**PPC[M]2020/03 Final**

**Pharmacy Practices Committee**

**Minutes of the meeting held on Thursday 12 March 2020 at 0915 hours in Campanile Hotel, 10 Tunnel Street, Glasgow, G3 8HL**

**PRESENT:**

Mr Ross Finnie Chair

Mrs Catherine Anderton Lay Member (from the commencement of Item 2)

Mr Stewart Daniels Lay Member

Mrs Morag Mason Lay Member

Mr Scott Bryson Non-Contractor Pharmacist Member

Mr Colin Fergusson Contractor Pharmacist Member

Mr Kenneth Irvine Contractor Pharmacist Member

**IN ATTENDANCE:**

Mrs Margaret Kerr Deputy Chair, NHS GG&C (Observing)

Mrs Janine Glen Contracts Manager, NHS GG&C

Mrs Trish Cawley Contracts Supervisor, NHS GG&C

Mr Michael Stewart Solicitor, CLO (available by telephone)

Ms Gillian Gordon Secretariat, NHS NSS

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| **1.** | **MEETING CONVENED** |
| 1.1 | The Pharmacy Practices Committee (PPC) convened at 0915 hours An apology had been received from Mrs Catherine Anderton who was unable to take part in the group site visit but would be present for the hearingThe Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the Committee. Each member confirmed there were no conflicts of interest.  |
| 1.2 | The Committee agreed the route of the site visit before departing on the bus tour of the area. |
|  | **The site visit covered the following route: Govan Road, Golspie Street, Skipness Street, Proposed Premises, Langlands Road, Drive Road, Drumoyne Road, Balfron Road, Ardsheil Road, Shieldhall Road, Craigton Road, Crossloan Road, Langlands Road, Shieldhall Road, Renfrew Road, Govan Road, Shaw Street, Langlands Road.** |
|  | **MEETING RECONVENED AT 1140 HOURS**At this juncture Mrs Catherine Anderton joined the meeting and confirmed that: (a) she had no interest to declare in respect of the business to be conducted; and (b) she had undertaken a site visit. |
| **2.** | **ORDINARY BUSINESS** |
| 2.1 | Minor Relocation of Existing ServicesThe minor relocation noted below had been approved by the Chair and was endorsed: |
| 2.1.1 | Case PPC/MRELOC08/2020 – Accutree Ltd , T/A Red Road Pharmacy, 600 Broomfield Road Glasgow, G21 3HN |
| 2.1.2 | Accutree Ltd, T/A Red Road Pharmacy made an application to relocate their existing pharmacy from **Portacabin, Petershill Road** to the above unit. |
| 2.1.3 | 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. |
| 2.1.4 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly **approved** the application. |
|  | ***HOMOLOGATED*** |
| 2.2 | **Changes of Ownership**The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of a Change of Ownership considered by the Chair since the date of the last meeting: |
| 2.2.1 | **Case PPC/C004/2020 – Lloyds Pharmacy Ltd, T/A Lloydspharmacy, 663-667 Garscube Road, Glasgow G20 7JX** |
| 2.2.2 | The Board received an application from Lloyds Pharmacy Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Woodside Pharmacy (Glasgow) Ltd, T/A Woodside Health Centre Pharmacy at the address given above, with effect from 9th March 2020. The trading name of pharmacy changed to Lloydspharmacy. |
| 2.2.3 | 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. |
| 2.2.4 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
|  | ***HOMOLOGATED*** |
| 2.3 | **Minutes of Previous PPC Hearings**The Minutes of the undernoted PPCs were ratified: |
| 2.3.1 | PPC(M)2020/01 held on Friday 7th February 2020. |
| 3. | **APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST CASE No: PPC/INCL03/2020 Mr Masood Ulhaq and Ms Aisha Ihsan, 1195 Govan Road, Glasgow G51 4PW** |
| 3.1 | *The Applicants and Interested Parties were invited into the meeting and introductions were made.* |
| 3.2 | Mr Masood Ulhaq and Ms Aisha Ihsan**,** (“the Applicant”), were unaccompanied. It was confirmed that Ms Ihsan would speak. |
| 3.3 | The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this Hearing, were:- Mr M Green representing M & D Green (Craigton Pharmacy)- Mr T Arnott representing Lloyds Pharmacy Together these constituted the “Interested Parties |
| 4. | **ATTENDANCE OF OBSERVERS**  |
| 4.1 | Prior to formally convening the open session, the Chair intimated that Mrs Margaret Kerr, a recently appointed Deputy Chair of NHSGG&C Pharmacy Practices Committee (PPC) wished to attend for training purposes. He stressed that she would take no part in the decision making process and asked for agreement to her attendance at the meeting. The Applicants and Interested Parties had no objection and Mrs Kerr joined the meeting. |
| 4.2 | The Chair welcomed all to the meeting.  |
| 4.3 | The Applicants and Interested Parties were advised that the meeting had convened at 0915 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. |
| 4.4 | The Chair advised all present of the necessary housekeeping and Health & Safety information. |
| 4.5 | 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 Masood Ulhaq and Ms Aisha Ihsan to provide general pharmaceutical services from premises situated at 1195 Govan Road, Glasgow G51 4PW (“the Proposed Premises”). |
| 4.6 | The purpose of the meeting was for the Committee to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicants’ proposed premises were located. |
| 4.7 | Confirmation was sought by the Chair that the Applicants 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.  |
| 4.8 | 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 Applicants and each Interested Party.  |
| 4.9 | 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.  |
| 4.10 | Finally, the Chair confirmed that the Committee had read all the papers submitted so invited Ms Ihsan to speak in support of the application, reminding her that the PPC was not in a position to consider any additional written evidence. |
| 5. | **THE APPLICANTS’ CASE – below is reproduced from Ms Ihsan’s pre-prepared statement** |
| 5.1 | Ms Ihsan opened by thanking all for allowing her to present the application for the pharmacy premises on 1195 Govan Road which the Panel had visited earlier. She said that it was an exciting opportunity for them but also a necessity for the neighbourhood as a whole. She went on to provide a definition of the area. |
| 5.2 | *At this point, the Chair apologised for interrupting and asked for clarity on the neighbourhood as the neighbourhood offered by Ms Ihsan was different from that contained in the Application. Mrs Glen cautioned that changing the definition of neighbourhood at this late stage might lead a reasonable person to suggest that the joint consultation conducted could be considered “unsafe”. After some discussion Ms Ihsan confirmed she wished to maintain the neighbourhood which had been adopted during the initial joint public consultation. Namely:**North – Govan Road from Drive Road and along Renfrew Road;**West - Renfrew Road to Shieldhall Road;**South - Shieldhall Road to A739; and**East - A739, along Langlands Road onto Drive Road and back to Govan Road.* |
| 5.3 | She said that the premises sat in the Linthouse neighbourhood which had been confirmed by everyone the Applicants had spoken to including local, shopkeepers and commuters. All had confirmed that they saw Linthouse as an independent neighbourhood. |
