**PPC[M]2020/01**

**Pharmacy Practices Committee**

**Minutes of the meeting held on Friday 7 February 2020 at 0930 hours, in Holiday Inn Express, Greenock, Main Street. Cartsburn, Greenock, PA15 1AE**

**PRESENT:**

Mr Alan Cowan Chair

Mr Stewart Daniels Lay Member

Mrs Morag Mason Lay Member

Mr John Woods Lay Member

Mr Ewan Black Contractor Pharmacist Member

Mr Scott Bryson Non-Contractor Pharmacist Member

**IN ATTENDANCE:**

Mrs Margaret Kerr Deputy Chair, PPC (Observing) (until 2pm)

Councillor Iain Nicolson Deputy Chair, PPC (Observing)

Mrs Janine Glen Contracts Manager, NHS GG&C

Ms Trish Cawley Contracts Supervisor, NHS GG&C

Ms Susan Murray Solicitor, CLO

Ms Gillian Gordon Secretariat, NHS NSS, SHSC

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| **1.** | **PRE-MEETING CONVENED** |
| 1.1 | The Pharmacy Practices Committee (PPC) convened at 0930 hours.  |
| 1.2 | The Committee agreed the route of the site visit before departing on the bus tour of the area. |
| 1.3 | The site visit covered the following route:* Whinhill Train Station (on Kilmacolm Road) - edge of Applicant's Northern boundary;
* Travelling length of Kilmacolm Road on to Auchmountain Road - to turning point;
* Corlic Hill and Arden Road - Applicant's Southern boundary;
* Shandon Place - Bridgend Road to Lady Octavia Sports Centre - Applicant's East boundary - looking to railway line - Applicant's Northern boundary;
* Proposed Premises (Corlic Street);
* Kilmacolm Road - Lomond Road - Applicant's West boundary;
* McDade's Chemist- closest pharmacy to proposed premises;
* lngleston Street- Baker Street- Dellingburn Street;
* Holmscroft Health Centre Pharmacy;
* Clyde Pharmacy;
* Site of New Greenock Health Centre;
* Well Pharmacy;
* Through town centre- Boots (in shopping arcade) or Tesco were not visited;
* Return to Holiday Inn.
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|  | **MEETING RECONVENED AT 1200 HOURS** |
| **2.** | **BUSINESS – MATTERS CONSIDERED BY THE CHAIR** |
| 2.1 | **Changes of Ownership**The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of Changes of Ownership considered by the Chair since the date of the last meeting: |
| 2.1.1 | **Case PPC/C001/2020 – JMG (Pharmacists) Ltd, 558 Cathcart Road, Glasgow, G42 8YG.** |
| 2.1.2 | The Board received an application from JMG (Pharmacists) Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as DLL Robertson (Glasgow) Ltd, T/A DLL Robertson at the address given above, with effect from 3rd December 2019. The trading name of pharmacy changed to Crosshill Pharmacy. |
| 2.1.3 | The Committee is advised that the level of service wasn’t reduced by the new contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council. |
| 2.1.4 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
| 2.1.5 | **Case PPC/C002/2020 – J & J G Dickson & Son Ltd, 510 Dumbarton Road, Glasgow, G11 6SN.**  |
| 2.1.6 | The Board received an application from J&JG Dickson & Son Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as J&P Venables Ltd, T/A Hand Pharmacy at the address given above, with effect from 1st December 2019. The trading name of pharmacy changed to Dickson Pharmacy. |
| 2.1.7 | The Committee is advised that the level of service wasn’t reduced by the new contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council. |
| 2.1.8 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
| 2.1.9 | **Case PPC/C003/2020 – J & J G Dickson & Son Ltd, 1239/1243 Dumbarton Road, Glasgow, G14 9UT** |
| 2.1.10 | The Board received an application from J&JG Dickson & Son Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as J&P Venables Ltd, T/A Hand Pharmacy at the address given above, with effect from 1st December 2019. The trading name of pharmacy changed to Dickson Pharmacy. |
| 2.1.11 | The Committee is advised that the level of service wasn’t reduced by the new contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council. |
| 2.1.12 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
|  | **HOMOLOGATED/** |
| 2.2 | **Minor Relocation of Existing Services**The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of Changes of Ownership considered by the Chair since the date of the last meeting: |
| 2.2.1 | **Case PPC/MRELOC01/2020 – Bestway National Chemists Ltd, T/A Well Pharmacy, 171-177 Baillieston Road, Glasgow, G32 0TN.** |
| 2.2.2 | Bestway Pharmacy Ltd, T/A Well Pharmacy made an application to relocate their existing pharmacy from **Temporary Portakabin, 171-177 Baillieston Road, Glasgow G32 0TN** to the above unit. |
| 2.2.3 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.2.4 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| 2.2.5 | **Case PPC/MRELOC02/2020 Woodside Pharmacy (Glasgow) Ltd, 663-667 Garscube Road, Glasgow, G20 7JX.** |
| 2.2.6 | Woodside Health Centre Pharmacy Ltd, T/A Woodside Health Centre Pharmacy made an application to relocate their existing pharmacy from **Barr Street, Glasgow G20 7LR** to the above unit. |
| 2.2.7 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.2.8 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| 2.2.9 | **Case PPC/MRELOC03/2020 – N & R Gordon Ltd, T/A Gordons Chemist, Unit 2, 66 Bank Street, Alexandria, G83 ONH.** |
| 2.2.10 | N&R Gordon Ltd, T/A Gordons Chemist made an application to relocate their existing pharmacy from **12-14 Mitchell Way, Alexandria G83 0LW** to the above unit. |
| 2.2.11 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application **fulfilled** the criteria for minor relocation as defined within the current pharmacy regulations. |
| 2.2.12 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
| 2.3 | **Minutes of Previous PPC Hearings**The Minutes of the undernoted PPCs were ratified: |
| 2.3.1 | PPC(M)2019/03 held on Thursday 26 September 2019. |
| 2.3.2 | PPC(M)2019/04 held on Wednesday 9 October 2019. |
| 3 | **LATE WITHDRAWAL OF ONE INTERESTED PARTY – LEGAL ADVICE**  |
| 3.1 | The Chair noted that there had been a request from Mr Martin Green of M & D Green Dispensing Chemists who had asked the previous evening if he could submit a written submission as he was unexpectedly unable to attend the hearing. The Chair had sought legal advice as this was an oral hearing.  |
| 3.2 | S Murray referred to the Regulations, Schedule 3 Paragraph 1 which deals with receipt and notifications of applications where any person notified had 30 days to make written representations about applications. Then Schedule 3 Para 3 which allows for an application to be considered without an oral hearing. In this case it was decided to hold an oral hearing. Then Schedule 3 Para 3.3 was applicable in that any person at the hearing may either speak or nominate a person to speak on their behalf.  |
| 3.3 | The Chair reported that an additional written representation from Mr Green was received by email at close of business the previous day. He had been contacted that morning and informed that the written representations would not be allowed. It was not felt fair, given the short notice, since the Applicant and other Interested Parties had not had time to consider this, nor have the opportunity to question him. He was also offered the opportunity to send someone on his behalf but was unable to do, so M & D Green would not be taking part in the hearing either orally or in writing.  |
|  | *The Applicant and Interested Parties were invited into the meeting and introductions were made.* |
| 4 | **ATTENDANCE OF OBSERVERS** |
|  | Prior to formally convening the open session, the Chair intimated that Mrs Margaret Kerr and Councillor Iain Nicolson, both Deputy Chairs of NHS GG&C’s Pharmacy Practices Committee, would be in attendance for training purposes so that they could chair future PPCs. He stressed that they would take no part in the decision making process and asked for agreement to their attendance at the meeting. The Applicant and Interested Parties had no objection and Mrs Kerr and Councillor Nicolson joined the meeting. |
| **5.** | **APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST CASE No: PPC/INCL01/2020 MR EDWARD MCANERNEY, 26 CORLIC STREET, GREENOCK, PA15 3LJ** |
| 5.1 | **Mr Edward McAnerney,** (“the Applicant”), was unaccompaniedThe Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were:* Mr Martin McDade, accompanied by Mrs Claire McDade, representing McDade’s Pharmacy;
* Mr John Hagan representing Holmscroft Healthcare Ltd;
* Ms Joanne Watson, accompanied by Mr Alasdair MacKenzie, representing Boots (UK) Ltd;
* Mr Nisith Nathwani, representing Well Pharmacy;
* Mr Kenneth Irvine, accompanied by Ms Elaine Rae, representing Clyde Pharmacy.

