

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (03)
 Minutes of a Meeting held on
 Friday 31st August 2012 at 9.30am in
 The Kingspark Hotel, Mill Street,
 Glasgow G73

PRESENT:	Mr Peter Daniels Mrs Maura Lynch Mr Alex Imrie Mr James Wallace Mr Ewan Black	Chairman Lay Member Deputy Lay Member Non Contractor Pharmacist Member Contractor Pharmacist Member
IN ATTENDANCE:	Janine Glen Trish Cawley	Contracts Manager – Community Pharmacy Development Contracts Supervisor – Community Pharmacy Development

Prior to the consideration of business, the Chairperson asked members to indicate if they had an interest in the application to be discussed or if they were associated with a person who had a personal interest in the application to be considered by the Committee.

ACTION

No member declared an interest in the application to be considered.

1. APOLOGIES

Apologies were submitted on behalf of Councillor Luciano Rebecchi.

Section 1 – Applications Under Regulation 5 (10)

2. MINUTES

The minute of the meeting held on Friday 20th April 2012 PPC[M]2012/01 was approved as an accurate record.

3. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes.

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

Case No: PPC/INCL05/2011
Kyle Square Ltd – Unit 5, 151 Western Road, Whitlawburn, Glasgow G72 8PE

The Committee was asked to consider an application submitted by Kyle Square Ltd to

provide pharmaceutical services from premises situated at Unit 5, 151 Western Road, Whitlawburn, Glasgow G72 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Kyle Square Ltd considered that the application should be considered by oral hearing.

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

The Applicant was represented in person by Mr David Dryden, assisted by Mr Michael Balmer. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Ms Nicola Burns (Burns Pharmacy), assisted by Mr Jonathan Clark, Mr Alasdair MacIntyre (Burnside Pharmacy), Mr Martin Green (Dukes Road Pharmacy and Melville Chemists) and Mr Michael Doherty (Leslie Chemists).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas including Fernhill, Cathkin, Whitlawburn, Greenlees, Kirkhill, Cambuslang town centre, Burnside and Springhall.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions of the Applicant. The Interested Parties were then asked to make their submissions. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions of each Interested Party. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

The Applicant advised that Kyle Square Ltd were seeking to open a pharmacy at the above address as they believed that current access to services was inadequate. This view was shared by the local community. He advised that he would present his case in line with the Legal Test, which was set out in the regulations. He advised that in order for the legal test to be applied he would look at four main points:

i) What was the neighbourhood in which the premises were located?

The Applicant advised that the neighbourhood was the area known as Whitlawburn. It was well recognised and defined by the Council as having the following boundaries.

North: Open ground/playing fields/Holmhills community wood.

Beyond this open ground there was the affluent area of Cambuslang, characterised by Victorian Sandstone villas. These villas sold for between £300k and £400k and were quite unlike the high rise flats characteristic of Whitlawburn.

East: The fast moving Greenlees Road separated Whitlawburn from the area known as Kirkhill, which comprised a mixture of modern and Victorian dwellings, all privately owned.

South: The Southern extent of Whitlawburn, up until a few years ago was marked by miles of countryside. Nowadays there was a modern residential development known as Lomond View. Access to Lomond View was via one road in and out, and this road was located off the major trunk Road the A749. Lomond View was remote from the rest of Whitlawburn. A picket fence ran the length of Lomond View and separated it from Whitlawburn. Lomond View was completely partitioned.

West: To the West, Whitlawburn was separated from the Cathkin and Springhall estates by the dual carriageway the A749. This was further evidenced as a boundary by the fact that Cathkin and Springhall were areas of Rutherglen; different post-codes, different council wards, different polling stations etc.

The street names said Whitlawburn, the street signs said Whitlawburn, Google recognised Whitlawburn; South Lanarkshire Council recognised these boundaries.

The Applicant advised that if the Committee remained in any doubt then they should look at the letters from the residents submitted during the consultation period who clearly marked their addresses as being Whitlawburn.

The Applicant advised that Whitlawburn was not a micro-community: Whitlawburn was in fact so large that it had not one but two housing co-operatives: One for the East and one for the West.

From Scottish Neighbourhood statistics a figure of approximately 3,000 residents lived in Whitlawburn and recent and ongoing developments by Barrett Housing would see the population increase further.

Whitlawburn was built in the post-war era and comprised mainly social housing, with the lower density dwellings to the North of Western Road being privately owned.

Whitlawburn fell within the top 5% most deprived areas in Scotland and had two of the three most deprived datazones in all of South Lanarkshire. As such residents were likely to have an increased demand for pharmacy services.

Cost of transport and access to pharmacy services was a very important issue for many residents and 69% of this population did not have access to private transport.

The neighbourhood had low levels of employment and higher levels of alcohol and drug abuse.

From official figures from Information and Statistics Division Scotland, the Applicant knew that Whitlawburn generated some 4,000 NHS prescription items each month: more than enough to support a pharmacy in the neighbourhood.

Within the neighbourhood there was an NHS dental practice, two takeaways, a public house, a bookmaker, private childcare and a supermarket.

There was a community hall and there was the West Whitlawburn Resource Centre which provided job centre outreach programmes, credit union outreach, councillors surgeries, childcare, five a side football, mothers and toddlers groups, dance classes, a café and housed the Camglen Radio station.

Whitlawburn therefore must be considered a neighbourhood in its own right.

The Applicant advised that as such the Regulations made direction to the next point:

2) What were the existing pharmacy services in the neighbourhood?

In short – there were none. The Applicant advised that it was quite clear to everyone that there was no pharmacy within the neighbourhood of Whitlawburn; therefore to services people must travel outwith the neighbourhood.

3) This meant that the Committee should move to point three and consider if the services outwith the neighbourhood was adequate

The current position was that residents must travel outwith the neighbourhood to access services, and this was something that the residents, the councilors and the housing co-operatives found unacceptable.

It was clear that Whitlawburn did not contain all the services that the residents required throughout the course of their lives; and residents would have to leave the neighbourhood to access additional services.

The Applicant suggested that when residents of Whitlawburn needed to leave the neighbourhood in search of services, it was most likely that they would gravitate towards Cambuslang Main Street, which was an economic hub: two GP surgeries, a library, banks, travel agents, credit union and a range of shops.

The normal direction of travel would not take residents of Whitlawburn to an adjoining neighbourhood such as Springhall or Cathkin, though some residents may choose to do so. The small row of shops in Braemar Road in Cathkin catered for the residents of Cathkin, much as the row of shops in Lochaber Drive. Springhall catered for the residents of Springhall, and the facilities in Whitlawburn catered predominantly for the residents of the neighbourhood of Whitlawburn.