| 5.4 | There were no existing pharmaceutical services in Linthouse. In the adjoining east neighbourhood of Govan there were two pharmacies; in the adjoining south neighbourhood of Craigton there were two pharmacies. Neither was within a reasonable walking distance (9 15 and 10 minutes walk). All four pharmacies offered the basic pharmaceutical services.  |
| 5.5 | There were currently around 1200 homes here which were lacking a service and the Applicants would be responsible for providing a complete service because of the type of community it was. |
| 5.6 | They were looking to offer:* Full day Saturday opening hours 9-5pm with 9-6pm from Monday to Friday.
* Travel Vaccine Clinic provision 6 days per week, which will prove to be popular to serve a multi-cultural society that was growing in Linthouse. This service was a deficit in the whole of the Southside
* A complete pharmaceutical services provision to the new upcoming home developments directly opposite the premises. The Linthouse Housing Association had confirmed a £1.1m project for new houses for the elderly.
* Active uptake of declining services within the area such as MDS box provision, free deliveries, and needle exchange.
* This would be in addition to offering the four core services and include private and veterinary prescriptions, substance misuse, Pharmacy First, flu vaccinations and, if the Health Board wished, Palliative Care. Indeed all that a community pharmacy could offer.
* The premises were easily accessible as they were on a main road for commuters with ample parking facilities around the shop.
* They would be the closest to the QEUH, opening on full day Saturday to accept all NHS 111 referrals and for the dispensing emergency weekend prescriptions.
* At the local community council meeting, all members confirmed they would support the opening of their pharmacy.
 |
| 5.7 | The Iack of all the above proved there was a deficiency in adequacy. This was important as the area was growing and very multi-cultural in that it attracted people from all different backgrounds and ethnicity. It was therefore necessary to grant this application as the neighbourhood of Linthouse was currently being disadvantaged. |
| 5.8 | The area in general had been under a constant spotlight as one of the least affluent areas in Scotland, with a low life expectancy. The opening of this pharmacy could vastly improve this in the years to come with substance misuse services and weight management services.  |
| 5.9 | It was desirable to grant the application as the community was undergoing regeneration with building new homes, new hotels, the new Lidl and the new QEUH which all contributed to bringing people into the area and the pharmacy would play a key role in maintaining the health of its people. |
| 5.10 | *This concluded Ms Ihsan’s presentation and the Chair invited questions from the Interested Parties.* |
| 6. | **QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT** |
| 6.1 | **Questions from Mr Green, M & D Green (Craigton Pharmacy)**  |
| 6.1.1 | Mr Green said that it was important to establish the neighbourhood which the Applicants’ had referred to as Linthouse. He noted that on the map it said Shieldhall and asked Ms Ihsan what the neighbourhood was called. Ms Ihsan replied that the Applicants had spoken to the locals to gain clarity and they all referred to it as Linthouse and did not recognise themselves as belonging to Shieldhall and considered that separate. |
| 6.1.2 | Mr Green asked if Shieldhall was part of the neighbourhood and Ms Ihsan said that their neighbourhood was called Linthouse. |
| 6.1.3 | Mr Green said that that Shieldhall Industrial Park was within the defined neighbourhood and asked if it was in Shieldhall or Linthouse. Ms Ihsan said that names were largely arbitrary as the premises were on Govan Road but were not in Govan. |
| 6.1.4 | Mr Green said that Ms Ihsan had only made reference to Linthouse but his understanding was that this was only a small part of the neighbourhood defined. Ms Ihsan replied that when they surveyed the locals within the neighbourhood they had defined they all confirmed that they lived in Linthouse. |
|  6.1.5 | Mr Green asked if the boundary on Langlands Road was correct which was confirmed. He then asked if people living on either side of here would be in different neighbourhoods as he did not see this as a boundary. Ms Ihsan said that Langlands Road was long and they consulted on the Linthouse part of it and people agreed. |
| 6.1.6 | Mr Green noted that Ms Ihsan had mentioned that the pharmacies in Craigton and Govan only provided basic services and asked what services they did not offer. She said that neither offered a travel vaccination service. Mr Green then asked if she was sure and if she had done any research. Ms Ihsan replied that none offered vaccinations within their premises.  |
| 6.1.7 | Mr Green referred to the £1.1M housing project and asked its size and how many houses were involved. Ms Ihsan said that the Housing Association were building apartments and flats within walking distance of the proposed premises and said that she thought there were 1200. When Mr Green expressed doubt that so many could be built for that price, Ms Ihsan said that she was unsure.  |
| 6.1.8 | *To clarify this point the Chair referred to the letter from Glasgow City Council detailing the housing projects in the area and read out the development in the pipeline; namely 117 units in progress; medium term projects of 216 units and further long term projects (out with the scope of deliberations that day) for 30 units making a total of 363 units in all.* |
| 6.1.9 | Mr Green asked for evidence of any decline in services relating to compliance aids and needle exchange. Ms Ihsan replied that during their research they had contacted the four pharmacies nearest the proposed premises and none could direct them to the nearest needle exchange and none were interested in providing compliance aids or free delivery. |
| 6.1.10 | Mr Green asked how many referrals were likely to come from the hospital. Ms Ihsan was not sure but there would be people with emergency prescriptions and the new pharmacy would be ideal as they would be open all day on a Saturday. The hospital was very large and they expected that there would be a demand from there and NHS111. Mr Green indicated that he expected that most people came out of hospital with a few days’ supply of medication. Ms Ihsan said this was not her experience as a working pharmacist when people came out of A&E with prescriptions needing dispensed and that weekend demand was very high. |
| 6.1.11 | In the application, the Applicants had stated that a 10—16 minute walk to a pharmacy was a reason for inadequacy and Mr Green asked what was considered a reasonable walking distance. Ms Ihsan said that if someone was fit and able this would be fine but the people in this particular area would find it difficult. |
| 6.1.12 | Mr Green noted that the premises were on Govan Road which was also the northern boundary of the neighbourhood and asked if someone on Langlands Road would not be just as close to other pharmacies as they would to a new one so walking distances would vary. Ms Ihsan said that it was an abstract question and did depend on where you lived. She pointed out that their premises were on a main road and offered easy access to locals and commuters. Other pharmacies were not as easily accessible as they were not on a main road.  |