Together these constituted the “Interested Parties”. |
| 5.2 | The Chair welcomed all to the meeting.  |
| 5.3 | The Applicant and Interested Parties were advised that the meeting had convened at 0930 hours when all present were invited to state any interest in the application. No interests were declared so the meeting was adjourned and a site visit carried out to familiarise the Committee with the location of the proposed pharmacy and the surrounding area. |
| 5.4 | The Chair advised that he wished the record to reflect that Mr Kenneth Irvine (representing Clyde Pharmacy) was known to the members of the PPC in his capacity as Contractor Pharmacist Member of the Committee. All those present confirmed that they had no objection. |
| 5.5 | The Chair advised all present of the necessary housekeeping and Health & Safety information. |
| 5.6 | This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The Committee was to consider the application submitted by Mr Edward McAnerney to provide general pharmaceutical services from premises situated at 26 Corlic Street, Greenock, PA15 3LJ (“the Proposed Premises”). |
| 5.7 | The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant’s proposed premises were located. |
| 5.8 | Confirmation was sought by the Chair that the Applicant and Interested Parties were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed that this was the case.  |
| 5.9 | The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.  |
| 5.10 | Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement.  |
| 5.11 | The Chair reported that Mr Martin Green of M&D Green was unable to attend at the last minute and had asked to submit a written submission. The written submission had been received near close of business the previous evening. Legal advice had been sought and it was decided not to allow this as it did not give any of the parties present the opportunity to properly consider the submission. This was an oral hearing arranged in accordance with Schedule 3 Para 3.3 of the pharmacy regulations and the purpose was to hear evidence and not consider any additional written submissions. |
| 5.12 | Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Mr Edward McAnerney to speak in support of the application, reminding him that the PPC was not in a position to consider any additional written evidence. |
| 6. | **THE APPLICANT’S CASE**  |
| 6.1 | The Applicant thanked the Committee for allowing him to present his case and read from a prepared statement as follows: |
| 6.2 | “Whilst this is an application under the Regulations to open a new pharmacy, I prefer to call it an application to reinstate the pharmacy that existed at this site until the late 1970s. This pharmacy was owned by Mr McDade, and one can only assume that it was an economic decision to close it based on the simple fact that the only other pharmacy in the area was owned by the same business. This may have made perfect sense at the time, but it was a long time ago and pharmaceutical needs have vastly changed in the past 40 years. What made sense in 1980 does not necessarily make sense now.  |
|  | **Neighbourhood** |
| 6.3 | I have defined the neighbourhood as being that part of the East End of Greenock south of the railway line. This physical boundary divides the East End of Greenock into two distinct neighbourhoods. To the north of the railway line is the neighbourhood known as Bridgend whilst the neighbourhood in which the proposed premises are located is known as Strone & Maukinhill. |
| 6.4 | Strone & Maukinhill is recognised by Inverclyde Council as a distinct neighbourhood, which is reflected in there being a Strone Maukinhill Tenants Association, Strone Maukinhill Community Hall, Strone Maukinhill Youth Project, etc as listed on the Council’s website |
| 6.5 | The neighbourhood is poorly served by services (I will go in to more detail about this later) but does have a council-run nursery, a school, a convenience store and carry-out restaurant. |
| 6.6 | As the PPC will have seen, the East End of Greenock is built on the side of a steep hill. This divides the wider area into an 'upper part' and a 'lower part', with the railway line being a logical line separating the two. |
| 6.7 | Now my colleagues may claim that this cannot be correct as the neighbourhood I have defined doesn't contain 'things' that would make it a neighbourhood as defined by the regulations. They may even mention a phrase used by Lord Nimmo-Smith in a famous judicial review: “neighbourhood for all purposes" |
| 6.8 | I want to take a couple of minutes to explain why this has become one of the most misused phrases in the history of the PPC. |
| 6.9 | Lord Nimmo-Smith used this oft-quoted phrase in a decision about an application by Boots in a Retail Park in Inverness in 1999. A retail park that had no residents. |
| 6.10 | Lord Nimmo-Smith is a master of the English language, and the common misinterpretation of the phrase is due to some people not understanding his English. |
| 6.11 | A 'purpose' is not a 'service', or a facility. A 'neighbourhood for all purposes' does not mean an area containing an arbitrary list of local services. The definition is : noun - the reason for which something exists or is done, made, used, etc; an intended or desired result; end; aim; goal, determination; resoluteness. |
| 6.12 | What Lord Nimmo-Smith actually meant is that the context in which a neighbourhood is defined does not change the boundary of the neighbourhood. This is what differentiates 'neighbourhood' from 'catchment area'. A 'catchment area' will be different depending on context. A corner shop may be in the same neighbourhood as an airport, but both will have entirely different catchment areas. The catchment area is fluid - the neighbourhood is not. |
| 6.13 | So, a neighbourhood does not need to contain an arbitrary list of services to be considered a neighbourhood. This is not what Lord Nimmo-Smith meant. |
| 6.14 | In this particular example, the neighbourhood is lacking many types of service -which I will discuss later. One missing service is, of course, a pharmacy. This doesn't mean it isn't a neighbourhood. It's just a measure of how deprived it is. |
| 6.15 | One final point about the neighbourhood. The PPC may disagree with my definition of the neighbourhood, and may decide that it's a wider neighbourhood encompassing the whole of the East End and which includes the pharmacy at Bellville Street. |
| 6.16 | With respect, I would suggest that would make absolutely no difference to my case. I have identified a population of around 3200 people who have inadequate access to a pharmacy. It doesn't make any difference if the current service is inadequately provided to this population by a pharmacy in their neighbourhood or out with their neighbourhood. The current inadequacy for these 3200 people can't be addressed by drawing a different line on a map. |
|  | **Existing Services** |
| 6.17 | The closest pharmacy to the neighbourhood is McDade's in Belville Street. This pharmacy is outwith the neighbourhood and is approximately 0.6 miles down a hill from the neighbourhood boundary. The distance for the majority of the population in the neighbourhood is over 1 mile down a steep hill.  |
| 6.18 | However, it cannot be assumed that this is the pharmacy most people in the neighbourhood use to access NHS Pharmaceutical Services. In fact, if I can refer to the additional papers. I would ask the panel to note that McDade's Pharmacy is dispensing 5,200 items on average every month. Now we can do a rough calculation to get an idea of how many items per month a population will generate. In Scotland it's 1.6 items per month per person. In an area of high deprivation, you would probably expect that number to be higher, but we’ll stick with the national average. This simple calculation would suggest that on average 3,250 residents use McDade's Pharmacy out of a total population of over 10,000 living in the East End of Greenock. In reality, these figures will be different as sick people get more items but the proportion will remain the same. In other words, only around 1/3 of residents in the East End who get prescriptions every month will be getting them at McDade's. |
| 6.19 | The Applicant had included additional papers within the folder he submitted to the secretariat containing a hard copy of his presentation. The Chair informed Mr McAnerney that those present did not have access to these additional papers and that he should mention any points that he wished to draw from them in his oral presentation.  |
| 6.20 | So, mostpeople in the East End - and I would expect this to be a greater proportion of those in Strone Maukinhill - do not access pharmaceutical services at Bellville Street. |
| 6.21 | We can therefore assume that they're using the Health Centre Pharmacy, or Boots, or Tesco. All of which are a considerable distance from the neighbourhood. |
| 6.22 | This makes sense when you think about it. The closest pharmacy is too far to walk to (for those members of the community who most use a pharmacy) and so most people would need to use public transport. However, there is really nothing else around the Bellville Street area that would warrant such a journey and so most people will stay on the bus until they get to the town centre where they can combine their visit to a pharmacy with other shops and services. This is what people do when they don't have a pharmacy in their own neighbourhood. |
| 6.23 | So to summarise, the closest pharmacy to the neighbourhood is at Bellville Street, but the relatively low volume of dispensing suggests that a significant number of local people are accessing pharmacy services much further away. To do so, most will be using a bus. And that costs money. |
|  | **Consultation Analysis Report (CAR)** |
| 6.24 | Neighbourhood - Clear consensus (73% v 24%) that neighbourhood is as defined in the application. |
| 6.25 | **Adequacy of current provision** - In hindsight, I've realised that this question is completely flawed, and should be changed in all future CARs. Any respondent reading this question will think they are being asked about the adequacy of service being provided by existing pharmacies in surrounding neighbourhoods. The question of 'access' to these services is not specifically asked in the CAR, and in the context of the Regulations, it is access which is always the key question with regard to 'adequacy' of an existing service. Consider for a moment if the closest pharmacy to this neighbourhood was not McDade's, but my pharmacy at Barr's Cottage. If you surveyed the neighbourhood and asked them if my 'provision' was 'adequate', I would hope the vast majority would think it was. They would see the question as being about the level of service I provide in my pharmacy. However, would this be adequate in the context of the regulations? Of course not. My pharmacy at Barr’s Cottage is far too far away to provide people in the East End of Greenock with an adequate service. This question needs to be worded differently in future, and the responses in the CAR should be discounted. |
| 6.26 | **Access** - This is the key question with respect to the Regulations. Over one third of the population of the neighbourhood - which equates to over 1000 people - have challenges in accessing a pharmacy. One can reasonably assume that this cohort will be those most in need of a pharmacy. As you will see in the CAR, there are many reasons why significant sections of the local community have difficulties in accessing the existing pharmacies. |
| 6.27 | **Would you use a new pharmacy?** - A significant majority of the population (over 2/3) would use a new pharmacy. This surely demonstrates that access to the existing pharmacy is not as easy as may be claimed. Switching pharmacy providers is not something which people do lightly - and if such a large number would use the new pharmacy then there is clearly something wrong with the current provision. |