None of these three areas had the full range of services, and all neighbourhoods were

reliant from time to time on the centralised services found in Cambuslang. This was the normal life in any neighbourhood in Scotland. The Applicant advised that no neighbourhood could be considered to contain all services.

The Applicant advised that so given the direction of travel for residents leaving Whitlawburn was towards Cambuslang Main Street, it could be assumed that the majority of patients would access pharmacy services at either of the two Leslie Chemists or Boots in Cambuslang Main Street.

This involved a round trip journey of over two miles, which was not really an acceptable distance to have to travel to access pharmacy services.

For someone without a car, who couldn't afford to or chose not to use a bus, this journey would take approximately 40 minutes at average walking speed, not to mention waiting times within the pharmacy.

For an elderly patient or a parent pushing a pram the journey would take significantly longer at around 65 minutes, Again this did not take into consideration any waiting times in pharmacies, and was worsened by the fact that Cambuslang was on a hill and the journey back up to Whitlawburn was particularly steep. Some patients couldn't undertake the journey on foot.

The Applicant reported that many patients on programmes of substitution therapy had to make this journey six days per week. The cost to them would be significant and perhaps prohibitive. It was known that Whitlawburn had high rates of drug use and the evidence showed that the closer these services were to patient's homes, the greater the rates of adherence which was the desired result.

Cambuslang town centre was extremely congested and despite the presence of a car park it was often difficult to find a parking space due to the high volume of traffic. Once parked, there was still a further walk to the pharmacy. However, only 31% of the population of Whitlawburn had access to private transport.

There was no parking outside Boots Pharmacy, Burnside Pharmacy or Dukes Road Pharmacy and parking was extremely limited outside Leslie Chemists and Burns Pharmacy. This made accessing these pharmacies a challenge for all patients, but in particular the elderly, infirm, disabled or parents with young children.

The Applicant advised that these points could be verified from the letters received from the people living in Whitlawburn.

The distribution of pharmacies throughout the greater area was antiquated, and did not provide an adequate network for the effective delivery of the new pharmacy contract. The pharmacies were predominantly located in the economic hubs of Cambuslang and Burnside, which was not where most of the population lived.

Large out of town retail developments had brought about a national decline in the high street, with less people using facilities there. In few places was that quite as evident as Cambuslang Main Street which had lost many of its services and retail units lay empty.

Less people were traveling to the Main Street as the range and quality of services was in decline. Yet pharmacies were still located here.

The clustering of the pharmacies in the Main Street may also have been influenced by a closer proximity to the GP surgeries. And while once being close to a GP surgery was quite important for a pharmacy. This was no longer the case.

Delivery services couldn't be seen as a suitable alternative to local face to face services. People needed a healthcare professional – not a driver. Where there was no access to a car – as was the case for the majority of the residents of Whitlawburn – people may have the expense of a bus or taxi. Where patients were forced to walk, quite clearly the distance and incline was unacceptable.

Public transport and delivery services did nothing to reduce inadequacy. People should be able to reach a pharmacy within their community with ease.

The pharmacies within the consultation area offered a high standard of service, but they didn't offer an adequate and accessible service to the residents of Whitlawburn. The Applicant concluded that the provision of pharmacy services to the defined neighbourhood of Whitlawburn was not adequate.

4) We must therefore move to point four and ask; would granting the application secure provision of pharmacy services within the neighbourhood?

It was the view of the Applicant, that the only way to secure adequate provision of pharmacy services within the neighbourhood of Whitlawburn was to grant this application.

With the new pharmacy contract in Scotland, now more than ever, pharmacy was a stand alone service provider within the NHS, and not merely an addition to general medical services.

The Minor Ailment Service (MAS) was a successful component of the contract, and the diagnosis and treatment of minor conditions meant that patients would not always require a consultation with a GP where the service was available within their neighbourhood.

Having this service available within the neighbourhood would be of immense benefit to the resident population who were burdened with high levels of ill health.

The Public Health Service (PHS) was introduced to make opportunistic interventions and improve the health of the population. For this service to have maximum impact on the population it must be made available in the heart of the neighbourhood.

PHS also comprised the provision of emergency hormonal contraception, and the smoking cessation service. How many more patients would access the Smoke Free Service if it was readily available, in the heart of the community with no barriers to access? The Applicant asked how smoking rates could be expected to decline if these services were not made available locally?

The Chronic Medication Service (CMS) had now been rolled out, with pharmacists taking a more active role in the care of patients on long-term conditions it was hoped that patients would not need to see their GPs as often.

Putting a pharmacy in the community could reduce unnecessary journeys. Pharmacy could play its role in primary healthcare and Out of Hours Services.

The Applicant advised that if a pharmacy was not established then the new pharmacy contract would be lost on its target population.

The contract had been tailored for the people of Scotland and in particular the patients with the worst health in Scotland. Whitlawburn was within the top 5% most deprived areas in the country. A huge difference could be made to people's health and the proposed pharmacy provided the ideal environment and the perfect location for these services to be delivered and to have the maximum impact and benefit.

The proposed site would be finished to a high standard and would be fully compliant with GPhC regulations and the Disability Discrimination Act.

There was ample car parking right outside the front door.

The premises would allow for a quiet consultation area, a consultation room, and a discreet room for supervision of methadone and suboxone. He also planned a further treatment room and was keen to encourage nurses, GPs, chiropodists or physiotherapists to make use of the space. This would provide further access to new services and additional health benefits to the neighbourhood. All right next door to one brand new dentist with whom the responsibility of tackling gum disease was shared.

The Applicant advised that he would be looking to enhance their smoking cessation service by providing Varenicline via a pharmacist prescribing clinic. This was something he was already qualified to do, and currently provided to great effect in another pharmacy. The pharmacy would provide blood pressure monitoring and healthy lifestyle advice, and take part in all Health Board initiatives.

The Applicant asserted that the company was prepared to provide services seven days a week, with Sunday services running as a trial period for a minimum of 12 months. He hoped that after this time the company would be in a position to continue Sunday opening and perhaps even expand the hours being offered on a Sunday.

Most importantly of all, they would be providing face to face pharmaceutical services on the ground, in the neighbourhood, for which there was no substitute.

The Applicant advised that the neighbourhood of Whitlawburn was absolutely a neighbourhood in the ordinary sense of the word. There were no existing pharmacy services within this neighbourhood. The services located elsewhere, in other neighbourhoods, as good as they may be, did not, in any way, provide adequate access to pharmacy services.

Therefore it was absolutely both necessary and desirable to grant this application in order to secure adequate provision of pharmacy services for the residents of Whitlawburn both now and in the future.

