS to establish.
- 9.3.10 Mr Badger had a strong personal commitment to the application, adding that the reason for becoming a pharmacist was to work in a situation like this where a pharmacy accessible to and involved in the community would make a real difference to peoples' lives. Assurance was provided that Mr Badger had the experience and motivation to carry it out.
- 9.3.11 This application was necessary to enable residents to have adequate and equitable access to pharmaceutical services both now and in the future. Mr Badger reminded the Committee that 50% of respondents said existing services were inadequate. The proposed pharmacy was also desirable to reduce health inequalities and empower residents to take ownership of wellbeing.
- 9.3.12 There was an opportunity here to change lives for the better.
- 9.3.13 Finally the Committee was thanked for listening to Mr Badger's case and respectfully awaited the decision.

10. **Conclusion of Oral Hearing**

- 10.1 The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added.
- 10.2 Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 10.3 The Chair advised the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.

10.4 **The Applicant, Interested Parties, Legal Advisor, Contracts Manager and Mr Cowan left the meeting.**

11 **Supplementary Information**

11.1 In addition to the oral evidence presented, the PPC took account of the following:

- i. That a joint site visit had been undertaken of Faifley and the surrounding area noting the location of the proposed premises, the pharmacies, medical centre and the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area. There were no medical services in the area, the nearest GP practice being located in Clydebank.
- iii. Maps showing the neighbourhoods proposed by the applicant, community council, CP Sub Committee and previous PPC Neighbourhood identified on 11 May 2011.

iv. Distance from proposed premises to local pharmacies within a mile radius.

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v. Details of service provision and opening hours of existing pharmacy contracts in the area.

vi. Number of Prescription items dispensed during the past 12 months and quarterly information for the Minor Ailments Service.

vii. Complaints received by the Health Board regarding services in the area.

viii. Population Census Statistics extracted by Community Pharmacy Development Team.

ix. Health & Wellbeing profile (intermediate Zone Eight).

x. Information regarding future developments within the area from Planning & Building Standards at West Dunbartonshire Council.

xi. Summary of Applications previously considered by the PPC in this area.

xii. The application and supporting documentation provided by the Applicant including letters from Provost Douglas McAllister, Councillor Lawrence O'Neill and Councillor Jim Finn.

xiii. Email from James Semple, Director of TLC Pharmacy Group.

xiv. Letter from Michael McLaren, Director of Clan Chemists Ltd.

xv. Letter from NHS GG&C Area Medical Committee GP Subcommittee.

xvi. Letter from NHS GG&C CP Subcommittee.

xvii. Pharmaceutical Care Services Plan

xviii. The Consultation Analysis Report.

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12 **Discussion**

12.1 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

12.2 **Neighbourhood**

12.3 The Committee considered the neighbourhoods as defined by: the Applicant, the Community Council, the CP subcommittee, Mr McLaren and the previous PPC held on 11 May 2011.

12.4 The Applicant, CP Subcommittee and PPC on 11 May 2011 all agreed that the northern boundary should run along the northern line of housing backing onto the open fields whilst the Community Council and Mr McLaren proposed to include the open ground to the north of Faifley. The open fields formed a natural boundary. As there were no dwellings within the open fields with residents that would use pharmaceutical services the Committee favoured the northern boundary where the northern line of housing met the open fields.

12.5 For the same reasons stated above, the Committee was in agreement with the eastern boundary proposed by the Applicant, CP Subcommittee and PPC of 11 May 2011 namely the natural boundary of the open fields along the eastern line of housing.

12.6 The southern boundary was more contentious. The Community Council, Applicant and CP subcommittee omitted Hardgate from the neighbourhood. The previous PPC defined the southern boundary as Glasgow Road including the housing and shops on both sides whilst Mr McLaren proposed it should be extended as far south as the Great Western Road. The applicant had suggested the southern border should run along the south side of Craig's Avenue because the type of housing on the south side of Craig's Avenue was different from that in Faifley. However the Committee disagreed as houses similar to those in Hardgate could be found to the right of Cochno Road. The view of the PPC was that Glasgow Road was an artificial boundary as people frequently crossed this road to access shops and other community facilities. As a result the Committee agreed that Clydebank & District Golf Club would form a natural southern boundary and that the neighbourhood would not extend as far south as Great Western Road.

12.7 All parties used part of Cochno Road as the western boundary. The Committee agreed with the Applicant and previous PPC that the western boundary was defined as Cochno Road from its junction with Dumbarton Road until it met Cochno Burn. The western boundary followed Cochno Burn north until reaching the northern boundary at the open fields on the

north side of Auchnacraig Road. The Committee decided to use Cochno Burn instead of continuing along Cochno Road and including Cochno Gardens and Cochno Brae in the neighbourhood as the burn formed a natural boundary.

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

To the North	The open fields along the northern line of the housing
To the East	The open fields along the eastern line of the housing
To the South	Glasgow Road, with the housing and shops on both sides including Fairways Drive, Colbreggan Gardens and Hardgate Cross
To the West	Cochno Road from its junction with Dumbarton Road to its meeting with Cochno Burn and along Cochno Burn until the northern boundary at the open fields on the north side of Auchnacraig Road.

12.9 The Committee was satisfied that by extending the southern boundary as proposed this formed a neighbourhood which contained in addition to the housing, primary schools, nurseries, churches a community centre, hairdressers, shops, a dentist and a pharmacy. All of which were utilised by the residents of Faifley on a daily basis and contributed to the fabric of the community.

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

12.11 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

12.12 The Committee noted that there was one pharmacy within the boundaries of the neighbourhood as defined above (Clan Chemists) and one pharmacy within 1.1 mile of the proposed premises (TLC Pharmacy Group). Both these pharmacies provided all core services and a range of non-core services. The Committee was also aware that residents had access to pharmacy services in the greater area of Clydebank.