| 6.28 | **Opening Hours -** This is another pointless question in the CAR. Any new contractor can amend their hours as soon as they commence trading, as long as they conform to the Board's model hours’ scheme. I can assure the PPC that my opening hours will be as proposed. |
| 6.29 | **Support** - There is overwhelming support for the new pharmacy- 71% in favour v 29% against. |
| 6.30 | So, to summarise the CAR:* The local community agree with the definition of the neighbourhood 1/3 of the population have challenges in accessing pharmacy services.
* Over 2/3 of the community will use a new pharmacy in Strone/Maukinhill.
* And finally, there is overwhelming support for a new Pharmacy.
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| 6.31 | The most important issue for the PPC is ‘Is the current pharmaceutical service provided to the neighbourhood I have described 'adequate'? |
| 6.32 | Before I address that, let's look at the demographics of the neighbourhood because this particular neighbourhood has a unique claim. This isn't simply a deprived area. This is the most deprived neighbourhood in Scotland, probably the UK, and possibly even in Europe. |
| 6.33 | We know this because of the 2020 SIMD (Scottish Index of Multiple Deprivation) figures released last week which show that Greenock Central & East has overtaken Ferguslie Park as Scotland's most deprived area. |
| 6.34 | Inverclyde is also the area with the largest local share of deprived areas, with 45% of data zones among the 20% most deprived areas in Scotland. |
| 6.35 | "Deprived" does not just mean "poor" or "low income". This is really important with respect to this particular process.It means people have fewer resources and opportunities, for example in health and education. (Scottish Parliament Information Centre 2020). |
| 6.36 | The SIMD looks at seven domains:* Income (Important);
* Employment;
* Health (very important);
* Education;
* access to services (also very important);
* crime; and
* housing.
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| 6.37 | It is possible to see where areas rank within these individual dimensions. For example, the Dumbiedykes area, situated near the Scottish Parliament, performs relatively well in terms of income and access to services, but ranks fairly badly when it comes to housing. |
| 6.38 | SIMD is a tool to identify problems that areas might be facing. This data can be used to steer policy decisions based on a community's requirements. It can be combined with other data to aid analysis of local issues. |
| 6.39 | It is my contention that because this community scores the lowest in Scotland for income, health, and access to services, and has no pharmacy in their neighbourhood, that is prima facie evidence that the existing services are inadequate. |
| 6.40 | *Mr McAnerney then made mention of additional papers which he had added to his prepared statement. The Chair reminded him that, as none of the Committee or Interested Parties had access to these, he should confine any mention to points he wished to make from them. He referred back to the reasons given at the opening of the hearing for refusing to take Mr Green’s late written submission. Mr McAnerney acknowledged this and resumed his oral presentation.* |
| 6.41 | So what can we say about this neighbourhood with confidence? This is the most deprived part of Scotland**.** The population have correspondingly poor health. They have low levels of car ownership. This is a population morein need of a neighbourhood pharmacy than any other and they don't have one. So, with those demographics in mind I now want to discuss the adequacyof the existing service. |
| 6.42 | The closest pharmacy would not seem to be serving many of the people in my neighbourhood. The average script numbers would attest to this. It's impossible to know *exactly* why, although some of the comments in the CAR may give an indication. |
| 6.43 | I believe the reason is quite simple. This is a population where many of the sick, elderly, and most economically disadvantaged will need to use the bus to access services, whether or not that's McDade's Pharmacy or the pharmacy in the town centre. For people at this end of the economic ladder, paying for buses can be problematic. Therefore, if you need to pay for bus travel you'll try and organise your week so that it fits with other necessary trips- shopping, etc. |
| 6.44 | Just to note, the cost of a return trip to the town centre, which we have established is the most likely journey, is around £5. Even the cost down to Belville Street is around £2. Maybe for us this doesn't sound a lot. For people living in the most deprived area of Europe this is a huge barrier to accessing a pharmacy service when the patient needs it. |
| 6.45 | I should point out, as the Interested Parties probably will, that the bus service is actually quite good and I'll let them go into the details. But this misses the point. This is a population that can't afford to be jumping on a bus on a daily basis. |
| 6.46 | This is how people in Strone & Maukinhill navigate the system. In effect, they don't have the same access to a pharmaceutical service as the rest of us. In many areas of Scotland one can say 'the local pharmacy is easily accessible, ‘just get a bus'. For most people, this is affordable. For the people who live in this area, it often isn't. This seriously restricts their ability to access a pharmacy when they need it. |
| 6.47 | If this was a nice scheme somewhere, with a pharmacy not far down the hill and a decent bus service then I wouldn't be here. I'd probably agree that the existing service was adequate. This is different. |
| 6.48 | Every neighbourhood has a range of people living in it. Some people in Strone & Maukinhill will have cars. Some will have enough money that they don't worry about using a bus whenever they need to. Some will be healthy. Some will be fit, and will be happy to walk to and from the pharmacy at Bellville Street. |
| 6.49 | The question for the PPC is this: Is there a significantly large cohort of people in this neighbourhood who don't fall into the above categories? People with long term conditions, mothers on low incomes with small children, people on daily methadone, the disabled, and the frail elderly. |
| 6.50 | I would say that this population exists, that their numbers are significant, that accordingly pharmaceutical services in the neighbourhood are inadequate, and the granting of this application will address this inadequacy. |
| 6.51 | One other point I'd like to draw attention to is the provision of services for Opiate Substitution Therapy (OST). I have received an e-mail from the head of the drug service in Inverclyde stating that there was a need for this service and if the application were granted, they would use it. |
| 6.52 | So, to summarise the neighbourhood is the part of the East End of Greenock called Strone & Maukinhill south of the railway and up the hill. |
| 6.53 | Current services are provided by a mixture of pharmacies in Greenock. We estimate that only up to around a third of local people use the pharmacy at Belville Street. The pharmacy at Belville Street is more than a mile from most residents, and is down a steep hill. For those who most need a pharmacy it is unrealistic to expect them to walk. |
| 6.54 | This is the most deprived area of Scotland, with correspondingly shocking levels of poor health, poor access to services, and low income. |
| 6.55 | In contrast to many parts of the country, it is simply unacceptable to expect this population to pay for buses to access a pharmacy. |
| 6.56 | Pharmaceutical services in the neighbourhood are clearly inadequate, and I would respectfully ask you to grant this application. |
|  | *This concluded Mr McAnerney’s presentation, and the Chair invited questions from the Interested Parties in turn.* |
| 7. | **QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT** |
| 7.1 | **Questions from Mr McDade (McDade Pharmacy)**  |
| 7.1.1 | Mr McDade referred to the Northern boundary and asked if there were roads and houses on top of the railway where it went underground. Mr McAnerney acknowledged that this was the case. |
| 7.1.2 | Mr McDade said that, given this, would the Applicant acknowledge that there was no boundary. Mr McAnerney said that he was just trying to draw a line on the map and the railway seemed relevant. |
| 7.1.3 | Mr McDade asked the Applicant to name the four core pharmacy services. While disagreeing with the relevance of the question, Mr McAnerney said that, off the top of his head, they were Chronic Medication Service (CMS), Minor Ailment Service (MAS), Acute Medication Service (AMS) and OST. |
| 7.1.4 | The Applicant was asked if there was any evidence of inadequacy in any of these services and replied that he had received a letter from the leader of the drug services that there was a need for ORT.  |
|  | *Mr McDade had no further questions and the Chair invited Mr Irvine to put his.* |
| 7.2 | **Questions from Mr Kenneth Irvine (Clyde Pharmacy)**  |
| 7.2.1 | Mr Irvine asked how the Applicant would define a boundary and he replied that these could be physical or geographic but basically it was a line on a map. |
| 7.2.2 | Mr Irvine pointed out that this process was about provision of pharmaceutical services to a neighbourhood. He referred to the Northern boundary of the railway line and asked how many crossing points there were. The Applicant said that there were about five. |
| 7.2.3 | Mr Irvine asked how this could be considered a barrier to people accessing services. Mr McAnerney replied that his neighbourhood was based on what used to be Council Ward 6 and had taken the boundaries from that. He said that it was a line on a map to describe the area and he defined this as the boundary and said that it would not make a difference if the PPC disagreed with his definition of a boundary. |
| 7.2.4 | Mr Irvine asked if that was the correct legal test and Mr McAnerney said that he could not answer that. |
| 7.2.5 | Turning to adequacy Mr Irvine asked if there was any evidence based support that was not anecdotal that supported inadequate provision of any of the four core services. The Applicant replied that only for the OST service and Mr Irvine pointed out that this was not a core service so there was no evidence that the core services were inadequate. Mr McAnerney confirmed that this was the case. |
| 7.2.6 | When asked about complaints to Health Boards about the level of provision of pharmaceutical services within the neighbourhood, Mr McAnerney said that he was not aware of any. |
| 7.2.7 | Mr Irvine referred to Question 4 in the CAR about accessing services and asked if the comments were more about convenience rather than adequacy. The Applicant said that there was a bit of both. |
| 7.2.8 | Mr Irvine asked if he would be offering a free collection and delivery service to all areas in Inverclyde and the Applicant replied that he would deliver to all those who asked for it. |
| 7.2.9 | Mr Irvine asked if the SIMD data quoted referred to the whole of Greenock rather than the proposed neighbourhood as it did not match with the 2011 census. Mr McAnerney confirmed that it related to his own neighbourhood and showed the poor health and low car ownership which he had quoted. Mr Irvine pointed out that the 2011 data showed that 92% of the population described their health as fair or better. Mr McAnerney disagreed. |
|  | *The Chair said that all parties had access to the census data and would draw their own conclusions.* |
| 7.2.10 | Mr Irvine asked if the Applicant would agree that the data showed a healthy mobile population. The Applicant did not. |