The Interested Parties Question the Applicant

In response to questioning from **Ms Burns** regarding his comment “known as Whitlawburn”, the Applicant advised that he had described the neighbourhood as Whitlawburn because South Lanarkshire Council recognised the boundaries of the neighbourhood. When Ms Burns asked what evidence he had to substantiate this. The Applicant advised that Councillor David Baillie had advised him of this. He reiterated that the street signs also said Whitlawburn.

Ms Burns asked the Applicant if he would agree that when he spoke about “demographics” this only took into consideration the two datazones completely within the neighbourhood and that it did not cover the 1,000 or so population outwith this. The Applicant advised that across the area Whitlawburn was deprived.

Ms Burns asked the Applicant whether he felt there were barriers to accessing Burns Pharmacy. The Applicant advised that when residents of Whitlawburn left the neighbourhood they normally travelled in the direction of Cambuslang town centre. There was no other draw in Cathkin for them. The Applicant advised that for those living in the east of Whitlawburn, it was a long way to travel to access Burns Pharmacy. What he was trying to achieve was a pharmacy in the hub of the neighbourhood so that if residents had to make a special trip solely to access pharmaceutical services, those services were available to them within their own neighbourhood.

When Ms Burns asked the Applicant if residents of Whitlawburn used the services provided by the Post Office on Braemar Road, the Applicant advised that the Post Office did not provide a full service. It remained his assertion that most residents of Whitlawburn would travel to Cambuslang for such services.

In response to questioning from Ms Burns regarding the distance between the proposed premises and Burns Pharmacy, the Applicant advised that according to the internet one was 0.8 miles from the other. The Applicant disagreed with Ms Burns assertion that this represented driving distance and that the distance walking on foot via the purpose built walkway was only 0.4 miles.

In response to further questioning from Ms Burns regarding what the Applicant felt to be an acceptable length of time to walk to access pharmaceutical services, the Applicant advised that he didn’t know of another area like Whitlawburn which didn’t had a pharmacy. He was trying to establish services where the residents could benefit from them.

In response to a series of questions from Ms Burns regarding delivery services, the Applicant confirmed that such services were not comparable to input from a pharmacist, but agreed that they were invaluable for many elderly patients. He qualified this response by saying that many people in Whitlawburn received deliveries because they couldn’t access services. He was confident that if there was a pharmacy some patients would be able to get to it. He had experienced a similar situation in his pharmacy in Kyle Square.

He reiterated that patients who relied on delivery services, but who would be able to access a pharmacy in their own neighbourhood weren't currently able to obtain pro-active pharmaceutical advice, nor were they being exposed to the Public Health campaigns.

In response to questioning from **Mr MacIntyre**, regarding perceived barriers between Whitlawburn and Cathkin, the Applicant advised that there was a dual carriageway between the two areas, but more than that there was no incentive for residents of Whitlawburn to travel to Cathkin. He was of the opinion that the distance between the two areas was more than the 0.4 miles, but Whitlawburn residents wouldn't travel there as part of their day to day lives. He reminded that dispensing medicines was not all of what pharmacists did and that pharmacy needed to become a focus for primary health care.

Mr MacIntyre asked the Applicant that if people travelled outwith the neighbourhood to access a lot of the services they needed in their day to day lives wasn't that an argument that services didn't need to be provided within the neighbourhood. The Applicant confirmed that Whitlawburn didn't have all services and that residents would not be able to spend their entire life in the neighbourhood, but he continued to believe that services should be provided locally.

In response to questioning from Mr MacIntyre regarding parking outside other pharmacies in the area, the Applicant advised that he was surprised to learn that parking was available in spaces outside some of the other local pharmacies for up to half an hour.

Mr Green asked the Applicant if he considered the PPC were here to consider neighbourhood in the common sense of the word. The Applicant advised that the neighbourhood he had defined was recognised by South Lanarkshire Council, there was a large population which had a community spirit. The Applicant didn't think people should be deprived of a pharmacy because they didn't have other services. In his opinion, this was even more reason to provide them with access to services.

Mr Green asked if it was not the case that the current pharmacy Regulations defined "neighbourhood" as being "for all purposes" and asked if this term related to the "common sense of the word". The Applicant responded in the affirmative. He didn't believe that the Regulations meant that an area had to have all amenities before it could be defined as a neighbourhood.

In response to questioning from Mr Green regarding walking times, the Applicant advised that in his opinion it would take approximately 10-15 minutes to walk from Greenlees Road to East Kilbride Road. He felt it would be double that time to walk from the proposed premises to Burns Pharmacy. He advised that for certain patients it was not a journey they could make on foot.

Mr Green referred to the Applicant's comments within his presentation that Burns Pharmacy was in the wrong direction of travel for the residents of Whitlawburn. He asked how this could be if residents needed to access pharmacy services. The Applicant advised that Burns Pharmacy was not in the place where the residents of Whitlawburn lived their day to day lives. There were no other amenities taking them in that direction.

In response to final questioning from Mr Green, the Applicant agreed that the residents of

Whitlawburn needed to travel outwith their neighbourhood to access some services. Mr Green asked if the Applicant would consider taking a child to primary school as part of someone's day to day life. He asked whether this could be done in Whitlawburn. The Applicant advised that for this to happen, a resident would need to leave their neighbourhood, but he didn't feel this changed the position for the residents.

Mr Doherty asked the Applicant if a mother in Whitlawburn needed a prescription filling, where would they go. The Applicant advised that most would likely go to Cambuslang Main Street. Mr Doherty asked why someone would do that when there was a pharmacy 0.4 mile away. The Applicant advised that this pharmacy was not a part of their neighbourhood. It could be argued that the pharmacy was obscured behind a hedge. The Applicant firmly believed that the residents of Whitlawburn aligned themselves to Cambuslang rather than Cathkin. Mr Doherty asked what would stop a mother going over to Braemar Road. The Applicant advised that the dual carriageway, along with another busy road would be a barrier. In addition, Braemar Road was not in the direction of travel for residents of Whitlawburn. He advised that when the snow came, the paths were gritted in between the high flats, but not the roads in between. There were a number of reasons which would prevent residents of Whitlawburn accessing the pharmacy on Braemar Road, including the territorialism between the two areas.

In response to further questioning from Mr Doherty, the Applicant agreed that there was a purpose built walkway from Whitlawburn to Cathkin. He agreed that some residents did travel to Burns Pharmacy to get a prescription filled, but he asserted these patients were not getting the full range of services. In the Applicant's opinion, they were missing out on ¾ of the services they were entitled to. They had access to treatment but that's all.