| 6.1.13 | Mr Green asked if she was familiar with the bus routes. Ms Ihsan said she was and that most of the routes ran along Govan Road but she was not sure if one ran along Craigton Road where M&D Green was. Mr Green assured her that there was a bus route there. |
|  | *This concluded the Mr Green’s questions and Mr Arnott was invited to put his.* |
| 6.2 | **Questions from Mr Arnott (Lloyds Pharmacy)**  |
| 6.2.1 | Mr Arnott asked what core services were not provided by the current contractors. Ms Ihsan said that all the four nearest pharmacies provided the core services but not to a reasonable time frame and quality. |
| 6.2.2 | Mr Arnott asked if Travel Vaccination Services and MDS were core services and was told not. |
| 6.2.3 | Mr Arnott asked why Ms Ihsan thought there had been such a low response to the CAR. Mr Ihsan replied that it was probably the nature of the area and a lot of people would not want to fill out a form. Mr Arnott commented that this hardly showed a desperate desire for a new pharmacy. |
| 6.2.4 | Mr Arnott then listed a number of streets and asked if people living there would say that they lived in Linthouse.  |
|  | *Ms Ihsan asked the Chair if the micro analysis of each street in the neighbourhood be reconsidered. The Chair said that the application had been made on the basis of a defined boundary and the purpose of the hearing was to determine by means of questioning the necessity or desirability for a pharmacy. Ms Ihsan said that she felt that they had already cleared up the question of the neighbourhood. The Chair said that she had stated that her premises were easily accessible and that Mr Arnott’s questions were to test whether these were more accessible than others rather than about the neighbourhood.* |
| 6.2.5 | Mr Arnott then asked if someone in Landcroft Place would say that they lived in Linthouse or Shieldhall. Ms Ihsan said that as she had already told Mr Green, the people they had asked within the boundaries had said they lived in Linthouse. |
| 6.2.6 | Mr Arnott pointed that the boundary did not go the full length of Langlands Road and asked if Ms Ihsan knew why. Ms Ihsan said that they had only taken the part of Langlands Road where people described themselves as living in Linthouse. |
| 6.2.7 | Mr Arnott asked if a new pharmacy was needed every time a new Travelodge was built and Ms Ihsan said that this was not the case but indicated that regeneration was going on and more people would be coming in and out of the area. |
| 6.2.8 | Mr Arnott asked why no one from the Community Council had written or attended the hearing if they were so supportive. Ms Ihsan said they were asked to attend but could not do so because of other commitments. They did unanimously agree to support the application. |
| 6.2.9 | When asked if she had contacted the MSPs and MPs, Ms Ihsan confirmed that they had not. |
| 6.2.10 | Mr Arnott asked if 0.6 to 0.8 of a mile walk was reasonable for a healthy person. Ms Ihsan replied that the majority of people in the neighbourhood were not fit and healthy. |
| 6.2.11 | Mr Arnott referred to the three datazones quoted in the Application and asked if Ms Ihsan could tell him how many of the population were aged over 65. She estimated that there were about 2000 in that category. Mr Arnott said this was difficult to believe as there were only 2381 in the area. Ms Ihsan said that there were about 6000 residents. Mr Arnott begged to differ and said that in the three zones there were only 255 over 65. |
| 6.2.12 | Mr Arnott asked if Ms Ihsan would agree that all the statistical data mentions Drumoyne and Shieldhall as being a datazone. Ms Ihsan acknowledged that this was the case but those within the boundary they had defined considered themselves to live in Linthouse. |
| 6.2.13 | Mr Arnott said he had looked at the datazones and none were in the bottom 20% for deprivation in the most deprived zones in Scotland and asked if this surprised her. Ms Ihsan said she presumed these would be very close to being one of the lowest.  |
| 6.2.14 | When asked, Ms Ihsan confirmed that her neighbourhood was in the largest city in Scotland and had good transport links. |
| 6.2.15 | Considering needle exchange, Mr Arnott asked if this was a problem would not the Health Board have contacted the existing pharmacies to ask them to do this. Ms Ihsan said that if asked they would have to accept and none had done so.  |
| 6.2.16 | Mr Arnott asked what such a refusal would be based on. Ms Ihsan said it would be on the clientele that such a service would bring into the area which was already deprived. It was her view that these people needed to be helped. |
| 6.2.17 | Mr Arnott asked how many people living in the area needed such a service. Ms Ihsan said that she did not have a number but the general feeling in the area was it needed an exchange service. Mr Arnott asked if this was based on the 49 respondents to the CAR. Ms Ihsan confirmed that it was but it was still a big issue relating not only to the exchange itself but related to a holistic approach to help the user and their family and the community. |
|  | *For information and clarification, the Chair advised that the Harmony Row pharmacy provided a needle exchange service.* |
|  | *This concluded Mr Arnott’s questions and the Chair invited the Committee to put their questions.* |
| 7. | **QUESTIONS FROM THE COMMITTEE TO THE APPLICANT** |
| 7.1 | Mr Fergusson asked how she knew that MDS was difficult to access. Ms Ihsan replied that during their research they had phoned all the nearest pharmacies and asked their positions and none gave a positive response. Mr Fergusson said that he only asked because community pharmacies are encouraged not to take on MDS patient without them first completing an assessment questionnaire. |
| 7.2 | To follow up Mr Fergusson noted that the application has stated that there was no capacity or room to take on more MDS and asked if Ms Ihsan was aware of the time and space the service involved. Ms Ihsan confirmed that she was. |
| 7.3 | When asked, Ms Ihsan said that she had not been approached by any patients about lack of MDS provision. |
| 7.4 | Regarding the delivery service, Mr Fergusson asked what about the Applicants’ service would be different. Ms Ihsan said that one pharmacy was initially charging for delivery but she did not know if they had since reassessed this. She wanted to reinstate the free aspect and was aware that it was not funded. |
| 7.5 | Mr Fergusson asked if she had an idea of the number of prescriptions that would come from A&E. Ms Ihsan was unsure but suspected that it would be substantial as from experience at weekends a lot of requests were received for antibiotics, painkillers and for people who had ran out of prescribed drugs. |
| 7.6 | Mr Fergusson asked if she was sure that there was not a travel service in the area. Ms Ihsan replied that it was possible that Gilbride’s may refer people outwith the area. |
| 7.7 | Referring to the assertion that quality and timescales were not adequate, Mr Fergusson asked what proof there was of this. Ms Ihsan said that this was from observation and comments from patients. Ms Ihsan said that, based on the assumption that five minutes was a reasonable waiting time, during her research she had taken a personal prescription in and on one occasion had to wait over 15 minutes. |