| 7.2.11 | Mr Irvine then asked about the frequency of the 543 and 540 bus services and was told that these were every 15 and 20 minutes respectively. There was also the 545 which was every 30 minutes. Mr McAnerney said that the bus service was great. |
| 7.2.12 | Referring to the CAR, Mr Irvine asked what percentage of respondents lived in the Applicant’s defined area and if the majority deemed the service adequate. Mr McAnerney replied that 90% lived there and after some discussion agreed that the majority considered the service adequate. |
| 7.2.13 | When asked, the Applicant confirmed that he had approached Community Councils about the application. |
|  | *This concluded Mr Irvine’s questions and the Chair invited Ms Watson to put her questions.* |
| 7.3 | **Questions from Ms Joanne Watson, (Boots UK Ltd)** |
| 7.3.1 | Ms Watson referred to the distribution of the CAR and asked how and to whom the paper questionnaires were delivered. The Applicant said that two of his technicians had put them through the letterboxes of all houses within his defined neighbourhood together with a Reply Paid Envelope for their return.  |
| 7.3.2 | Ms Watson noted that the Applicant said that 1000 people had difficulty with access and asked how he arrived at this figure. He replied that one third of the population had said that they had difficulty and that equated to 1000. |
|  | *Ms Watson had no further questions and Mr Nathwani was invited to put his questions.* |
| 7.4 | **Questions from Mr Nisith Nathwani (Well Pharmacy)** |
| 7.4.1 | Regarding inadequate access, Mr Nathwani asked what percentage of responses mentioned this. The Applicant replied that it was about a third**.** |
| 7.4.2 | Mr Nathwani asked how many responses there had been to the CAR. Mr McAnerney replied that he thought it was 179. Mr Nathwani said it was 145 and the applicant said that he thought there were some on line.  |
| 7.4.3 | Regardless of this, the response rate was roughly 4% and asked if that could be classed as substantial support. Mr McAnerney replied that he did not know what people did with the questionnaires and there may be some apathy. |
| 7.4.4 | Mr Nathwani noted that the Applicant had made reference to support from the local drug team and asked what this was as he had not seen this. *Mrs Glen clarified that this was not included in the papers because the drugs team were part of the Health Board and as such it was not appropriate for their support of a proposal on which another part of the Board had to take a decision to be included. This had been the case since 1986. She pointed out that they always advised Applicants not to contact other parts of the Health Board. The drug team had been informed that their correspondence would not be included.*The Applicant stated that he had played no active part but that the Leader of the Team had phoned him and asked who to contact. |
| 7.4.5 | Mr Nathwani asked if he had consulted GP practices and the Applicant confirmed that he had not. |
| 7.4.6 | Mr Nathwani asked if he had any support from local councillors. Mr McAnerney said that he had spoken to MSPs and MPs and had verbal support but nothing in writing. |
| 7.4.7 | Mr Nathwani asked if the Applicant agreed that the elderly got free bus travel so this was not an issue. Mr McAnerney agreed that they did get this. |
| 7.4.8 | When asked, the Applicant did not know if those on income support received subsidised bus travel. |
|  | *Mr Nathwani had no further questions and Mr Hagan was invited to put his questions.* |
| 7.5 | **Questions from Mr John Hagan (Holmscroft H/C Ltd)** |
| 7.5.1 | Mr Hagan mentioned the distance to McDade Pharmacy which was quoted as being 0.6 of a mile and then 1.78km was mentioned and asked what this referred to. The Applicant said that this was the difference from the pharmacies in the town. Mr Hagan asked why this was in kilometres rather than miles. |
|  | *The Chair said that while interesting, the purpose of the PPC was to determine whether the granting of the application was necessary or desirable and could Mr Hagan consider the relevance of his question.* |
|  | *Mr Hagan had no more questions. The Committee were then invited to question the applicant.* |
| 8 | **QUESTIONS FROM THE COMMITTEE TO THE APPLICANT** |
| 8.1 | Mr Black noted that the main thrust of the application appeared to be that there was need because of extreme deprivation and asked if that was a universal need or because the area was the most deprived. The Applicant said that it was probably a universal need. |
| 8.2 | Mr Black asked if the current service was inadequate because, according to the CAR, about 1000 were challenged by access. Mr McAnerney replied that this was the case because of the geography and income deprivation. |
| 8.3 | Referring to the mention of MDS service in the application, Mr Black asked if the potential to do 200 was based on any need. Mr McAnerney replied that it was as he received calls on a daily basis for this service as other pharmacies were not supplying them. He stressed that he only provided MDS service to his own patients. |
| 8.4 | Mr Bryson clarified that when speaking about the core services, Mr McAnerney had omitted to mention the Public Health Service. He then went on to ask if he agreed that the PPC had to consider not only services in the neighbourhood but those which were provided to the neighbourhood. The Applicant agreed. |
| 8.5 | When Mr Bryson asked, the Applicant confirmed that there was no hard evidence to demonstrate that the current provision was inadequate. |
| 8.6 | Mr Bryson asked what anecdotal evidence had provided the motivation for this application. Mr McAnerney said that he had been looking for 25 years in this neighbourhood and these premises came up two years ago and that had been the motivation. |
| 8.7 | Mr Bryson asked if he was saying that the current services were adequate or that there was no evidence that they were inadequate. Mr McAnerney said that there was no evidence of inadequacy. |
| 8.8 | Mrs Mason asked if there was evidence of where the population shopped or worked. The Applicant replied that they imagined that those living in and around Corlic Street would usually go to either Greenock or Port Glasgow. |
| 8.9 | Mrs Mason asked if people would then access a pharmacy there. The Applicant said that they would and that he had said this earlier. |
| 8.10 | Mrs Mason noted that the Applicant had made a great deal of deprivation but from her observation there were a lot of cars in the streets and census data showed over 50% had access to vehicles which made them mobile. She asked why they would then go to a new pharmacy. The Applicant said that a new pharmacy would be used precisely because it was local and in addition there were a lot of people without access to cars and also those in wheelchairs who had difficulty travelling and crossing roads. |
| 8.11 | Mr Woods noted that Mr McAnerney had said the McDade’s struggled but there was no evidence and asked if this were the case. The Applicant confirmed that there was no evidence. |
| 8.12 | Mr Woods referred to the Applicant’s statement where he had said that people were jumping on a bus on a daily basis to access pharmacy services asked if that was necessary. Mr McAnerney replied that some people did need daily prescriptions and his pharmacy would mean they did not have to leave the neighbourhood. |
| 8.13 | Mr Woods asked the Applicant to explain how the service was inadequate solely because of deprivation. Mr McAnerney replied that it was to do with demographics and that within the next 10 years the amount of over 64s would increase by 68 % in Inverclyde that would put more pressure on services. |
| 8.14 | Mr Daniels asked if he intended to supply methadone and this was confirmed by the Applicant.  |
| 8.15 | Mr Daniels asked if someone could live in that area and not leave for a fortnight. Mr McAnerney replied that they could if they had shopping delivered but he had no idea what they did. |
| 8.16 | When asked to confirm that there had been no complaints about the current service, the Applicant did so. |
| 8.17 | The Chair referred to Q12 in the CAR and read out two responses which appeared to say that they had received a letter promising all sorts to encourage a positive response and asked if the Applicant knew anything about this. He replied that he did not. |
| 8.18 | The Chair asked if Mr McAnerney had agreed the contents of the CAR which he confirmed. |
|  | *This concluded the questioning of the Applicant and the Chair invited the Interested Parties to put their cases in turn.* |
| 9 | **REPRESENTATIONS FROM INTERESTED PARTIES** |
| 9.1 | **Mr Martin McDade from McDade Pharmacy** |
| 9.1.1 | Mr McDade thanked the Committee for allowing him to speak and read from a prepared statement as follows:  |
| 9.1.2 | My name is Martin McDade, this is my daughter Claire and we are representing McDade's Pharmacy in Belville Street, Greenock. Our pharmacy was originally opened by my father in Corlic Street in 1967. In 1977 a larger unit became available so he relocated (this was not a closure) the pharmacy from Corlic Street to where it is today. There were no complaints made about the relocation at the time or in the years since. |
| 9.1.3 | Prescription records originally kept by my father since 1974 show a marked increase (around 800 items) in the month following the move from Corlic Street to Belville Street showing that the move was far from detrimental to the Corlic Street area and that pharmacy provision has only improved for Greenock East over the years since. |
| 9.1.4 | I would classify the neighbourhood of Greenock East as starting at Baker Street, extending towards Gibshill Road bordered by the River Clyde and the hills behind Whinhill golf course. |
| 9.1.5 | Our Belville Street pharmacy has ample public transport links including 3 individual bus routes going across Inverclyde and 2 train lines that link with Wemyss Bay, Gourock and Glasgow. |
| 9.1.6 | We provide a delivery service, collect prescriptions from GPs on a daily basis, and provide dosette boxes where necessary. We also have a full consultation between the hours of 9am and 1pm and 2pm until 5.30pm. Additionally patients can choose whether they wish to see a male of female pharmacist. |
| 9.1.7 | The Applicant has stated that this area is lacking in pharmacy services but has yet to provide evidence as such. We adequately provide all the core services and actively participate in new initiatives from the health board such as the Pharmacy First pilot and more recently the flu vaccine pilot. |
| 9.1.8 | We have 2 full time pharmacists (myself and Claire) who provide these services and we are more than able to expand to meet any future services/demands.  |
| 9.1.9 | The Consultation Analysis Report (CAR) shows an exceptionally low uptake and whilst not unusual it could be suggested that it may have little relevance. Many of the comments discuss convenience while none mention inadequacy in the area. It could be argued that the purpose of CAR is to gauge adequacy and as over half of responses deemed services adequate then a new pharmacy in Inverclyde would be unnecessary. The Applicant took exception to one question but was happy to accept the rest. |
| 9.1.10 | In relation to pharmaceutical need, the 2011 census states that over 75% of residents in the proposed area are in good or very good health with only 8% in bad or very bad health and therefore current pharmacy levels are more than sufficient for the needs of the area. |
| 9.1.11 |  In summary, the pharmaceutical services are more than adequate for Greenock, especially considering the forecast decline in population and I request the panel refuse the application. |