Mr Doherty asked the Applicant if he would agree that residents of Whitlawburn travelled to Cambuslang town centre because Whitlawburn was a community which was part of the bigger neighbourhood of Cambuslang. The Applicant did not agree. He would not put Whitlawburn in with Cambuslang. In his opinion Whitlawburn was a well defined neighbourhood. It defied logic to put Whitlawburn with its high rise flats in with Stewarton Drive and its sandstone villas.

The PPC Question the Applicant

In response to questioning from **Mr Black** regarding the Community Centre on the Cathkin side of the A759 which alluded to serving Whitlawburn, the Applicant agreed that there would be a degree of overlap in any area. He pointed to the five a side pitches which had opened recently in Whitlawburn which had been developed partly to address issues of territorialism between the two areas.

Mr Black asked the Applicant if in his wish to be pro-active he wouldn't be offering a delivery service from his new pharmacy. The Applicant advised that there was always going to be patients who didn't get out and need a delivery service.

In response to further questioning from Mr Black regarding the bus service in the area, the Applicant advised that buses operated to Cambuslang town centre every 20 minutes. He advised that Whitlawburn was part of Cambuslang in the same way that Springhall was a part of Cambuslang. He asserted that Cambuslang covered a large area, taking in the

areas of Hallside and Flemington. He felt that the PPC needed to look at the proposed premises and the neighbourhood it lay in.

Mr Black sought to explore the Applicant's comments that the uptake of substitution therapies could be improved if they were provided from a facility within the neighbourhood. Mr Black asked if the Applicant had any evidence to suggest that these therapies weren't working in the area. The Applicant advised that it was commonly accepted that the further away the services were the lower the adherence. The Applicant advised that there was a drug issue in Whitlawburn and it was preferable to keep patients stable within their own locality.

In response to a follow up question from Mr Black, the Applicant advised that he was not aware of any short comings in the locality, any unmet need. He accepted that patients on programmes would be making journeys to get supplies but this was not ideal. The Applicant pointed to the problems experienced during the last two extremely bad winters. The roads weren't safe and this could disrupt people's ability to access treatment. It would be better for them that they didn't need to make a round trip journey every day.

In response to questioning from **Mrs Lynch** regarding the neighbourhood, the Applicant advised that in his opinion the area known as Whitlawburn was a discreet neighbourhood for many reasons, including: all the street signs said Whitlawburn; there was a strong and clear community spirit; it had a separate Polling Station for the area; there were Job Centre outreach programmes; councilor surgeries; a credit union outreach; a mothers and toddlers group; a radio station and a football pitch. Investment had been injected into the area. The area had a number of problems and the football pitches were a means of making these issues better.

In response to further questioning from Mrs Lynch regarding the development of housing in the area, the Applicant advised that the number of dwellings to be built in the Cathkin Rise development would not change. This would remain at 140. Half the site had already been developed. There had been a change in development in the half which was to be given over to flats. This had stopped and the site given over to houses which were more popular.

In response to final questioning from Mrs Lynch about the dentist on Western Road, the Applicant advised that he would expect to see approximately 5/6 prescriptions being generated per day. He accepted that this would not be a big part of the pharmacy's business, but he felt it important that patients could access services when it was needed. He advised that together pharmacies and dentists could play a significant role in the fight against gum disease. A major contributing factor of gum disease was smoking. He advised that from his other pharmacy he had visited all dentists in the Spittal area and advised what pharmacy was attempting to do with the Smoke Free Service. He further advised that NES (National Education for Scotland) had this as a priority. A two pronged approach to issues was needed.

Mr Wallace asked if the Applicant had any evidence to show the extent to which the residents of Whitlawburn used the Western Road retail area as part of their day to day lives. The Applicant advised that footfall indicated this to be the case. There was significant passing trade and it was known that lots of local people used the facilities. He

further advised that the dentist was doing extremely well. The pub was popular and was a hub of activity. The facilities were popular because parking was so good.

Mr Wallace asked the Applicant how people who couldn't walk to existing pharmacies would manage to get out and come to a pharmacy in Whitlawburn. The Applicant advised that the evidence was contained in some of the letters received during the consultation period. A new pharmacy on Western Road would open up services to a good chunk of the population. He was unable able to put a figure on it.

In response to questioning from **the Chair** regarding the apparent weight of objection to the application, the Applicant accepted that there would appear to be more people against the application than for. He advised that the manner in which the petition was conducted possibly didn't result in a true reflection of the public's opinion. He pointed to the 112 responses received to the Applicant's consultation period.

There were no questions to the Applicant from Mr Imrie.

The Interested Parties' Case – (Ms Nicola Burns – Burns Pharmacy)

Ms Burns advised the Committee that she once again would like to object to the granting of the application for inclusion in the Pharmaceutical List. It was Ms Burns understanding that the hearing had been called today to re-hear the application due to a procedural error, not because of an unjust result.

She advised that since the previous application less than twelve months from the current, there had been amendments to the Regulations governing inclusion in the Pharmaceutical List. Part of the scope of these changes was to enable Health Boards to reject applications where they did not believe the evidence of a significant change (since a previous application within the last twelve months) was sufficiently robust. It was Ms Burns' opinion that the scope of the regulation changes should be applied to this particular application. With this in mind, however, there had been no change to the Regulations with respect to the Legal Test and so based on this she wished to present the reasons for her objection. This would include evidence of an adequate service, including comment on the Applicant's assessment of current services, evidence of how current service provision would be destabilised if a new contract was to be awarded and evidence that there had been no significant change since the previous application. Ms Burns advised that she would highlight the reasons that the PPC previously rejected the application.

The neighbourhood Ms Burns had defined was as follows:

North: B762, Dukes Road, along Cambuslang Main Street (A724);

East: B759, Greenlees Road;

South: East Kilbride Road, proceeding westwards towards its junction with Dukes Road (A749).

These were arterial roads, which defined a neighbourhood for all purposes, encapsulating a wealth of amenities. This neighbourhood could be defined by data zones. Using Scottish Neighbourhood Statistics from 2011, there was a population of around 7,152.

The Applicant had however defined a smaller neighbourhood, with a current estimated population of 2,943. Included in this figure were 44 inhabited homes of Cathkin Rise. This would increase by around 81 persons when completed. This figure also included the 4 inhabited homes of Kirkhill Mews which could increase by around 18 persons upon completion. In total these new builds could increase the local population by a mere figure of 99 persons in total.