| 7.8 | Regarding quality, Ms Ihsan had found that substance misusers were being prioritised over the scripts which had been handed in before they had arrived. When asked if this could be because they wanted to deal with these patients quickly, Ms Ihsan said that her policy was to work on a first come first served basis. |
| 7.9 | Ms Mason referred to the complaints information and noted that there had been 11 for medication incidents in the past year and asked what that could mean. Ms Ihsan said she did not know. |
| 7.10 | Ms Mason noted that when she talked about poor service, Ms Ihsan only mentioned waiting times rather than wrong items and asked why. Ms Ihsan said that no-one had specifically mentioned this but all pharmacies made these errors at some time. |
| 7.11 | Ms Mason noted that Ms Ihsan had said that a 5-minute turnaround for a prescription was usual and felt that this was unrealistic for all and asked how Ms Ihsan managed this. She replied that there were always exceptions and if someone had 12 or 13 items there was no way this could be achieved without a robot. However this was where quality came in and she would speak to the patient and explain how long it would take and ask if they wished to come back or have the items delivered the next day. She believed it was sensible to offer a choice. |
| 7.12 | Ms Mason asked how wide the door was for disabled access and Ms Ihsan said that the premises were a blank canvas and wheelchair access and disabled facilities would be installed. |
| 7.13 | Mr Daniels said that it was his understanding that patients on discharge from hospital left with all their immediate pharmaceutical needs. Ms Ihsan said that this could be the case but come would come out needing compliance aids. |
| 7.14 | Referring to the CAR comments, someone had stated “as previously” as if they had completed more than one CAR. Ms Ihsan said that she took this to mean that they were referring to a previous comment in answer to another question. |
| 7.15 | Mr Daniels asked if there was a good bus service from Linthouse to Govan Cross. Ms Ihsan said that there was as it was a main road and there lots of buses heading to the main station and the subway.  |
| 7.16 | Mr Daniels asked where people went for most of their shopping and was told that there was a Lidl behind the proposed premises. |
| 7.17 | When asked Ms Ihsan confirmed they would offer free delivery. |
| 7.18 | Mr Bryson noted that the main thrust of the application was that the services in the neighbourhood were inadequate and asked for comments on the services outwith the neighbourhood. Ms Ihsan said that her definition of inadequacy was for those living in Linthouse. The adjoining areas of Govan and Craigton had two pharmacies in each who covered the core services. The Applicants’ intention was to cover more than the core. |
| 7.19 | Ms Anderton asked if the Travelodge was in the neighbourhood as defined and was told that it was and that it sat on the other side of the road to the premises. Ms Anderton noted that this was not then in the neighbourhood and Ms Ihsan agreed. |
| 7.20 | Ms Anderton asked if Ms Ihsan knew the number of residents in working age and in employment in her datazones. Ms Ihsan could not give the figures.  |
| 7.21 | Ms Anderton observed that on the basis of the data available to the PPC a substantial majority were working and had cars and asked how that would impact on numbers during the day. Ms Ihsan said that because they were on the main road and were open until 6pm and all day on a Saturday, these people could access services then. |
| 7.22 | Referring to prescriptions from the hospital and 111, Ms Anderton asked if that would be a major part of the business, given that they would not be open on a Sunday. Ms Ihsan said that if there was appetite to open on a Sunday they would certainly apply to the Health Board to do so. |
| 7.23 | Ms Anderton asked why she had referred to palliative care. Ms Ihsan said that although this was not a core service, if there was a need they would seek approval from the Health Board. She was not sure if this was offered by others. Ms Anderton asked if they had undertaken any specific research on what to base their offer. Ms Ihsan said she had not but would apply if there was a need once they were open and trading. She said that this did not form part of the application but she had only mentioned it in the presentation. |
| 7.24 | Ms Anderton asked where the parking was as it was a busy road. Ms Ihsan said that there was a lot round the corner which was for anyone to use. Also there was the Lidl and if someone was shopping there it was easy to walk round for a prescription. Also if someone was staying and parking at the Travelodge the pharmacy was easy to access. |
| 7.25 | Mr Irvine noted that the legal test centred on the definition of neighbourhood and asked where she considered Govan ended. Ms Ihsan said that this would be at the Clyde shipyard and the east side of Elder Park. |
| 7.26 | Ms Ihsan confirmed that someone from Linthouse would not say they were from Govan. |
| 7.27 | Mr Irvine asked if there were any schools in the neighbourhood. Ms Ihsan said there were no high schools but there were two primaries – Pirie Park and St Constantine’s. |
| 7.28 | Mr Irvine asked if Ms Ihsan was aware of the GG&C model hours for pharmacies and was told that she was but they had chosen not to use them. |
| 7.29 | Referring to the CAR, Mr Irvine noted that most of the responses were dated Bank Holiday Monday so were done on the same day and asked how that happened. Ms Ihsan said that she thought that was the day that they had gone out on the streets with the questionnaires. |
| 7.30 | Mr Irvine asked if they had looked at the 2011 census and the SIMD data to analyse the demographics. Ms Ihsan said that they had touched on the former but not looked extensively at it. Regarding the latter they had looked at it as it was there that they found that Linthouse was deprived. |
| 7.31 | Mr Irvine said that the Board’s Pharmaceutical Care Services Plan did not mention any inadequacy and Ms Ihsan said that she would contend that the service was inadequate specifically in Linthouse. She agreed that the four closest pharmacies provided all core services. |
| 7.32 | The Chair referred to Question 3 in the CAR and asked if most of the comments related to convenience rather than need. Ms Ihsan said that this was so and based on the fact that Govan Road was busy and therefore convenient for the people of the area. |
|  | *This concluded the questioning of the Applicant and the Chair invited the Interested Parties to put their cases in turn.* |
| 8 | **REPRESENTATIONS FROM INTERESTED PARTIES** |
| 8.1 | **Mr Martin Green from M & D Green Chemists Ltd (Craigton Pharmacy) - below is reproduced from Mr Green’s pre-prepared statement**  |
| 8.1.1 | Mr Green thanked the Committee for the opportunity to present his objections and read from a pre-prepared statement as follows: |
| 8.1.2 | First of all I would like to define the neighbourhood, which is bigger than that in the application, as:* To the North: The River Clyde;
* To the South: M8 Motorway;
* To the West: Renfrew Road; and
* To the East: Helen Street/Robert Street to the Clyde