| 9.1.24 | *This concluded Mr McDade’s submission and the Chair invited questions from the Applicant.* |
| 9.2 | **Questions from the Applicant to Mr McDade (McDade Pharmacy)** |
| 9.2.1 | When asked when he had started his delivery driver service, Mr McDade said that he had been doing this for several years as an informal service but it had been in place formally for 3-4 years. He confirmed that it had not started after this application had been submitted. |
| 9.2.2 | *The Applicant had no other questions. The Interested Parties were invited to put any questions.* |
| 9.3 | **Questions from Interested Parties to Mr McDade (McDade Pharmacy)** |
| 9.3.1 | Mr Irvine asked if he actively participated in all of the 4 core services and Mr McDade confirmed that he did. |
| 9.3.2 | Mr Irvine noted that Inverclyde piloted a lot of additional services and asked if having two pharmacists helped to support this. Mr McDade said that it did. |
| 9.3.3 | Mr Irvine noted that McDade Pharmacy had been in the area for over 30 years and asked him to confirm that the railway line was not a boundary; something with which the Applicant agreed. Mr McDade said that it was not a boundary and that people came from all over the area to his pharmacy. |
| 9.3.4 | When asked to confirm that the relocation in 1977 had not affected the business, Mr McDade did so and said that the books his father kept showed an increased demand. |
| 9.3.5 | Mr McDade confirmed that if there were increased demand from East Greenock in future, his pharmacy could meet that.  |
| 9.3.6 | Mr Irvine asked if an informal delivery service had operated in the 30 years that McDade Pharmacy had been in existence. Mr McDade said that they had. |
|  | *The other Interested Parties had no questions and the Committee were invited to put theirs.* |
| 9.4 | **Questions from the Committee to Mr McDade (McDade Pharmacy)** |
| 9.4.1 | Mr Daniels asked if he offered a methadone service and Mr McDade said that he did and that he was not at capacity and could take more patients. |
| 9.4.2 | Mr Woods asked when they closed for lunch and was informed that this was between 1pm and 2pm. |
| 9.4.3 | When asked what they would do if there was a shortage of supply, Mr McDade said that he would initially contact the wholesalers, failing that he would refer back to the GP to see if there was an alternative. He also confirmed that he may liaise with other pharmacies in the area. |
| 9.4.4 | Mr Woods asked how a wheelchair user would access his premises. Mr McDade replied that they would need to attract the attention of a member of staff who would open the door. The doors were wide enough for access. Mr Woods queried if this were DDA compliant. |
| 9.4.5 | Mrs Mason asked if there were any problems with administering the methadone. Mr McDade said that there were none. There were set times for this and patients were encouraged to leave once they had been treated. |
| 9.4.6 | Mrs Mason said that regarding wheelchair access, many premises had a bell for customers to alert staff to their presence. Mr McDade noted this. |
| 9.4.7 | Mr Bryson referred to the description of the neighbourhood and the level of deprivation, noting that when taking account of the various data, Inverclyde was poorer in terms of hospital admissions for COPD, asthma and smoking and had low breastfeeding uptakes and poor dental health. He asked if these factors related to the Applicant’s concerns. Mr McDade said that deprivation was an issue and that he did give health advice to patients when he was speaking to them. |
| 9.4.8 | Mr Bryson asked what impact the new pharmacy would have on these health indicators. Mr McDade replied that he had covered what they did on health advice; the comprehensive delivery service; compliance aides, picking up prescriptions for patients. He stressed that they delivered right up to closing time and did everything they could to ensure that deliveries were made quickly in cases of need. The reasons for deprivation were multi-factorial and he did not think one new pharmacy would help much. |
|  | *This concluded the questions for Mr McDade. Mr Hagan was invited to make his submission.* |
| 9.5 | **Representation from Mr John Hagan (Holmscroft H/C Ltd)** |
| 9.5.1 | Mr Hagan thanked the Committee for allowing him the opportunity to speak.  |
| 9.5.2 | He opened by stating that he was a director of Holmscroft Health Centre Pharmacy, as were Mr McDade and Mr McAnerney. Boots and Lloyds were also involved. In his opinion there was a conflict of interest between the application for the new pharmacy and Holmscroft.  |
| 9.5.3 | He explained that Holmscroft was set up 38 years ago to help outlying small pharmacies with income so that they could remain in their own areas and still get income from the health centre. It had been set up to encourage co-operation and not so that someone could make an application for a new pharmacy and dilute everything. |
| 9.5.4 | He then read from his prepared statement as follows: |
| 9.5.5 | All of Inverclyde residents are already covered by pharmacies, most of which are also delivering. Pharmacies within Greenock still have provision for methadone; in fact, pharmacies in Greenock still have provision for all services including dosette trays. Hagan Pharmacy installed a dosette packing machine just last year. All the pharmacies were offering all the services covering the whole area and there was plenty of cover. |
| 9.5.6 | The increased traffic through the one-way road at Burnhead Street to Corlic St will cause chaos for the child safe area. All the deliveries, possibly 10 wholesalers vans a day and customers driving to the Pharmacy from Leven Road would go this way. |
| 9.5.7 | The proposed pharmacy is not within walking distance for many of the customers due to the topography of the proposed neighbourhood. They most probably drive to a pharmacy at the moment, so this was not solving any problems.  |
| 9.5.8 | I, as a pharmacist, have applied to the Health Board on many an occasion over the years to do additional services but was turned down every time as there was no money in the pot. Where will this money come from? |
| 9.5.9 | The population of Greenock has decreased from 46861 in 2001 to 44248 in 2011 a decrease of nearly 6% and if that trend continues by the 2021 census the population will be 41780. In fact, the published estimate of 42680 in 2016 is confirming that decline. (Figures from National Records of Scotland). This will be a decrease of over 5000. This is more that the proposed pharmacy neighbourhood. |
| 9.5.10 | The population per pharmacy is lower than Port Glasgow. With reference to the rejected application in 2009 by Kasim Gulzar it was quoted that the average population per pharmacy in Scotland was 4400. Greenock pharmacies are all below this at the moment according to the 2018 population estimate. |
| 9.5.11 | *The Chair noted that all agreed that the population was falling.* |
| 9.5.12 | In summary, Greenock's population has decreased by one pharmacy neighbourhood - Mr McAnerney’s proposed neighbourhood - every decade. |
|  | *This concluded Mr Hagan’s submission and the Applicant was invited to put his questions.* |
| 9.6 | **Questions from the Applicant to Mr Hagan (Holmscroft H/C Ltd)** |
| 9.6.1 | The Applicant had no questions. |
|  | *The Interested Parties were invited to put their questions.* |
| 9.7 | **Questions from Other Interested Parties to Mr Hagan (Holmscroft H/C Ltd)** |
| 9.7.1 | Mr Irvine referred to the legal test and securing adequate provision and asked if Mr Hagan was suggesting that a new pharmacy would destabilise the current pharmacies. Mr Hagan confirmed that this was the case. |
| 9.7.2 | Mr Irvine said that there had been reference to dosette boxes and asked if Mr Hagan had recently installed a robot to assist with these. Mr Hagan said that he had invested in a machine which could complete thousands a week. |
| 9.7.3 | When asked by Mr Irvine, Mr Hagan confirmed that the Health Centre provided all core and many non-core services to the Corlic Street area.  |
| 9.7.4 | Mr Nathwani asked how many pharmacists were in the Health Centre. Mr Hagan said there were one full time and 2 part time so there were at least two most of the time. |
|  | *There were no other questions from the Interested Parties.* |
| 9.8 | **Questions from the Committee to Mr Hagan (Holmscroft H/C Ltd)** |
| 9.8.1 | Mr Black asked if the services offered by Mr Hagan were limited because they were in the Health Centre which only opened for 5 days. Mr Hagan replied that a new health centre was being built which would enable the pharmacy to open on 5.5 days a week and provide more services as there would be a separate door which would allow access when the doctors were not there. He confirmed that this would then make them compliant with the Model Hours Scheme which said that pharmacies should open on a Saturday morning. |
| 9.8.2 | Mr Bryson referred to the 2011 Census which said that 20% of this population were in fair to very bad health and asked if a new pharmacy would have a positive impact on this. Mr Hagan said that it probably would but to a very small extent as the other pharmacies all covered the area under discussion. So a new pharmacy was not justifiable. |
| 9.8.3 | Mr Daniels asked if he was at capacity and Mr Hagan replied that he was not and could easily cope with more custom. |
|  | *This concluded the questioning of Mr Hagan. The Chair invited Ms Watson from Boots (UK) Ltd to make her statement.* |
| 9.9 | **Representation from Ms Joanne Watson (Boots UK Ltd)** |
| 9.9.1 | Ms Watson thanked the Committee for the opportunity to speak and read from a prepared statement as follows: |
| 9.9.2 | An application is granted only if it is necessary or desirable to secure the adequate provision of pharmaceutical services in the identified neighbourhood. Boots' case is that the existing pharmacy provision more than adequately meets the needs of the local population and persons within the neighbourhood. |
|  | **Neighbourhood** |
| 9.9.3 | The Applicant has defined the neighbourhood as the residential area to the south of the railway line as shown on page 3 of the CAR. |
| 9.9.4 | The railway line runs underground in part and can be crossed. We submit that the neighbourhood extends further north to the main road, to the extent of the residential development to the west, to the golf course and Gibshill Road to the East and open land to the south.  |
| 9.9.5 | The boundaries of our neighbourhood are similar to those of the Greenock East Community Council Area. |
| 9.9.6 | The neighbourhood defined by the Applicant is relatively small with limited facilities. Residents will leave the neighbourhood for all but their basic daily needs. |
| 9.9.7 | Should the Committee not agree with our neighbourhood, and adopt that of the Applicant, then the Committee will be aware of the requirement to consider pharmaceutical services available to residents of the neighbourhood, and provided into the neighbourhood, from pharmacies outwith. |
|  | **Adequacy** |
| 9.9.8 | The existing pharmacies offer an extensive range of pharmaceutical services as well as access to services over extended hours. These pharmacies are typically located either where people visit their GP or go to shop. |
| 9.9.8 | Our pharmacy in Greenock offers an extensive range of services including:* (NHS) Alcohol screening and intervention service;
* (NHS) Condom supply;
* (NHS) Emergency contraception;
* (NHS) Gluten-free food service;
* (NHS) Head lice management;
* (NHS) Healthy start vitamins;
* (NHS) Medication review service;
* (NHS) Minor ailment service;
* (NHS) Seasonal flu vaccination service;
* (NHS) Stop smoking service;
* (NHS) Supervised consumption of medicines;
* (NHS) Vaccination service.