This smaller neighbourhood could not be defined by data zones, and whilst the Applicant excluded some areas due to socio-economic differences, there were in fact, clear differences within the area that the Applicant defined. The Applicant referred to high levels of deprivation within his defined neighbourhood; however it appeared these deprivation levels were confined to only two data zones. Only 59% of the population of the neighbourhood the Applicant defined. There was also a real lack of key amenities. The area was not a neighbourhood for all purposes, in Ms Burns opinion, it was therefore not justifiable as a neighbourhood, but as a small community within a greater neighbourhood.

There were many factors to account for when considering adequacy. Current service provision, access and public opinion were very important indicators. Ms Burns wished to comment on each of these in turn to provide adequate service provision. She also wished to comment on the Applicant's assessment of the factors they considered proved services to be inadequate, namely public support and barriers to accessing existing services.

Within the neighbourhood, Ms Burns had defined, there were currently four pharmacies, with an additional two pharmacies, including Burns Pharmacy on the periphery. The existing pharmacies provided a fully comprehensive range of core and enhanced services. As agreed less than eight months previously by the PPC *"the existing network provided comprehensive service provision to the neighbourhood."*

Ms Burns advised that she agreed with the Applicant that public support was an important indicator of service provision. Indeed the Applicant had provided various pieces of evidence of public support. Firstly the Applicant referred to the support received at the "open night" in August 2011.

Ms Burns informed the Committee that she had attended the "open night" which was also attended by less than 2% of the population of the Applicant's defined neighbourhood. It became evident to her on that night that perhaps, the community of Whitlawburn, were simply unaware of the services that were currently available. Concerns were raised that Burns Pharmacy closed at lunchtime, closed on a Wednesday afternoon, did not offer a delivery service. Indeed even in the letters of support provided by the Applicant, many respondees failed to make reference to Burns Pharmacy, mentioning only other pharmacies in the area. This highlighted that some of the reasons for support were in fact due to a lack of knowledge of current service provision. Ms Burns felt it was important to inform the community of the current level of service available from Burns Pharmacy and so had since completed a leaflet drop in the area.

Ms Burns also felt there was an important level of misinformation provided by the Applicant at the event. Whilst there were various questions from the public, regarding the application process, Ms Burns felt they were not answered factually or indeed at times even accurately.

At this point in her presentation, Mr Burns listed some of the comments, allegedly made by the Applicant at the open night event. The Chair stopped Ms Burns as in his opinion the veracity of the comments could not be confirmed and could not be corroborated. The Applicant also objected, denying that he made the comments. The Chair asked Ms Burns to omit this part of her presentation. Ms Burns agreed and moved on.

Ms Burns advised that in the appeal of the decision made by the PPC in January 2012, the Applicant made a very misleading accusation. The Applicant stated that seven letters of objection were submitted by Ms Burns' delivery driver and members of that person's family. In addition to one letter from a family friend. This was entirely untrue. The Applicant in this point of appeal stated this as fact. This was, at best a case of mistaken identity and at worst a deliberate attempt to mislead.

The Applicant also submitted various letters of support from the public, including local councillors and the local MSP. Whilst there was no doubt that these genuine letters were in support of a new pharmacy, there was doubt however, as to whether these people had been fully informed of the robust process used to award such contracts. Whilst citing some of the reasons given in these letters, there were some other reasons the Applicant failed to highlight. One of these was that it was believed to be "not convenient" to travel to another pharmacy. A contract should not be awarded on convenience. Another reason from James Kelly MSP was that it would "promote investment and jobs" again not a reason to award a pharmacy contract. Ms Burns also noted that there was a letter of support from Councillor Eileen Baxendale. This was a great surprise to Ms Burns, given that this Councillor had previously submitted a letter against the opening of a new pharmacy in Whitlawburn, expressing concerns about the viability of Burns Pharmacy and of a new contract. She stated that a number of businesses on Western Road had closed due to lack of trade. To Ms Burns this created doubt as to the credibility of the current letter of support.

Ms Burns asserted that she was in no doubt of the active and positive role the West Whitlawburn Housing Co-operative had in the community of Whitlawburn and she noted the Management Committee's support of the application as indicated by the letter provided. On that letter, however, it was also claimed "*there was nobody who speaks for the community with the same legitimacy or credibility as WWHC in relation to that which the local community wishes.*" Ms Burns advised that she would question the validity of this claim as having submitted objections from the community of Whitlawburn; it was clear there was actually a division of opinion in relation to a new pharmacy.

Ms Burns urged the Committee to focus on the letters she had submitted from local GPs, who as healthcare professionals inherently had a deeper insight into current local healthcare provision. She received four letters from local GPs writing in support of the services provided at Burns Pharmacy and beyond. Not one of these letters indicated any inadequacy, any gap in service, any unmet need. In fact they provided evidence that services were not only adequate, but more than adequate. Ms Burns then went on to highlight some examples:

"They are always able to take on new patients for additional services such as supervised

dispensing or monitored dosage systems." Dr R Watson;

"We do not feel that there is anything to indicate that a further local pharmacy is required."
Dr C McCann, Dr A Gajree;

"I can confirm there is no problem in patients obtaining medication from any of the available pharmacies, all pharmacies seem to have capacity to take on more patients." Dr Smith.

Within Ms Burns' objection she also took measures to seek the views of the communities served by Burns Pharmacy, including that of Whitlawburn. This resulted in 23 individual responses from the local public, including those from Whitlawburn, a petition with 457 signatures against the opening of a new pharmacy, 84 of those signatures being from Whitlawburn residents.

Indeed the Applicant himself at the previous application hearing stated he *"did not believe the capacity of pharmaceutical services to Whitlawburn was an issue."*

In Ms Burns' opinion, this was overwhelming evidence of adequate service. This was agreed in the decision made by the PPC in March 2011 and upheld by the NAP that existing services to their defined neighbourhood were adequate. The same decision unanimously made again by the PPC less than eight months ago.

Ms Burns provided that the other reason mentioned in the application was perceived barriers to accessing existing pharmacies. The Applicant stated there were no pharmacies less than 0.8 miles from the premises. Burns Pharmacy, however, was located only 0.7 miles by car and only 0.41 miles by foot from the proposed premises. Burns Pharmacy was also easily accessible, travelling by foot via the purpose built walkway with staggered pedestrian crossings suitable for prams and wheelchairs. A journey of less than seven minutes. For those unable to travel by foot or car there was a bus service from Western Road to Cathkin Bypass, running every 30 minutes, with a journey time of only 4 minutes from the farthest point on Western Road. Ms Burns believed this to be a reasonable distance to access pharmacy services.