This area truly represents a neighbourhood for all purposes where the population can access a wide range of amenities through the course of daily life. I disagree with the Applicants’ definition of a neighbourhood as it is flawed. |
| 8.1.3 | Firstly, the majority of the Applicants’ neighbourhood is taken up by Shieldhall lndustrial Park and the Queen Elizabeth University Hospital; there are only two small distinct pockets of resident population in the area known as Linthouse and Shield hall.  |
| 8.1.4 | Residents in the areas of Shieldhall and Linthouse will access services and amenities out with the Applicant’s defined neighbourhood on a regular, if not daily basis. |
| 8.1.5 | There are a number of schools in the area, all outwith the Applicants’ proposed neighbourhood: * Pirie Park Primary School - the south of Langlands Rd
* Govan High School- Ardnish St, south of Langlands Rd
* St Constantine's Primary & Nursery - Drumoyne Rd
* St Saviour's Primary School - Govan Road
* And Riverside Primary
 |
| 8.1.6 | Around 9am and between 3pm and 4pm, these areas are very busy with children and mothers collecting children predominantly on foot. The area is very flat, there are no hills to speak of and people regularly get about on foot. However, there is a bus terminus located at Govan underground from where you can access other parts of the city. As the underground is largely the destination for the bus routes, there are several bus routes converge on Govan Cross and the buses are frequent and numerous. |
| 8.1.7 | The main shopping centre is Govan Cross, although the main supermarket in the area is the Asda superstore just off Helen Street. |
| 8.1.8 | If you want to go to the gym, the Glasgow Club is located to the south of Langlands Road. Govan Health Centre is on Drumoyne Road and most of the churches are located in Drumoyne or around Govan Cross. |
| 8.1.9 | I think it is fair to say, that the residents of the Applicants’ proposed neighbourhood will need to access services and amenities outwith their defined area on a daily basis and as such, I would suggest that the neighbourhood is not as defined by the Applicants, but is the larger area I have defined earlier. |
| 8.1.10 | Within this larger neighbourhood, there are four existing pharmacies and also Govan Health Centre. From these four pharmacies patients can readily access the full range of Core Pharmacy Services and a long list of additional services. |
| 8.1.11 |  In the application presented by the Applicants, they have quoted three reasons why they believe the current pharmacy provision is not adequate. |
| 8.1.12 | The residents of Linthouse have a 10-16-minute walk to the nearest pharmacy. Firstly, I would suggest that a 10-16-minute walk is not a long walk as previously mentioned, there are no hills, as the area is very flat. However, I would also add that the distances quoted have been taken from the Applicants’ proposed premises, to Lloyds and us. The proposed premises sit on the northern edge of the neighbourhood and would actually only provide more convenient access for those residents in the streets immediately surrounding the Applicants’ premises. For many there would be little difference between the walking time to Lloyds and the Applicants’ premises. |
| 8.1.13 | The Applicants have also quoted the lack of a Travel Clinic as an indication that the current pharmacy provision is not adequate. This is a little confusing, as the provision of a Travel Clinic is not currently an NHS Pharmacy Service; it is a private service and the Applicants’ information is not quite accurate as M&D Green’s provide travel assessment and vaccination through a range of private PGD's, at our pharmacy on Craigton Road. This service is advertised in the pharmacy, on our website, through our Health Promotion campaign on Clyde 1 and with all of the local GP Practices. Despite the significant promotional activity, it remains a marginal service; I would suggest that the idea that a lack of a Travel Clinic is not just inaccurate, but the demand is also misconceived. |
| 8.1.14 | In addition, we have never refused a request for MDS. We do not promote it but do regularly provide packs. We offer freed deliveries and employ two drivers. There is not a cap on the numbers and again we have never refused to deliver. We are also unaware of any complaints about the service. |
| 8.1.15 | The Applicants have also suggested that the opening hours of the pharmacies in the area are limited to 9.00am to 1.00pm on a Saturday and they propose to open from 9.00am to 5.00pm.  |
| 8.1.16 | Prior to the hearing I have checked with Greater Glasgow and Clyde Health Board, who have confirmed their current Model Hours, which are: * Monday to Saturday 9.00am to 5.30pm
* Allowing for up to 2 half days per week- one weekday and a Saturday afternoon
* and closing for 1 hour in the middle of the day for lunch.
 |
| 8.1.17 | At the M&D Green, Craigton Pharmacy, we already open for more hours than required by the Health Board. |
| 8.1.18 | I have also asked the Health Board if there is any unmet need in the area, as identified by the Boards Pharmaceutical Care Services Plan. The response confirmed, that to date no unmet need had been identified and additionally, should any "gap" be identified, the Board would look to the existing Pharmacy network to meet this. |
| 8.1.19 | I am very commercially aware and always endeavour to maximise the opportunities available through every pharmacy. If, I thought there was a demand for services on a Saturday afternoon, I would open. Also, if the Health Board asked for Saturday afternoon opening in the area I would happily oblige. |
| 8.1.20 | In summary:* I do not believe the Applicants have defined their neighbourhood correctly
* The neighbourhood should be defined to include the four pharmacies which provide a full list of core and additional NHS services
* There is no evident need for Saturday afternoon opening; the Applicants’ have provided no evidence of demand.
* There is Travel Clinic availability in the area
* I do not believe the walking distances described by the Applicants represent a significant difficulty and in any event are an extreme example.
 |
| 8.1.21 | I would respectfully request, that the Committee reject the application. |
|  | *This concluded Mr Green’s submission and the Chair invited questions from the Applicants.* |
| 8.2 | **Questions from the Applicant to Mr Green (M & D Green)** |
| 8.2.1 | Ms Ihsan asked when the travel clinic opened and how much use was made of it. Mr Green said that it was in June 2019. The numbers were low as most vaccinations were available free and they advised patients to go to their GPs which they did without exception. There were also few requests for assessments. |
| 8.2.2 | Ms Ihsan asked if the two delivery drivers and vans operated exclusively from Craigton Road and was told that they did. |
|  | *The Applicant had no other questions. The other Interested Party was invited to put any questions.* |
| 8.3 | **Questions from Mr Arnott (Lloyds Pharmacy) to Mr Green (M & D Green)** |
| 8.3.1 | When asked, Mr Green confirmed that delivery was not a core service and was a free service. |
| 8.3.2 | Mr Arnott then asked about the travel clinic and was informed that this was not a core service and it was also a private service. |
| 8.3.3 | Mr Arnott asked if there was a waiting list for MDS. Mr Green said there were none and also no waiting list for substance misuse services. |
| 8.3.4 | When asked if his pharmacy was at capacity, Mr Green replied that it was not. |
|  | *Mr Arnott had no further questions and the Committee were invited to put theirs.* |
| 8.4 | **Questions from the Committee to Mr Green (M & D Green)** |
| 8.4.1 | Mr Bryson referred to the census data which said that up to 10% of the neighbourhood said they were in bad or very bad health and asked if that suggested a need for additional healthcare provision. Mr Green said that, looking at the current pharmacy services and the relatively small geographical area, he did not believe that another pharmacy would improve health. |
| 8.4.2 | Ms Anderton asked if he had an idea of the total population for the neighbourhood he had defined. Mr Green said that he was not sure but though it would be about 12000. |
| 8.4.3 | Ms Anderton asked if he had an idea of the demographics which he did not. |
| 8.4.4 | Mr Irvine said that PPC members had visited Craigton that day and asked if they provided a service to the residents of the Applicants’ neighbourhood. Mr Green confirmed that they did so on a daily basis. |
|  | *This concluded the questions for Mr Green. Mr Arnott was invited to make his submission.* |
| 8.5 | **Mr Tom Arnott (Lloyds Pharmacy) - below is reproduced from Mr Arnott’s pre-prepared statement** |
| 8.5.1 | Mr Arnott thanked the Committee for allowing him the opportunity to speak and read from a pre-prepared statement as follows: |
| 8.5.2 | The Applicants’ reason for making this application seems to be that the Pharmaceutical Services provided by current Contractors is inadequate only because there are no Pharmacy Premises in their definition of the neighbourhood. |
| 8.5.3 | There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from Pharmacies situated outwith that neighbourhood and this is the case in the Applicants’ defined neighbourhood. |