  |
| 9.9.9 | There is nothing within the Boards Pharmaceutical Care Services Plan (PCSP) that identifies a need for additional core pharmaceutical services in this locality. |
| 9.9.10 | Additionally, we service care homes, offer compliance aids, have travel clinics, are DDA compliant and have a large experienced team including 4 pharmacists (2 full time and 2 part-time) and have received good feedback on the services they provide. |
|  | **Access** |
| 9.9.11 | The nearest pharmacy to the proposed site is less than a mile away (McDade’s 0.6m from Corlic Street). |
| 9.9.12 | The area is served by public transport with bus stops for the 543 service on Kilmacolm Road at the end of Corlic Street. This service runs every half an hour to (and from) Greenock. |
| 9.9.13 | Concessionary travel scheme is available. This entitles the holder to free bus travel throughout Scotland. (If you are aged 60 or over, or an eligible disabled person aged 5 years or over and hold a National Entitlement card). |
| 9.9.14 | The MyBus service provides community transport to those in the Inverclyde area. |
| 9.9.15 | Pharmacies in the area offer a delivery service. |
| 9.9.16 | There is no evidence to suggest that the existing services are inadequate. |
|  | **CAR Report** |
| 9.9.17 | 145 responses received (note much wider consultation) even if all were in the neighbourhood only 4.6% of neighbourhood responded. Comments support the existing services with particular reference made several times to the service given at McDade’s. |
| 9.9.18 | Only 70% supported the opening of a new pharmacy at Corlic St (3.2% of neighbourhood) and only 64% agreed that services were needed in neighbourhood. |
| 9.9.19 | The table on page 12 shows a good percentage of respondents believe the current services are adequate. The table on page 13 shows 78% have ease of access to a pharmacy. There is no evidence of support from Community Councils or patient groups. |
| 9.9.20 | As far as viability is concerned, the PPC should have regard to the viability of the contract under discussion (as well as other contractors). |
| 9.9.21 | In conclusion, there is no inadequacy of service as all core and most non-core services are provided and there is no demand. |
|  | *This concluded Ms Watson’s submission and the Applicant was invited to put his questions.* |
| 9.10 | **Questions from the Applicant to Ms Watson (Boots UK Ltd)** |
| 9.10.1 | The Applicant had no questions and the Interested Parties were invited to put theirs. |
| 9.11 | **Questions from the Interested Parties to Ms Watson (Boots UK Ltd)** |
| 9.11.1 | Mr Irvine asked if Boots served Corlic Street and provided all core services and Ms Watson confirmed that they did.  |
|  | *There were no further questions from the Interested Parties so the Committee were invited to put theirs.* |
| 9.12 | **Questions from the Committee to Ms Watson (Boots UK Ltd)** |
| 9.12.1 | Mr Bryson noted that all core services were provided to the proposed neighbourhood and asked if their needs were being met beyond those by the provision of extended services. Ms Watson said that people came from there to access all the services provided both core and non-core. |
| 9.12.2 | This concluded the questions for Ms Watson and Mr Nathwani was invited to make his submission. |
| 9.13 | **Representation from Mr Nisith Nathwani (Well Pharmacy)** |
| 9.13.1 | Mr Nathwani thanked the Panel for allowing him to speak and read from the following statement as follows: |
| 9.13.2 | We contend that this application is neither necessary nor desirable to secure adequate pharmaceutical services in the neighbourhood as there is already an adequate pharmaceutical, service already provided by the pharmacies located within and outwith the neighbourhood. |
|  | **Neighbourhood** |
| 9.13.3 | We disagree with the Applicant’s proposed neighbourhood definition and propose the following:* North- River Clyde;
* East -Sinclair St to where it would hypothetically meet Arden Rd;
* South -Arden Road to the Craigie burn. Physically bordered by farmland and Corlic Hill;
* West- B788 to Whinhill Golf Club.
 |
| 9.13.4 | This neighbourhood could be described as East Greenock. The Applicant’s neighbourhood uses the railway line as a boundary which actually is a tunnel so provides no impediment to people accessing the lower part of the neighbourhood. The Applicant himself said that this is just a line on a map.  |
| 9.13.5 | The population for this area is approximately 7000, Within this neighbourhood there is one existing pharmacy; McDade's which is long established over three generations. Also according to this data, 75% of the population class themselves in good or very good health. The Inverclyde council website which was updated in 2016 notes lnverclyde's population has been declining over recent years and is projected to decline by a further 20% by 2037 in comparison to Scotland which is projected to grow at 8.8%.  |
|  | **Access** |
| 9.13.6 | The location of the existing pharmacy suits the needs of the local population as it is located in the hub of the neighbourhood. Indeed, the existing pharmacy relocated to its current location from Corlic Street to suit the needs of the local population. All main shopping, banking, leisure and other facilities are situated in Central Greenock or indeed in Port Glasgow which is where the majority of people in the neighbourhood and indeed Inverclyde as a whole tend to access services including the majority of pharmaceutical services. The GP practices in Greenock are also sited in central Greenock alongside a number of other pharmacies, Boots, Lloyds, Tesco amongst them Tesco being a 7 day a week, extended hours’ pharmacy. |
|  | **Adequacy of Services** |
| 9.13.7 | Having examined the NHS Local Pharmaceutical Care Services Plan I can see no reference to there being a need for a Pharmacy in the Applicant’s proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provision. The existing contractors have consultation rooms and offer a full range of contractual services and are DDA compliant. The Applicant has failed to provide any evidence of inadequacy of pharmaceutical service provision in the neighbourhood. Indeed there are a large number of contractors outwith the neighbourhood including our own pharmacy that currently service patients from within the neighbourhood under consideration today.  |
|  | **Consultation Analysis Report** |
| 9.13.8 | According to the Applicant, he posted a leaflet through every letterbox in his proposed neighbourhood which had a stated population of 3133. He received 145 responses which is 4.6%. This hardly shows a huge demand or support for the new pharmacy. Of that 145, over 50% of responses actually stated that current pharmaceutical services to the neighbourhood were adequate, which I don’t think I've ever seen since the CAR reports were required in the application process. 57% also said they currently had ease of access to a pharmacy. |
| 9.13.9 | There were many statements from the public stating they believed the neighbourhood was incorrect and deliberately drawn to exclude the existing pharmacy and that McDade’s provide an excellent service. Most of the comments supporting the application are based solely on convenience. Convenience is outwith the consideration of the regulations. |
| 9.13.10 | The Applicant has not proposed any additional opening hours from McDade’s or offering any additional services to what is already on offer either within the neighbourhood or at nearby pharmacies in adjacent neighbourhoods. |
| 9.13.11 | The Applicant alludes to need for additional capacity for methadone supervision. There is no proof from either local drug clinics, GP's or the Health Board backing up this assumption. He also alludes to need for additional monitored dosage boxes. Again, there are no capacity issues as far as I'm aware of. The Health Board is currently actively trying to reduce usage of MDS and is looking at alternative, safer methods for medication for patients requiring this.  |
| 9.13.12 | Well Pharmacy in Greenock offers all aspects of the Scottish Pharmacy Contract, have no complaints that we are aware of and have room for growth if required.  |
| 9.13.13 | The burden of proof is on the Applicant to prove that pharmaceutical services are inadequate. A lack of pharmaceutical services in a neighbourhood does not automatically amount to a gap in pharmaceutical service provision. Pharmaceutical services in this area are adequate as no evidence has been provided today to clearly demonstrate otherwise. In fact the Applicant admitted repeatedly that there was no inadequacy. |
| 9.13.14 | I would therefore respectfully request the Panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of Pharmaceutical Services in the neighbourhood In which the premises are located. |
|  | *This concluded Mr Nathwani’s presentation and the Applicant was invited to put his questions.* |
| 9.14 | **Questions from the Applicant to Mr Nathwani (Well Pharmacy)** |
| 9.14.1 | The Applicant, in noting that Mr Nathwani said that Well provided a full range of services, asked if they did OST. Mr Nathwani replied that they did not and that it was not a core service. |
|  | *The Applicant had no further questions and the Interested Parties were invited to put their questions.* |
| 9.15 | **Questions from the Interested Parties to Mr Nathwani (Well Pharmacy)** |
| 9.15.1 | Mr Irvine asked if they saw patients and provided services to patients from Corlic Street and Mr Nathwani confirmed that they did. |
| 9.15.2 | Mr Irvine asked if Well Pharmacy provided all core services and was told that they did. |
| 9.15.3 | Mr Irvine asked if Mr Nathwani would agree that several pharmacies within Greater Glasgow & Clyde chose not to provide OST. Mr Nathwani said that he believed so.  |
|  | *The Interested Parties had no further questions and the Committee were invited to put their questions.* |
| 9.16 | **Questions from the Committee to Mr Nathwani (Well Pharmacy)** |
| 9.16.1 | Mr Woods noted that the NHS provided money for the core services and asked how those in the community knew about these. Mr Nathwani said that they were all advertised in the window. Mr. Woods replied that only the availability of £10 flu jabs were advertised, the other NHS pharmaceutical services and health initiatives were not displayed. |
| 9.16.2 | Mr Bryson said that on his visit he was surprised by the lack of methadone provision and that there was no delivery service and asked if this was correct. Mr Nathwani said that these were local decisions and had been in place for a number of years. Regarding the OST there had been communications and meetings with the local community who had objected to it and its associated “undesirables”. It had been a business decision, made in conjunction with the Health Board. They met with the Health Board every two months and it was not an issue. He said that if the service was needed they could do it as the facilities were there.  |
| 9.16.3 | Mr Bryson observed that the consultation room did not seem to be used much and asked why. Mr Nathwani said that that would change with the introduction of Pharmacy First. Also the shop had a new manager who was keen to engage with this so there would be more triage and referrals leading to more frequent use.  |
|  | *There were no further questions and Mr Irvine was asked to make his representation on behalf of Clyde Pharmacy.* |
| 9.17 | **Representation from Mr Kenneth Irvine (Clyde Pharmacy)** |
| 9.17.1 | Mr Irvine read from a prepared statement as follows: |
| 9.17.2 | Clyde Pharmacy provides pharmaceutical services to residents of the Applicants’ proposed neighbourhood. Clyde Pharmacy sees patients in the pharmacy from the applicants proposed neighbourhood. |
| 9.17.3 | Today is about the legal test which centres on two things: The Neighbourhood and secondly the adequacy of provision within that neighbourhood or to that neighbourhood. |
| 9.17.4 | The regulations state that the Applicant must define a neighbourhood and then clearly demonstrate with evidence based support, that the provision of pharmaceutical services to the residents of their proposed neighbourhood is inadequate. The Applicant has failed to do this.  |
|  | **Neighbourhood** |
| 9.17.5 | The Applicant has conveniently chosen a neighbourhood to exclude existing provision, most notably McDade pharmacy in Belville Street but also that of the other 9 contractors in Greenock and 2 in Port Glasgow. |
| 9.17.6 | The Applicant’s northern boundary is the Railway line, as has been shown today, is not a boundary. As the Applicant has stated himself, this is simply a line on the map. In effect the railway is mostly underground for around 1/4 of a mile. It is crossed by main roads, streets and bridges. |
| 9.17.7 | People living on either side of it, on Stroan Crescent numbers 38, 40 and 42 must be neighbours; so although the railway line is a line on a map, that's all it is a line on a map. |
| 9.17.8 | It does not in any way cause an obstruction, people can easily cross it, you can't even see it, and there is no change in housing type. It is not a boundary as the residents of Greenock East can freely cross it. |
| 9.17.9 | So Clyde pharmacy disagree with the Applicant’s Neighbourhood and feel the neighbourhood to be:* To the north the A8 (or the river);
* To the west. B788 (Baker Street) heading south on the B7054 across open ground to Whinhill golf club;
* The southern boundary heads west along the open ground to Arden Road;
* Then north to meet Gibshill Road returning to meet the main A8.