The Applicant referred to the needs of the elderly in his application. When asked about the assertions made on the elderly population in Whitlawburn, the Applicant stated that this came from *"extrapolating a general statistic which showed the population of entire country was living longer."* Ms Burns asked how such extrapolated evidence could be relied upon when making a decision on the needs of such a specific area? The information on the elderly population in Whitlawburn was indeed available from South Lanarkshire Council. With only 2% over 75 compared to an average of 7.6% in South Lanarkshire in 2012.

When looking at the demographics of the communities served by Burns Pharmacy, Ms Burns noted that the area of Whitlawburn had a relatively low elderly population and a significantly higher proportion of young people. In contrast to this, the area of Cathkin had a higher than average elderly population. Given that the population of Whitlawburn was predominantly that of young, able bodied people, this would surely provide that Burns Pharmacy was in the best possible location to serve these communities, slightly closer to

the elderly population, who may not be so mobile, and had a greater need to access pharmaceutical services. This highlighted another real concern that could arise if Burns Pharmacy were to close as a result of a new pharmacy in Whitlawburn. Although there was no barrier to the community of Whitlawburn travelling to Cathkin, there could potentially be a real barrier in the significant elderly population of Cathkin accessing services in Whitlawburn.

Of course there were other pharmacies in Cambuslang and Burnside. As stated previously by the Applicant there were frequent bus services from Whitlawburn to these areas. There were three per hour to Cambuslang, and every ten minutes from Cathkin Roundabout to Burnside. It was also Ms Burns understanding that many people chose to make this journey in order to access the wealth of amenities these places had to offer.

Indeed it was agreed in March 2011 that *“existing services did ensure satisfactory access to pharmaceutical services”*. And agreed by the PPC less than eight months ago, that *“The population had easy and quick access to both the nearest pharmacy and those located further towards the main shopping areas in Burnside and Cambuslang.”*

As such Ms Burns would argue that there were no actual barriers to the community of Whitlawburn accessing pharmaceutical services, in fact they had a choice of many. Awarding a new contract in Whitlawburn would be to do so as a matter of convenience to its residents.

Ms Burns advised that the outcome of the previous application, and of applications previous to that, also concluded that awarding a new contract could *“Have a destabilising effect on the adequate provision of service, which might also affect the viability either a new pharmacy, or Burns Pharmacy.”*

Ms Burns advised that she would like to highlight the reasons she believed the PPC considered in order to arrive at this conclusion.

Firstly, the community of Whitlawburn had very little in the way of amenities, its residents regularly had to travel to access a large range of services required on a daily basis. It was likely, that even if a new contract were to be granted, the community of Whitlawburn would continue to travel to access these services, as agreed by the Applicant in January, and with that, other pharmacy services, and so bringing into question the viability of any new pharmacy.

Secondly, Burns Pharmacy was a low dispensing pharmacy. Far from operating at capacity, indeed with increased staffing it could efficiently operate with at least double the volume of prescriptions. Recent dispensing figures continued to show around 30% of prescriptions dispensed from Burns Pharmacy were from the Whitlawburn area. As a new contractor, having only taken over the pharmacy in July 2010, a 30% loss of turnover would without doubt jeopardise the future of the pharmacy. A pharmacy that had served the community for over forty years, a pharmacy that Ms Burns mother had provided excellent service from for over 20 years, a pharmacy that Ms Burns grew up in, and a pharmacy in which Ms Burns hoped to provide this same level of service to the community for at least the next 20 years.

Ms Burns contended that the amended regulations advised that the Pharmaceutical Care Services Plan should be consulted when considering applications. The plan for Greater Glasgow and Clyde Health Board showed that by average there was a population of 3,792 per pharmacy contract. When looking at her defined neighbourhood there was an average population of only 1,192 per pharmacy contractor, when including the two pharmacies just on the periphery. In addition to this it could be shown from the information provided in the Service Plan that on average there was one pharmacy per 1.4 square miles. However in her defined neighbourhood there were four pharmacies in the approximate 0.9 square miles of the neighbourhood with an additional two just on the periphery. Ms Burns understood that this information did not take into account demographics; however the figures strongly indicated that this area was actually very densely populated with pharmacies when compared to the Health Board as a whole. In fact this indicated an over provision, where awarding another contract would destabilize current service provision.

Ms Burns advised that the Applicant claimed there had been significant changes since the last application was refused. The first of these was the opening of a dental surgery in Western Road. This planned change was considered at the last application, and so it could be argued that there was in fact no change, far less significant. Ms Burns understood this dental surgery had offered a letter of support for the application. This was to be expected given that any new business would be keen to encourage extra footfall to its area. Ms Burns advised that she had already established a close working relationship with this surgery, and had not been made aware of any problems in people accessing prescriptions issued from there.

The facts were, using the information from ISD Scotland dental prescriptions accounted for only 0.03% of all prescriptions issued in Scotland in 2010. That was 3 prescriptions in every 10,000 issued. Burns Pharmacy could without doubt cope with this negligible increase.

The Applicant had also highlighted a new housing development not considered at the last application. This new housing development was for twelve terraced houses, four of these were currently inhabited, and completion of these could perhaps increase the local population by around 18 persons. This development was equidistant to Burns Pharmacy and the proposed premises. If every one of these people came only to Burns Pharmacy, this would be an expected increase of less than one item per day. An increase Burns Pharmacy certainly had the capacity for. Indeed this opinion was echoed by comments made by the PPC in march 2011 with reference to the development of Cathkin Rise.

“The Committee agreed that the new housing development might result in an increase in population within the area. They were confident however that the existing network was well placed to accommodate any demand that might be generated.”

This was not an increase anywhere near large enough to justify a significant change.

Ms Burns advised that in the last application she highlighted the changes made to Burns Pharmacy since she took over in July 2010. She had said that the pharmacy was no longer closed at lunchtime, that staffing levels had increased, that prescription collection service had been extended, that a delivery driver had been employed. Since the last application there had been continuous improvement to the service provided at Burns

Pharmacy. After a trial period of three months, the pharmacy had again, extended its opening hours to open until 5pm on Saturdays. The premises had now been approved in order to allow pre-registration training to commence. She had also volunteered to support the University of Strathclyde by offering practice experience placements for 1st and 2nd year students. She had also taken steps to engage with the local community through health promotion. She had held health promotion events in West Whitlawburn Resource Centre to promote the pharmacy smoking cessation service. She recognised this as an important service within the local community, as parts of the area had a comparatively high level of people with respiratory conditions. These events were successful, with many positive interventions. She had since made arrangements to repeat this health promotion activity. She had invited and hoped that the dental practice would attend the next event as smoking cessation was a prime example of how two professions could work together to achieve a common goal. Most recent information showed that Burns Pharmacy had smoking quit rates higher than that of the average for Greater Glasgow and Clyde. Ms Burns believed this was due to the active role the pharmacy had undertaken in promoting public health.