| 8.5.4 | Indeed, the Panel will see from The Advice and Guidance for those Attending the Pharmacy Practices Committee they must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood. |
| 8.5.5 | However, in this case it is obvious the Applicants have created a neighbourhood simply to exclude existing contractors and also to boost their population numbers. I must admit I am confused as to what the Applicants definition of the neighbourhood is as the map shown on the CAR does not appear to agree with the description of the neighbourhood on the Applicants’ application. |
| 8.5.6 | However, in my opinion looking at the location of the proposed Pharmacy the Eastern Boundary would be the A739; this means the proposed Pharmacy would be serving the population of SOI 009833 which only has 525 residents. The Applicant is trying to include the residents of SO 1009838 and S01009839 to boost the population numbers. The neighbourhood in which the proposed Pharmacy is situated is Shieldhall, population 525. This Pharmacy would not be viable. |
| 8.5.7 | The following is taken from The NHS (Pharmaceutical Services) (Scotland) Regulations as Amended).“Should the panel deem the existing service inadequate but also consider the applicant’s business not likely to be viable and therefore not securing adequate provision of pharmaceutical services, the Application should be refused.” |
| 8.5.8 | There are four Pharmacies within one mile of the Applicants’ proposed Pharmacy. One of which is Mr Green’s which is in the Area Pharmaceutical Committee’s definition of the area. Drumoyne and Shieldhall are situated within the largest City in Scotland, all Statistical Data shows Drumoyne and Shieldhall. |
| 8.5.9 | According to the Applicants their neighbourhood has a population of 2,381 which covers Datazones SOI009833 S01009838 and S01009839. Statistics show that the residents of these three Datazones have better access to services, including Pharmaceutical Services, than many parts of Scotland. Indeed, those living in Datazones S01009838 and SOI009839 rank 6,292 and 6,780 respectively. There are 6,798 Datazones one having the least access and 6798 the most. It cannot be said that the residents of the Applicants’ neighbourhood have difficulty in accessing services including Pharmaceutical Services. |
| 8.5.10 | There are four Existing Pharmacies within 1 .0 miles of the Applicants’ proposed site:* Lloyds Pharmacy Drumoyne Rd 0.6 miles
* M&D Green 2-4 Craigton Rd 0.7 miles,
* John Gilbride 92 Langlands Rd 0.8 miles
* Harmony Row Pharmacy 0.9 miles
 |
| 8.5.11 | I can assure the Panel that the Lloyds Pharmacy on Drumoyne Road has no capacity issues and has seen no significant growth in prescription numbers. There is no waiting list for the Chronic service and waiting times are less than 10 minutes. |
| 8.5.12 | Should the Panel deem the existing service inadequate but also consider the Applicants’ business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused. |
| 8.5.13 | The Panel must 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. |
| 8.5.14 | Although delivery is not a Core Service, all Contractors offer this service (Lloyds is free) for anyone who is housebound and I cannot see how, if someone is housebound, and requires delivery, the granting of this Contract would help them. |
| 8.5.15 | All existing Pharmacies offer all Core Services and the Lloyds Pharmacies are fully engaged with CMS eMAS and AMS. |
| 8.5.16 | Convenience is not a reason for granting a pharmacy contract. Indeed, the Applicants have shown no inadequacies in current Service Provision |
| 8.5.17 | The Applicants in support of their application have carried out a Consultation Exercise. The Applicants have stated that the CAR comments are about convenience. From their stated Population of 2,381 the Applicants have had 49 Reponses - only 2.0% of the Residents. This is the lowest response I have ever seen. |
| 8.5.18 | If it is part of the New Regulations, that the Applicants’ "must establish the level of Public Support of the residents in the neighbourhood to which the application relates” then it cannot be said the Applicant has not tried to gain Public Support, they have, however, failed miserably to gain the support of the residents; simply because there is little or no Public Support for the application. |
| 8.5.19 | This despite advertising in the Evening Times, utilising the NHS Greater Glasgow and Clyde Social Media Programme, stakeholders being consulted by the Health Board, and a Questionnaire appearing on the Health Board Website. This is because existing Contractors already provide an adequate Pharmaceutical Care Service to the Applicants’ proposed neighbourhood. |
| 8.5.20 | There is no Public support for this as the residents have no difficulties in accessing Pharmaceutical Services. I also note that there is no communication from the local Community Council (and they have not appeared today) nor from local MPs or MSPs as is normal with these applications. |
| 8.5.21 | Convenience is not a reason for granting a pharmacy contract. However in this case I feel the Application is more about the Applicants trying to open a business. |
| 8.5.22 | The panel must consider what are the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood. There are four pharmacies within 1.0 miles of the proposed site. |
| 8.5.23 | Should the Panel deem the existing service inadequate but also consider the Applicants’ business not likely to be viable and therefore not securing adequate provision of pharmaceutical services the Application should be refused. |
| 8.5.24 | A Pharmacy serving a neighbourhood of 525 people cannot be viable. The Area Pharmaceutical Committee does not support the application as they see no unmet need. |
| 8.5.25 | Having examined the NHS Greater Glasgow and Clyde Pharmaceutical Care Services Plan, I can see no reference to there being a need for a Pharmacy in the Applicants’ proposed neighbourhood and indeed there have been no complaints to the Health Board regarding existing service provision. |
| 8.5.26 | I would therefore ask 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 Arnott’s submission and the Applicant were invited to put her questions.* |
| 8.6 | **Questions from the Applicant to Mr Arnott (Lloyds)** |
| 8.6.1 | Ms Ihsan asked where the population figure of 525 came from. Mr Arnott said it was from neighbourhood and the datazone which was in the application and in the CAR.  |
| 8.6.2 | Ms Ihsan asked what he would consider a viable number and Mr Arnott said that there was no right number but the average in Scotland was 4,600 prescriptions per month per pharmacy. |
| 8.6.3 | When asked about deliveries, Mr Arnott confirmed that Lloyds offered a free delivery service and would take on new patients. Ms Ihsan said that when she asked, Lloydspharmacy declined her request. Mr Arnott said that he found this difficult to believe as they would ask about her health needs and difficulties with access. |
|  | *This concluded the Applicant’s questions and Mr Green was invited to put his questions.* |
| 8.7 | **Questions from Mr Green to Mr Arnott (Lloyds)** |
|  | *Mr Green had no questions*. |
| 8.8 | **Questions from the Committee to Mr Arnott (Lloyds)** |
| 8.8.1 | Mr Fergusson asked if Lloyds was at capacity and Mr Arnott confirmed that they had no problems whatsoever with capacity. |
| 8.8.2 | Mr Fergusson asked if the MDS trays were prepared off site and was informed that some of them were. |
| 8.8.3 | When asked by Ms Mason, Mr Arnott confirmed that they had never asked for payment for deliveries. |
| 8.8.4 | Mr Bryson referred to the 25 complaints in the past year which covered a range of issues and asked for Mr Arnott’s reaction. He replied that these referred to incidents reported under Patient Rights legislation which community pharmacies were legally bound to report. These were generally resolved locally but were reported to the area managers who would submit information to the Boards. |
| 8.8.5 | Mr Irvine asked if delivery was a core service and Mr Arnott restated that it was not and came at a cost to the pharmacy and that Lloydspharmacy provided this service to the proposed neighbourhood on a daily basis. |
|  | *This concluded the submissions and questions and the Chair invited the parties to summarise their cases.* |
| 9 | **Summing up** |
| 9.1 | **Interested Party – Mr Green, M & D Green (Craigton Pharmacy)** |
| 9.1.1 | Mr Green said that he believed that the proposed neighbourhood was not a neighbourhood but part of a much larger neighbourhood which had four existing pharmacies providing an adequate service and a range of choice. He asked the PPC to reject the application. |
| 9.2 | **Interested Party – Mr Arnott, Lloyds** |
| 9.2.1 | Mr Arnott said that it was neither necessary or desirable to grant the application as:* The low response to the CAR did not lead to a belief that there was public support;
* Convenience was not a reason for granting the application;
* There were four pharmacies within one mile;
* The APC did not support the application; and
* There was nothing in the Pharmacy Care Plan to say there was any need for an additional pharmacy.