So that neighbourhood has natural boundaries, consisting of main roads and open ground. |
| 9.17.10 | It is a very mixed housing type but would broadly be described as Greenock East. It should be noted that Gibshill is excluded as people from Gibshill say they are from Gibshill. |
| 9.17.11 | People from this area, Greenock East would also migrate into central Greenock for many services like large supermarkets, banks, leisure activities and also Port Glasgow for Tesco's etc. |
| 9.17.12 | The population is around 7000 but remember McDade's Pharmacy has two pharmacists and there are 11 other contractors providing Services to this neighbourhood. |
|  | **Adequacy** |
| 9.17.13 | The Applicant has admitted today that he has provided NO evidence of inadequacy of the Provision of Core Pharmacy Services. Greenock has 12 (including the two in Port Glasgow) pharmacies providing service to around 41,000 people, which is not a massive burden. |
| 9.17.14 | McDade's Pharmacy is 0.7 miles by road which is 0.5 miles on foot from the proposed site provides all core services. McDade’s pharmacy has two pharmacists working in it, Martin and Claire. There are two other pharmacies within a 1-mile radius Boots and WELL and 9 others providing services to the residents of Applicant’s proposed neighbourhood. |
| 9.17.15 | From a Freedom of Information request there have been no complaints to the Health board in the 2 years prior to June 2019 re inadequate provision by the 10 Greenock pharmacies to the residents of the proposed neighbourhood. |
| 9.17.16 | So with the services provided by 12 pharmacies and no complaints to the Health Board services are adequate. |
|  | **Demographics** |
| 9.17.17 | Turning to the demographics from the Census 2011 (which targets the Applicant’s neighbourhood) show a mobile, healthy youngish population with good public transport links. |
| 9.17.18 | Around 92% saying they were in fair health or better. There is high car ownership. Only 15% are over the age of 60 so there would not be a high demand on pharmacies. |
| 9.17.19 | It would appear that the Applicant’s figures are taken from the whole of Greenock rather than the proposed neighbourhood. So from demographic evidence services are adequate. |
|  | **Consultation Analysis Report** |
| 9.17.20 | Turning to the Consultation Analysis Report, as always the response to the CAR is very poor and I doubt if it is statistically significant but we must recognise it. 145 responses from a population of 3133, a response rate of only 4.6%. |
| 9.17.21 | It should be noted that the potential number of people seeing the CAR could be much higher than 3133 due to its method of circulation via Twitter etc. Most responses to the CAR were about convenience and not adequacy. But 93% of responses were in the neighbourhood and the majority feel service are adequate. So the CAR show services are adequate. |
| 9.17.22 | In addition, Greater Glasgow and Clyde Health Board Pharmaceutical Care Services Plan does not mention any inadequacy of provision in Greenock. So this Health Board document shows services are adequate |
| 9.17.23 | In summary:* the Applicant’s proposed neighbourhood is not a neighbourhood;
* the railway line is not a boundary;
* the written submission focused on the filling of dosette boxes and the supervision of methadone which are not contracted pharmacy services. A pharmacy can choose not to fill dosette boxes and choose not to supervise the consumption of methadone as they are not part of the Regulations we are applying today. Although I do accept that they have become custom and practice. The Health Board recognises the burden of dosette boxes and state that they should not be encouraged.
 |
| 9.17.24 | Clyde Pharmacy in the last few years has invested in doubling the size of the pharmacy and can easily accommodate any increase in demand for the provision of Pharmaceutical Services. Clyde pharmacy has spaces for dosette boxes and supervised methadone/ buprenorphine. |
| 9.17.25 | This application is not about reinstating a pharmacy; it is about adequacy of service. The Applicant has provided no evidence of inadequate provision of pharmaceutical services. The Application should therefore be rejected. |
|  | *This concluded Mr Irvine’s submission and the Chair invited questions from the Applicant.* |
| 9.18 | **Questions from the Applicant to Mr Irvine (Clyde Pharmacy)** |
| 9.18.1 | The Applicant had no questions. |
|  | *The Chair invited questions from the Interested Parties* |
| 9.19 | **Questions from the Interested Parties to Mr Irvine (Clyde Pharmacy)** |
| 9.19.1 | The Interested Parties had no questions. |
| 9.20 | **Questions from the Committee to Mr Irvine (Clyde Pharmacy)** |
| 9.20.1 | Mr Black asked what the rationale for Baker Street being the Western boundary was. Mr Irvine replied that this is where Greenock Central began as it was a main road where the housing stopped on one side and the retail units began on the other. |
| 9.20.2 | Mr Black asked if Clyde Pharmacy was too far away to provide pharmacy services to the proposed neighbourhood. Mr Irvine replied that Clyde Pharmacy was close to two health centres and a GP practice which was true for the whole of Greenock. He also noted that the population of Greenock East was mobile. |
| 9.20.3 | Mr Bryson asked if Mr Irvine agreed that the fact that there were no complaints was absence of evidence rather than evidence of absence. Mr Irvine agreed saying that as healthcare professionals they were obliged to report. |
| 9.20.4 | Mr Woods asked how Clyde Pharmacy could be accessed by someone in a wheelchair. Mr Irvine replied that they would need to attract the attention of a member of staff who would open the door but he was not alone in having this system. Mr Wood queried if others failing to have adequate accessibility was a good reason for Clyde Pharmacy to have inadequate access for the disabled. Mr Irvine agreed that there was no dignity in the present situation.  |
|  | *This concluded the submissions and questions and the Chair invited the parties to summarise their cases.* |
| 10 | **Summing up** |
| 10.1 | **Interested Party – Mr Hagan, Holmscroft H/C Ltd** |
| 10.1.1 | Mr Hagan indicated that he had nothing to add to his previous statement. |
| 10.2 | **Interested Party – Mr Nathwani, Well Pharmacy** |
| 10.2.1 | Mr Nathwani said that:* the Applicant’s definition of the neighbourhood was flawed and tailored to exclude the existing pharmacies.
* The CAR response rate was low and reinforced the adequacy of current provision.
* The Applicant was unable to define the four core services and admitted that there was no inadequacy of service so the application should fail on that alone.
* Comments in the CAR reflected the great service currently offered.
 |
| 10.3 | **Interested Party – Ms Watson, Boots (UK) Ltd** |
| 10.3.1 | Ms Watson had nothing to add to her statement other than to say that there was capacity to take on more business. She asked that the application be refused.  |
| 10.4. | **Interested Party – Mr Irvine, Clyde Pharmacy** |
| 10.4.1 | Mr Irvine said that the application did not meet the legal test in that no inadequacy had been proved and should therefore be turned down. |
| 10.5 | **Interested Party – Mr McDade, McDade Pharmacy** |
| 10.5.1 | Mr McDade said that adequate services were currently provided covering all the core and many additional services. The application should therefore fail. |
| 10.6 | **The Applicant** |
| 10.6.1 | Mr McAnerney said that he stood by his definition of a neighbourhood and although the boundary was a line on a map, he believed there was a need for a pharmacy because of the deprivation and poverty there. |
| 10.6.2 | From the CAR it could be assumed that over 1000 people believed there was need. |
| 10.6.3 | He acknowledged that he had not provided evidence of inadequate service but asked the PPC to look favourably on his application. |
| 11 | **Conclusion of Oral Hearing** |
| 11.1 | The Chair then invited each of the parties present that had participated in the hearing to confirm individually that that each had had a full and fair hearing. Each party so confirmed |
| 11.2 | The Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the Committee’s decision and the time limits involved. |
| 11.3 | The Chair advised the Applicant and Interested Parties that they might wish to remain in the building until the Committee had completed its private deliberations. This was in case the Committee required further factual or legal advice in which case, the open hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.  |