Ms Burns also understood that parts of the communities served by Burns Pharmacy had a comparatively higher number of people with alcohol related health problems. As such she had volunteered and was selected to take part in a pilot service, which commenced in March, where positive interventions were made in order to promote awareness of safe alcohol consumption. This was also an example of how Burns Pharmacy was making an active and positive contribution to public health.

Ms Burns had registered with the Blood Pressure Associate for “*know your numbers*” week in September where the pharmacy would be hosting a “*pressure station*.” This was a health promotion event where blood pressure was tested, awareness of high blood pressure and its risk factors was generated and advice was given on healthy lifestyle measures.

Ms Burns believed these progressions showed a willingness to respond to the need of the communities served by Burns Pharmacy, and that she had a genuine agenda for improving the healthcare of the local population she served.

Ms Burns concluded that given that there had been no significant change. Given that it had been decided five times previously, most recently less than eight months ago, that adequate pharmaceutical services were provided to the community of Whitlawburn. Given that it had also previously been decided that a new contract may create a destabilisation of current services. Given the advice of the Community Pharmacy Subcommittee to reject the application. Given the strength of the information provided in the Pharmaceutical Care Services Plan. Given all the evidence she had endeavoured to present today, proving adequate service provision, Ms Burns asked the PPC to reject the application.

The Applicant Questions Ms Burns

In response to questioning from **the Applicant** regarding the health promotion events she had engaged in, Ms Burns confirmed that the events were held in Whitlawburn, in the Resource Centre which was used by everybody in the area. She had felt this to be the best place to have them. She felt the events helped the PPC apply the legal test as it

helped to show that Burns was proactive. She advised that the Applicant had made arguments about how vital health promotion was and she had been trying to do the same.

In response to a follow up question from the Applicant that Ms Burns provided health promotion in the Cathkin area and not Whitlawburn, Ms Burns advised that she provided services to Whitlawburn along with other contractors.

In response to further questioning from the Applicant, Ms Burns did not agree that the fact that Burns Pharmacy was not operating at capacity suggested that the people of Whitlawburn didn't go there. She advised that residents who didn't use Burns Pharmacy chose to access services in other areas such as Burnside or Cambuslang.

In response to follow up questioning from the Applicant, Ms Burns confirmed that she couldn't quantify what % of patients from Whitlawburn used Burns Pharmacy. She didn't know how many actual people in relation to the population as a whole. In response to the Applicant's suggestion that the number was small, Ms Burns agreed that other people might chose to go elsewhere. In her opinion this showed that people gravitated towards Cambuslang and Burnside for their amenities. She advised that it would be difficult to predict whether her pharmacy would in fact suffer a 30% loss, but she was confident that she couldn't lose that amount of patients.

The Interested Parties Question Ms Burns

In response to a question from **Mr MacIntyre** regarding how the people from Whitlawburn traveled to Burns Pharmacy, Ms Burns advised that most walked across the road. She explained that most came to Burns Pharmacy if they were going to the Post Office or the local Co-op.

In response to questioning from **Mr Green**, Ms Burns confirmed that she was genuinely concerned for the on-going viability of Burns Pharmacy. In response to a follow up question from Mr Green, Ms Burns advised that her analysis of the demographics of the area showed that there were more elderly people living in Cathkin. She confirmed her belief that if Burns Pharmacy was no longer there this might leave the area worse off.

In response to questioning from **Mr Doherty**, Ms Burns confirmed that she was not aware of any barriers stopping anyone from Whitlawburn traveling to Burns Pharmacy.

The PPC Question Ms Burns

In response to questioning from **Mr Wallace** regarding her leafleting exercise, Ms Burns advised that the exercise had not had any significant effect. She had noticed perhaps a few more people asking questions, but there hadn't been a marked increase in custom. She felt it would take time to educate people to the services available in Burns Pharmacy. Some people continued to have misconceptions around the service provided by the pharmacy, for example continuing to believe that the pharmacy closed at lunchtime.

In response to further questioning from Mr Wallace regarding the underpass between Whitlawburn and Cathkin, Ms Burns confirmed that she wasn't aware of there being any

safety issues. She hadn't heard anyone complaining about the underpass.

In response to questioning from **the Chair**, regarding whether she had any feel for the % of people who used the underpass as opposed to the road, Ms Burns said that people used the road to go to school. It was safe. There was a pedestrian crossing.

In response to questioning from **Ms Lynch** regarding people with disabilities accessing the pharmacy, Ms Burns advised that there was a bus service running from Western Road to Cathkin Bypass. Residents might use that if disabled or if they lived at other end of Western Road. Ms Burns confirmed that she hadn't had anyone complain about journey to Burns Pharmacy.

In response to further questioning from Ms Lynch regarding the housing developments in the area, Ms Burns advised that there would be a maximum of 12 dwellings in Kirkhill Mews which was the only development which hadn't been considered by the PPC when it considered a previous application in March 2011. In terms of the other 62 houses were already built with plans for only another 18.

In response to questioning from **Mr Black** regarding the Housing Associations within the area, Ms Burns advised that she didn't know whether there was an East Whitlawburn Housing Association.

In response to further questioning from Mr Black regarding her defined neighbourhood, Ms Burns advised that there were main arterial roads in the area, but she didn't consider that these alone defined a neighbourhood. She felt a neighbourhood was where the people in it shared the same facilities and amenities every day. She accepted that a neighbourhood might not contain every single amenity but it should have a broad range of them. Ms Burns considered that her neighbourhood had all of these characteristics. She was of the opinion that the boundary was drawn at Cambuslang Main Street why would you not include the residential area at the other side of the Main Street. A line had to be drawn somewhere.

In response to further questioning from Mr Black, Ms Burns confirmed that she did solicit opinion from the local GPs. She was interested to know if they perceived any inadequacies. In the previous application, the Applicant mentioned perceived difficulties in MDS (monitored dosage systems). Ms Burns had gone to see the GPs to ascertain their views on this issue. The result was the letters in her submission. She felt it was good to have the insight from GPs. They would have had feedback from patients.

In response to a follow up question from Mr Black, Ms Burns advised that approximately 5% of the prescriptions delivered from her pharmacy were taken to Whitlawburn.

There were no questions to Ms Burns from Mr Imrie.

The Interested Parties' Case – (Mr Alasdair MacIntyre – Burnside Pharmacy)

Mr MacIntyre thanked the PPC for the opportunity to put forward his case. He advised that he would firstly define the neighbourhood, talk about the pharmaceutical services to the neighbourhood and give the PPC reasons as to why the current pharmaceutical services were adequate.