He asked the panel to refuse the application. |
| 9.3 | **The Applicant** |
| 9.3.1 | Ms Ihsan said that, having done the research and spoken to the residents of their neighbourhood along with shopkeepers and commuters, they were all definite in describing the neighbourhood as Linthouse and did not want to be associated with any other area. |
| 9.3.2 | They would massively benefit from having a pharmacy on Govan Road where they could access the services required for the daily function of their lives. |
| 9.3.3 | It was not only necessary but desirable to have this pharmacy and asked the PPC to look favourably on the application.  |
| 10 | **Conclusion of Oral Hearing** |
| 10.1 | The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing. Each party so confirmed |
| 10.2 | 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. |
| 10.3 | The Chair advised the Applicants 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.  |
| 10.4 | **The Applicants’, Interested Parties, Observer and Board Officers left the meeting.** |
| 11 | **Preliminary Consideration** |
| 11.1 | In addition to the oral evidence presented, the PPC took account of the following: |
| 11.2 | 1. That a site visit had been undertaken of the area (with one member undertaking her own) noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood;
2. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area;
3. Map showing the neighbourhood proposed by the Applicants;
4. A map showing the datazones of the area in question;
5. A table giving the population profile for each of the selected data zones;
6. Distances from proposed premises to local pharmacies and GP practices within a one to two mile radius;
7. Details of service provision and opening hours of existing pharmacy contracts in the area;
8. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes;
9. Number of Prescription items dispensed during the past 11 months and information for the Minor Ailments Service;
10. Complaints received by the Health Board regarding services in the area;
11. Population Census Statistics from 2011;
12. Letter from GP Sub-Committee dated 26 September 2019;
13. Letter from APC dated 4 October 2019;
14. Information from Glasgow City Council, Development and Regeneration Services; on housing developments in the local area
15. Summary of applications previously considered by the PPC in this area;
16. The Application and supporting documentation provided by the Applicants;
17. Pharmaceutical Care Services Plan;
18. Public Transport Information; and
19. The Consultation Analysis Report.
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| 12 | **Discussion** |
| 12.1 | The Committee in considering the evidence detailed above 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. |
| 12.2 | The Committee considered the neighbourhoods as defined by the Applicants, by each of the Interested Parties and the Area Pharmaceutical CP Sub-Committee; examined the maps of the area and considered what they had seen on their site visit. |
| 12.3 | The Committee noted that the Applicants’ defined neighbourhood had a very low population, and although it included two primary schools the majority of the residents had to travel outwith the neighbourhood to access amenities including GP and pharmaceutical services. |
| 12.4 | They noted that both of the Interested Parties and the APC had described larger neighbourhood areas which included a wider range of amenities including the GP practices and pharmacies. They also included Govan Cross which the Committee thought had been artificially cut off by the Applicants’ boundary. |
| 12.5 | After considering all relevant factors and seeking to identify natural boundaries, the Committee agreed that the neighbourhood should be: |
| 12.6 | West  | Renfrew Road from River Clyde to M8; |
| 12.7 | North | The River Clyde; |
| 12.8 | East | Broomloan Road which avoided splitting Govan; |
| 12.9 | South | M8. |
| 12.10 | The PPC was satisfied that this could be a neighbourhood for all purposes as it included schools, shops, GP practices, churches, community facilities and four pharmacies, with Its boundaries defined by major roads and the river Clyde that was a physical barrier. |
| 12.11 | Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