12.13 The Committee did not believe the location of the proposed premises addressed the access issues identified by the Applicant. It was at the top of a steep hill with narrow footpaths which made access on foot difficult. Although this location may be more convenient for Faifley residents living in the immediate vicinity, residents in other parts of the neighbourhood lived closer to existing pharmacies.

12.14 The Committee discussed the various ways the local population could access current pharmaceutical services – by foot, bus or car. Although levels of car ownership in the neighbourhood were low there was a frequent

bus service serving the Faifley estate with the First Glasgow number 2 running from the Faifley terminus every 7-8 minutes taking at most 6 minutes to travel to Hardgate Cross (the stop for Clan Chemists). There was also a Citybus number 17 from Duntocher (the stop for TLC Pharmacy Group) which passed through Hardgate (Clan Chemists) before going onto Faifley. The Applicant had stated that the bus service had been stopped in periods of bad weather but on further questioning it had emerged that this had only happened once several years ago in snowy weather. The Committee concluded that there was an adequate bus service for residents to access the existing pharmacy services.

- 12.15 The impact of the cost of bus fares for deprived residents was recognised by the Committee. The Applicant had stated the cost of a return bus ticket as £2.15 and suggested people made a couple of journeys a week costing £4.30. A committee member and regular user of the number 2 bus service explained from that five journeys could be purchased for £5 making a return journey £2. It was also noted that journeys to access pharmaceutical services would not be a regular occurrence for most residents. Only those in the immediate vicinity of the proposed new pharmacy would be relieved from paying bus fares. The fact that the proposed new pharmacy was at the top of a steep hill meant that many residents choosing to use this pharmacy would still need to use the bus. It was also noted that both existing pharmacies also provided a delivery service for prescription items.
- 12.16 During the site visit the Committee noted the condition of the pavements but did not find these a barrier to accessing existing pharmaceutical services on foot.
- 12.17 The Committee considered whether the CAR gave any evidence of inadequacy of the current pharmaceutical provision. Of the 86 responses received 41 respondents said that dispensing of prescriptions was adequate compared with 42 that said it was inadequate (question 3). As the number of responses received was disappointingly small, the Committee was unable to draw any firm conclusions from the CAR as a whole and in particular with regard to the adequacy of current pharmacy services. Whilst the concerns made in the explanatory statements were noted many were based more on convenience rather than inadequacy of current service provision.
- 12.18 Similarly the letters of support for the proposed pharmacy submitted by the Applicant from Faifley Community Council and the West Dunbartonshire Council Provost and Councillors contained statements based more on convenience rather than need.
- 12.19 The onus was on the Applicant to demonstrate inadequacy of pharmaceutical provision for the neighbourhood. When asked for evidence of inadequacy, Mr Badger said this was reflected in the poor health of residents and the low numbers registered for the Minor Ailments Service. Whilst the Committee did not dispute the health demographic of the neighbourhood and serious levels of deprivation which were very serious it did not believe, however, that any evidence had been presented to support the view of the Applicant that such levels of deprivation and poor health

were as a result of inadequate pharmaceutical services. Instead the Committee thought there were many complex reasons for poor health in deprived areas. Accordingly the Committee did not think that simply increasing the number of pharmacy premises was the solution to residents' poor health issues.

- 12.20 The Committee looked at the number of complaints received by the Health Board for evidence of inadequacy. Only seven complaints were made in a three month period and all seven concerned dispensing errors. There were no complaints received at all about pharmacy services or waiting times. Given that the average number of prescription items dispensed per month was 16309, seven dispensing errors in 48927 items were not considered to be significant.
- 12.21 The extended opening hours proposed by the Applicant were acknowledged by the Committee. However evidence had been heard from the Interested Parties that should extended opening be required by the Health Board then a rota system could be put in place. Mr McLaren had previously opened on a Sunday when working in a pharmacy located in Kilbowie Road but it had not been economically viable when Boots in Clydebank started opening at this time. Evidence had also been heard that contractors were only obliged to open during the model opening hours required by the Health Board. Should an application be awarded with extended opening hours, then the applicant decided to reduce the number of hours the pharmacy opened, there was no action that could be taken by the Health Board provided the contractor complied with the model opening hours.
- 12.22 Provost Douglas McAllister and Councillor Lawrence O'Neill stated that the Faifley population was growing. However this was contradicted by Mr McLaren who stated that the Scottish Government's mid year population estimates showed a slight decline from 2011 to 2015. Evidence obtained from West Dunbartonshire Council's planning and building standards was that there were 62 private units with planning permission within West Dunbartonshire. The Committee took these new developments into account when assessing adequacy of the existing pharmaceutical provision and likely increase in demand in the near future. The Committee noted that these could not be regarded as significant as the number of developments was small.
- 12.23 Any increase in demand for pharmaceutical services by this neighbourhood was explored with the Interested Parties. Mr McLaren had confirmed that Clan Chemists could meet any increase in capacity. Mr Semple explained that the expansion of its pharmacy in Duntocher was currently on hold until the outcome of this application was known but likely to go ahead anyway irrespective of the outcome in order to construct a ramp for disabled access. The resulting expansion would increase capacity and be able to meet any rise in demand.
- 12.24 In accordance with the statutory procedure the Pharmacist Members of the Committee namely Mr Bryson, Mr MacIntyre and Mr Irvine left the room while the decision was made.

13 **DECISION**

13.1 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).

13.2 Taking into account all of the information available, and for the 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 12.8 above) and the level of service provided by the contractors in 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.