| 11.4 | **The Applicant, Interested Parties, Observers and Board Officers left the meeting.** |
| 12 | **Preliminary Consideration** |
| 12.1 | In addition to the oral evidence presented, the PPC took account of the following: |
| 12.2 | * That a joint site visit had been undertaken of the Greenock area noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood;
* A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;
* Map showing the neighbourhood proposed by the Applicant;
* A map showing the datazones of the area in question;
* Distance from proposed premises to local pharmacies and GP practices within a one to two mile radius;
* Details of service provision and opening hours of existing pharmacy contracts in the area;
* Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
* Number of Prescription items dispensed during the past 12 months and information for the Minor Ailments Service;
* Complaints received by the Health Board regarding services in the area;
* Population Census Statistics from 2011;
* Health & Wellbeing profiles for Inverclyde;
* Inverclyde Council, Environment, Regeneration & Resources, Roads and Transportation Department, letter received on 10 June 2019 confirming no planned major road developments;
* Summary of applications previously considered by the PPC in this area;
* The Application and supporting documentation provided by the Applicant;
* Pharmaceutical Care Services Plan;
* Public Transport Information; and
* The Consultation Analysis Report.
 |
| 13 | **Discussion** |
| 13.1 | The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from the site visit, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located. |
| 13.2 | The Committee considered the neighbourhoods as defined by the Applicant and the Interested Parties and examined the maps of the area and considered what they had seen on their site visit. |
| 13.3 | The Committee noted that the Applicant’s northern boundary of the railway line had numerous crossing points and was underground for some of its length with houses and roads above it.  The Applicant had acknowledged that this was an arbitrary line in the ground to represent a boundary. |
| 13.4 | It was also noted that the applicant had divided Greenock East into two neighbourhoods.  One was north of the railway line, described as Bridgend and one south of the railway line, described as Stone & Maukinhill (his proposed neighbourhood. |
| 13.5 | They noted that most of the Interested Parties believed that the northern boundary was either the main road (A8) or the river and offered various alternatives for the other boundaries.  |
| 13.6 | After lengthy discussion, the Committee agreed that the neighbourhood should be:  |
| 13.7 | To the West  | Baker Street to the river; |
| 13.8 | To the North | The River Clyde until Gibshill Road; |
| 13.9 | To the East | Down Gibshill Road through the open country to the open land  below the B788 (Kilmacolm Road); |
| 13.10 | To the South | Follow the line of the B788 past Whinhill Station until the junction with Baker Street. |
| 13.11 | The PPC were of the opinion that this area of Greenock East was a distinct neighbourhood with a mix of housing and services from which people came and went.  Baker Street provided a dividing line between housing and the commercial district.   The boundaries were geographical (river and open country) and main roads which divided distinct areas.  It was noted that this neighbourhood included one existing pharmacy - McDade |
| 13.12 | Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood. |
| 13.13 | The Committee noted that the Applicant’s case had been based on deprivation, as indicated by the latest SIMD statistics, and argued that this deprivation meant that there was a need for a pharmacy.   |
| 13.14 | The Applicant could not demonstrate that the current service was inadequate and no evidence had been presented to show inadequacy on the part of the other pharmacies.  In fact, he repeatedly stated when questioned that the current service was adequate.  His reason for inadequacy was based on arguments of deprivation which was not consistent with the definitions and the tests in the legislation. |
| 13.15 | The Interested Parties’ submissions showed that there was capacity and resilience to meeting existing demand and any increase in demand in the future.  All said that they provided an adequate service covering all core and many non-core which the Applicant acknowledged. |
| 13.16 | The Committee looked at the complaints information provided and noted that there had been none reported to the Health Board. |
| 13.17 | Everyone had agreed that the Inverclyde population was declining and that this was likely to continue. |
| 13.18 | The Committee then considered the CAR, which both the Applicant and the Health Board agreed accurately reflected the consultation, and noted that: |
| 13.19 | * Despite the consultation being widely advertised and the Applicant delivering questionnaires to all in the neighbourhood there were only 145 responses.
 |
| 13.20 | * Those responding were in strong agreement with the definition of neighbourhood as described by the Applicant.
 |
| 13.21 | The PPC notes the low rate to the questionnaire and that some respondents supported the opening of a new pharmacy and that this would change the way they access and use services, but premised on convenience. Respondents were happy with the adequacy of existing provision and ease of access to those services, both by a margin of 20%. |
| 13.22 | * There was some acknowledgement (45.07%) that a new pharmacy would impact others.
 |
| 13.23 | * The Chair highlighted Question 12 where two respondents comments appeared to say they were encouraged or enticed to positively respond to the questionnaire. although one member felt that this was not relevant as responses were anonymous.
 |
| 13.24 | * The comments on balance reflected matters of ease and convenience rather than highlighting any inadequacy of existing services.
 |
| 13.25 | The PPC decided that the data from the CAR reflected broad confirmation of the adequacy of existing services. The PPC recognised that while some views supported the application existed but a deeper review of the comments provided revealed that this was based arguments of convenience.   The PPC agreed that there was nothing in the CAR which supported the contention that the current service was inadequate. They also recalled that the Applicant when questioned agreed that the existing service was not inadequate.  |
| 13.26 | The Committee looked at the Census, PHO and SIMD data and agreed that: |
| 13.27 | although it was an area of deprivation, almost 2/3rds were economically active and accessed a wide range of services in/around Greenock. The last Census indicated that the population appeared to be fairly healthy and day to day limitations because of illness did not seem to be a factor. The PPC noted that this data was 9 years old.  |
| 13.28 | The PPC noted the evidence of a reasonable level of car ownership and an excellent bus service which allowed travel to access services,  mindful that the cost of public transport is a known barrier to accessing services in areas of low income or deprivation, Nevertheless, the data available to the PPC suggested that existing pharmacy services were adequate.  |
|  | ***In accordance with the statutory procedure the Pharmacist Members of the Committee namely Mr Bryson and Mr Black left the room while the decision was made.*** |
| 14 | DECISION |
| 14.1 | 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).   |
| 14.2 | The committee noted Lord Drummond Young set out legal text relating to adequacy in 2004. He described a two stage approach in which the decision makes (PPC) must consist whether existing provision of pharmaceutical services in the neighbourhood is adequate. If it decides that such a provision is inadequate, that is the end of the matter and the application must fail. If it decides that such a provision is not adequate it must consider if it necessary or desirable to grant the application to secure adequate services in the defined Neighbourhood. |
| 14.3 | Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in or to the neighbourhood (as defined in Paragraphs 10.7-10.11 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and that it was therefore neither necessary nor desirable to have an additional pharmacy at the proposed premises. |
| 14.4 | It was the unanimous decision of the PPC that the application be refused. |