PPC[P]2016/04

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

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

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

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

2. <u>Minutes of PPC held on 30 March 2016</u>
Those who attended approved the minute as a correct record of the meeting.

The Applicant and Interested Parties were invited into the meeting.

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

APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST
Case No: PPC/INCL03/2016
CD Chem Ltd, 261-263 Bilsland Drive, Ruchill, Glasgow, G20 9RE

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

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

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

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

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

The Committee was asked to consider an application submitted by CD Chem Ltd to provide general pharmaceutical services from premises situated at 261-263 Bilsland Drive Ruchill, Glasgow G20 9RE under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Chair stated that only one person would be allowed to speak on behalf of the Applicant and each Interested Party and reminded all present to speak through the Chair.

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

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

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC was whether "the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List."

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

3.1 The Applicant's Case

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

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

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

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

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

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

Lord Nimmo-Smith quoted:

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

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

its place.

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

He then quoted Lord Justice Banks defined neighbourhood:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

He referred back to his defined neighbourhood and the natural physical barriers which acted as its boundaries. It was ¾ of a mile to the pharmacy on Balmore Road and just over a mile to the pharmacies on Saracen Street. These distances would be a lot for an infirmed or frail patient. It would take a healthy adult around 20 minutes to walk this at an average speed of 3.1mph. He considered that an elderly patient or parent with a pram was more likely to walk at a speed of up to 2mph and a round journey would take significantly longer. This was compounded by the barrier of an extremely busy road with traffic travelling to all directions of the city and the trip was even more arduous. In the other direction, access to the pharmacies on Maryhill Road required going under or over the canal. The crossing points for which were again far from adequate for vulnerable patients. He would not expect someone with a disability to frequently tackle the many stairs from Murano Street to Maryhill Road over the canal. Nor would he be pleased about elderly patients walking along Ruchill Street and over the canal past the industrial units and alongside another thoroughfare.

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

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

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

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

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

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

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

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

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

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

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

In this case he concluded that:
(i) The existing transport and pedestrian routes were unsatisfactory for gaining access to surrounding pharmacies.
(ii) The location of the surrounding pharmacies were not good as necessary for their requirement to provide pharmaceutical services to Ruchill.
And
(iii) That the remote provision of the four core services was not acceptable in quality or quantity according to their standard specifications.

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

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

3.2 <u>The Interested Parties Questioned the Applicant</u>

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

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

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

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

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

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

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

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

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

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

Mrs McElroy had no further questions

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

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

Mr Qayum had no further questions.

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

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

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

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

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

Mr Arnott had no further questions.

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

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

Mr Dykes had no further questions.

This concluded the Interested Parties' questions.

3.3 The PPC Questioned the Applicant

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

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

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

Mr Daniels had no further questions.

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

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

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

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

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

Mrs Anderton had no further questions.

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

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

Mr Wallace had no further questions.

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

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

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

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

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

Mr Irvine had no further questions.

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

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

Mr Din had no further questions.

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

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

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

The Chair had no further questions.

This concluded the PPC's questioning of the Applicant.

4. The Interested Parties' Cases

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.2 The Applicant Questioned Mrs McElroy

Mr Johnstone confirmed that he had no questions for Mrs McElroy

4.3 The Other Interested Parties Questioned Mrs McElroy

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

Mr Arnott had no further questions.

None of the other Interested Parties had questions.

4.4 The PPC Questioned Mrs McElroy

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

Mr Daniels had no further questions.

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

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

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

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

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

Mrs Anderton had no further questions.

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

Mr Wallace had no further questions.

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

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

Mr Irvine had no further questions.

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

Mr Din had no further questions.

This concluded the PPC's questioning of Mrs McElroy.

4.5 <u>Mr Qayum was invited to present the case on behalf of Maryhill Pharmacy</u>

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

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

population.

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

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

4.6 The Applicant Questioned Mr Qayum

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

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

Mr Johnstone had no further questions.

4.7 The Interested Parties Questioned Mr Qayum

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

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

Mrs McElroy had no further questions.

The other Interested Parties confirmed they had no questions.

4.8 The PPC Questioned Mr Qayum

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

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

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

Mr Daniels had no further questions

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

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

Mrs Anderton had no further questions

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

Mr Wallace had no further questions

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

Mr Irvine had no further questions

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

Mr Din had no further questions

4.9 **<u>Mr Arnott was invited to present the case on behalf of Lloyds Pharmacy</u>**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4.10 <u>The Applicant questioned Mr Arnott</u>

Mr Johnstone confirmed that he had no questions.

4.11 <u>The other Interested Parties questioned Mr Arnott</u>

The Interested Parties had no questions.

4.12 <u>The Committee questioned Mr Arnott</u>

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

Mr Daniels had no further questions

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

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

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

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

Mrs Anderton had no further questions

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

Mr Din had no further questions

This concluded the PPC's questioning of Mr Arnott

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

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

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

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

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

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

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

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

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

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

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

4.14 The Applicant questioned Mr Dykes

Mr Johnstone confirmed that he had no questions.

4.15 The other Interested Parties questioned Mr Dykes

The Interested Parties confirmed they had no questions.

4.16 The PPC questioned Mr Dykes

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

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

Mrs Anderton had no further questions

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

Mr Irvine had no further questions

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

The Chair had no further questions

This concluded the PPC's questioning of Mr Dykes.

5 Summing Up

5.1 The Chair invited the Interested Parties to make their summaries

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

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

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

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

5.2 The Chair invited the Applicant to make his summary

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

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

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

The Chair advised all parties that the Committee's decision would be relayed to the Health Board within 10 working days. After which the decision would be formally relayed to the Applicant and Interested Parties within 5 working days. These timescales were consistent with the Regulations. Thereafter, there would be 21 days within which appeals could be lodged against the PPC's decision (full details of how to do this would be included in the formal written notification of the decision).

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

6 Committee Discussion

PPC[P]2016/04

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

a. Neighbourhood;

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

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

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

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

All of whom had made representations to the Committee.

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

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

b. The Greater Glasgow & Clyde Area Medical Committee had made representation.

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

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

The Committee also considered;-

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

f. The location of the nearest existing medical services;

g. Information from Glasgow City Council's Development & Regeneration and Roads and Transportation Departments advising of the known future developments within the area of the proposed premises.

h. Population/Census 2011 information relating to the postcode areas surrounding the Applicant's proposed premises.

i. Patterns of public transport in the area surrounding the Applicant's proposed premises;

j. Information regarding the number of prescription items dispensed during the past 12 months and Quarterly Information for the Minor Ailment Service activity undertaken by pharmacies within the consultation zone;

k. Complaints received by the Health Board regarding services in the area;

l. Applications considered previously by the PPC for premises within the vicinity;

m. Consultation Analysis Report (CAR);

n. The Pharmaceutical Care Services Plan (PCSP).

7. DECISION PROCESS

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

7.1 Neighbourhood

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

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

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

NORTH: the canal

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

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

7.2 Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

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

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

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

8. DECISION

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

Taking into account all of the information available, and for reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood (as defined by it in Paragraph 7.2 above) and the level of service provided by those contractors to the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.

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