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| Turning first to the CAR, it was noted:* The response rate was extremely small at 49
* The answers were all very similar and about 50% of the comments referred to convenience rather than need. The Applicant had acknowledged this.
* Question 3 on pharmacy services showed that 71% of respondents did not think that dispensing was adequate. However, no evidence was provided during the hearing to support that view.

In summary, the Committee did not think the Car had neither demonstrated inadequacy of pharmaceutical services within the Applicant’s neighbourhood nor demonstrated public support for a new pharmacy |

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| 12.12 | The Committee discussed the evidence offered by the Applicants, during the hearing, on the need for a pharmacy in the neighbourhood. At times the Committee found the description of current services to be vague and occasionally inaccurate, based on the Applicants’ superficial shopping casual conversations with residents and shopkeepers in the proposed neighbourhood. Overall in relation to a factual description of the services currently offered the Committee preferred the testimony of the interested parties |
| 12.13 | The Committee also noted that the claim of major new housing developments in the short and medium term within the neighbourhood was not supported by the information received from Glasgow City Council.  |
| 12.14 | Both interested parties who attended offered a full range of services from their pharmacies, both core and non-core and had indicated that they were far from being at capacity. Other pharmacies in the area all offered a range of services.  |
| 12.15 | The Committee noted that opening hours of the existing pharmacies were covered by the model hours with some opening for longer. The Applicants had stated that there was no provision of needle exchange in the area. However, during their site visit, Harmony Row Pharmacy had confirmed that they offered this service. The Applicants had made much of the proposed need for a Travel Clinic, which one of the Interested Parties confirmed was already available and for which there appeared to be little demand and was a non-core service. |
| 12.16 | Looking at the complaints information from all pharmacies within a 1 mile radius of the applicant’s proposed location in relation to dispensing data, the Committee noted that given the number of items dispensed in the pharmacies in the area, these were not significant. |
| 12.17 | In considering accessibility, the Committee felt that walking distances were not an issue and all existing pharmacies could be accessed on foot. In addition, there was high car ownership and public transport was very good Depending on where in the neighbourhood someone lived, they could be closer to one of the existing pharmacies than the proposed pharmacy. |
| 12.18 | Applicants |
|  | ***In accordance with the statutory procedure the Pharmacist Members of the Committee left the room while the decision was made.*** |
| 13. | DECISION |
| 13.1 | In determining this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).  |
| 13.2 | Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 12.1 – 12.10 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.It was the unanimous decision of the PPC that the application be refused. |