

**Pharmacy Practices Committee**

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

**PRESENT:**

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

**IN ATTENDANCE:**

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

**1. APOLOGIES**

Apologies were received from Mr Hakim Dim.

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

**2. MINUTES**

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

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

There were no matters arising.

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

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

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

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

- 4.1.3 The Applicant and the Interested Parties were informed that no Committee member had declared any interest in the application being considered.
- 4.1.4 The Chair asked the Applicant and the Interested Parties to confirm that they were not attending the Committee in the capacity of solicitor, counsel or paid advocate. They confirmed that they were not.
- 4.1.5 The Committee was asked to consider an application submitted by Gilbride Pharmacy to provide general pharmaceutical services from premises situated at 15 Barrland Street, Eglinton Toll, Glasgow, G41 1QH (“the Proposed Premises”) under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
- 4.1.6 The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located.
- 4.1.7 The Chair stated that only one person would be able to speak on behalf of the Applicant and reminded all present to speak through the Chair.
- 4.1.8 The procedure adopted by the Committee at the meeting was that the Chair would ask the Applicant to make his submission. There would be an opportunity for the Interested Parties and subsequently for the Committee to ask questions. The Interested Parties would then make their submissions, followed by an opportunity for the Applicant and subsequently the Committee to ask questions of the Interested Parties in turn. The Interested Parties and the Applicant would then be given the opportunity to sum up.

## 4.2 **The Applicant’s Case**

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

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

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

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

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

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

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

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

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

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

4.2.18 The Applicant concluded that :

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

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

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

Mr Church was invited to ask questions.

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

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

Ms Yung was invited to ask questions.

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

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

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

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

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

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

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

Mr Sheikh was invited to ask questions.

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

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

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

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

Mr Hughes was invited to ask questions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Applicant was invited to ask questions.

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

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

Ms Yung was invited to ask questions.

- 4.10.1 Ms Yung had no questions

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

Mr Sheikh was invited to ask questions.

4.11.1 Mr Sheikh had no questions

**4.12 Questions from Hughes to Mr Church**

Mr Hughes was invited to ask questions.

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

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

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

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

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

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

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

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

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

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

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

Ms Yung was invited to make her statement.

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

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

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

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

The Applicant was invited to ask questions.

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

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

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

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

Mr Church was invited to ask questions.

- 4.16.1 Mr Church had no questions

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

Mr Sheikh was invited to ask questions.

- 4.17.1 Mr Sheikh had no questions.

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

Mr Hughes was invited to ask questions.

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

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

- 4.19.1 Mr Roberts asked if Ms Yung worked at the pharmacy and Ms Yung confirmed that she did.

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

- 4.19.3 Mr Roberts asked if Ms Yung's pharmacy had many methadone customers. Ms Yung said that they had between 30-40 patients at present in total. Ms Yung said that they had previously had a

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

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

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

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

Mr Sheikh was invited to make his statement

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

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

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

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

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

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

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

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

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

The Chair invited the Applicant to ask questions.

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

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

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

The Chair invited Mr Church to ask questions.

- 4.22.1 Mr Church had no questions.

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

The Chair invited Ms Yung to ask questions.

- 4.23.1 Ms Yung had no questions.

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

The Chair invited Mr Hughes to ask questions.

- 4.24.1 Mr Hughes had no questions.

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

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

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

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

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

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

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

Mr Hughes was invited to make a statement.

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

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

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

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

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

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

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

The Applicant was invited to ask questions.

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

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

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

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

Mr Church was invited to ask questions.

4.28.1 Mr Church had no questions.

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

Ms Yung was invited to ask questions.

4.29.1 Ms Yung had no questions.

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

Mr Sheikh was invited to ask questions.

4.30.1 Mr Sheikh had no questions.

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

4.31.1 Mr Roberts had no questions.

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

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

#### 4.32 **Summing up**

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

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

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

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

#### 4.33 **Conclusion of Oral Hearing.**

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

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

#### 4.34 **Decision Process**

- 4.34.1 The Committee were required and did take into account all relevant factors concerning the issue of:
- (a) Neighbourhood
  - (b) Adequacy of existing pharmaceutical services in the Neighbourhood and, in particular, whether the provision of pharmaceutical services at the proposed premises named in the application were necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.
- 4.34.2 In addition to the oral submissions put before them, the Committee also took into account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the Committee namely :
- (a) Chemist Contractors within the vicinity of the Applicant's premises of which those marked \* had made a representation to the Committee within the time limit
    - i. L Rowland & Co (Retail) Ltd \* (*not included in papers*)
    - ii. J P Mackie Pharmacy \*
    - iii. Hughes Chemist \*
    - iv. Pollokshields Pharmacy \*
    - v. Lloyds Pharmacy Ltd \*
    - vi. Boots UK Ltd
    - vii. Govanhill Pharmacy Ltd
    - viii. David L L Robertson Chemist
    - ix. M & M Pharmacy
    - x. S H Mehta Pharmacy
    - xi. Mount Florida Pharmacy
    - xii. Queens Park Pharmacy
    - xiii. Langside Pharmacy

xiv. Apple Pharmacy

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

4.34.3 Additional information also provided that the Committee considered:

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

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

4.34.5 **Neighbourhood:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### 4.35 **DECISION**

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

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

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**Date**