He advised that he agreed with the neighbourhood previously defined by Ms Burns.

These major arterial roads formed natural boundaries around the area of residential development which lay to the south of Cambuslang town centre. Although the properties within this neighbourhood varied in terms of age, style and socioeconomic grouping, they all shared their essential services and facilities, most of which were located in the town centre.

Mr MacIntyre asserted that Whitlawburn was a small community within a larger neighbourhood. The population as part of their normal daily lives accessed the schools, churches, shops, supermarkets, banks, library, leisure facilities, pharmacies, GP practices etc which made up this larger neighbourhood. Outwith this neighbourhood, the centres of Burnside and Rutherglen were both within easy reach for this population; hence they also accessed services in these areas. Conversely residents of Rutherglen and Cambuslang used the facilities of the Resource Centre in Whitlawburn for example they attended fitness classes, smoking cessation group sessions and weight watchers.

A number of neighbourhoods had been proposed in previous applications for the Applicant's premises and adjacent to it. In the North, the railway line crossed east to west. As there were so many crossing points you would hardly know it was there. Similarly the open ground that the Applicant proposed as his northern boundary was virtually invisible to those traveling around the area either by foot, by bus or by car and thus would not be seen as a barrier.

Mr MacIntyre then went on to discuss the existing pharmaceutical services to the neighbourhood as he had defined it. Within that area, there were four pharmacies namely Dukes Road, Boots and the two branches of Leslies Chemist. Immediately on the border of that neighbourhood was Burns Pharmacy to the south and Burnside Pharmacy to the north. Pharmaceutical services were also provided from a further five pharmacies in Rutherglen. Every pharmacy provided all of the core and the majority of the additional NHS pharmaceutical services as listed in the NHS Greater Glasgow and Clyde Pharmaceutical List. Those services which were provided by only a small number of pharmacies tended to be those were the Health Board specified which pharmacies could provide them, the numbers being controlled to make the most effective use of resource. Mr MacIntyre was sure that from his original letter of objection, their tour of the area, their visits to the pharmacies today and from the information provided by the Health Board that the PPC would be satisfied regarding the full and comprehensive range of services currently being provided to his defined neighbourhood.

As there were no gaps in the range of NHS pharmaceutical services being provided what case was the Applicant making? The question here was one of access. Could those patients in the south of his defined neighbourhood access pharmaceutical services. The Applicant was concentrating on the area of Whitlawburn, so this area should be discussed. The Applicant's case was based on the fact that most of the pharmacies were located at the northern edge of Mr MacIntyre's proposed neighbourhood or beyond. To access these pharmacies, patients would either have to drive, take the bus or walk. Drive time to a pharmacy was not long, less than five minutes. With regard to buses, the number 18 service ran every 10 minutes on the East Kilbride Road, reaching Burnside in about five

minutes and Rutherglen in 10 minutes. There were a further three buses an hour on Western Road, two of which reached Cambuslang in five minutes and one took about ten minutes. Walking down the hill and back from Burnside or Cambuslang was an option for some patients but not everyone. In addition delivery services were available from the majority of pharmacies to those that wanted them. Mr MacIntyre noticed that the Applicant intended to provide a delivery service as he was no doubt aware of the value housebound patients put in this service even if a pharmacy was located right next to them.

Mr MacIntyre then turned his attention to Burns Pharmacy, sitting immediately adjacent to the southern end of his proposed neighbourhood right next to Whitlawburn. Although not in his specified neighbourhood this pharmacy sat within a short easy walking distance of Whitlawburn and most definitely provided pharmaceutical services to this area. To get to this pharmacy on foot you would cross the A749 East Kilbride Road via a staggered pedestrian crossing.

In Mr MacIntyre's opinion it was evident that although the A749 was a main arterial road, this didn't act as a barrier to pedestrians crossing. This was evident by the fact that residents on both sides of the road, readily crossed back and forth to get to the bus stops on either side. Patients accessing Burns Pharmacy for prescriptions currently crossed the road. Customers of the shops next to Burns Pharmacy crossed the road. Those going to and from the Post Office in Cathkin crossed the road. Children at Cathkin Primary crossed this road at least twice a day when going to school. Pupils attending Cathkin High School crossed the road at least twice a day to attend school. Further down the A749 even although there were no marked crossings at least twice a day pupils could be seen crossing to and from Cathkin High School and to and from Loch Primary and St Anthony's Primary Schools.

Mr MacIntyre contended that it was evident therefore that residents in the south of his proposed neighbourhood including Whitlawburn could easily access pharmaceutical services either on foot, via regular public transport or by car. Therefore in terms of access the current NHS pharmaceutical services were adequate.

He then went on to consider probable changes within the neighbourhood which could affect the decision of the PPC.

The Applicant, in his written submission to the PPC mentioned a small development to the South East of Whitlawburn, off Greenlees Road, which was not taken into consideration by the PPC at the last hearing. Here they were building 12 mews style three and four bedroom cottages in a small space. This small area near Kirkhill Golf club would not result in a significant increase in population. It was also located outside the Applicant's defined neighbourhood.

Barrett Homes were currently building on the site of the former Cathkin High School. Originally the development was to include 191 houses in total. Mr MacIntyre asked the PPC to assume for the sake of argument that in these austere times this figure was to stay the same. The question he would like to address was "Could the existing pharmacies providing pharmaceutical services to that area easily cope with this increased population or would another pharmacy be necessary or desirable?" Mr MacIntyre discussed Burns Pharmacy in Cathkin first. This was a low intensity pharmacy which could easily cope with

an increase in patients accessing NHS pharmaceutical services. He believed for example that the pharmacy had the capacity to increase its current prescription numbers by huge percentages and continue to provide an excellent pharmaceutical service to their patients. He asked the PPC to consider the current prescription numbers as evidence of this point. Thus even if every resident of the new housing development went to Burns Pharmacy for their prescriptions and pharmaceutical care, they could cope with this increase and still have capacity for more. However, it did seem unlikely that this new development would attract residents who were typically high users of pharmaceutical services.

Mr MacIntyre went on to consider the other pharmacies providing pharmaceutical services to this area; namely the two in Burnside, the three in Cambuslang and the further five in Rutherglen who were all located where these residents would go about their daily lives. Without going into their individual abilities to increase capacity it was evident even by the sheer numbers and choice of pharmacies that the existing pharmacy network could adequately provide pharmaceutical services to residents of this new development. He would even go further and say that Burns Pharmacy alone could do this never mind the additional ten pharmacies.

Mr MacIntyre advised that on checking the South Lanarkshire Council planning website, he had since read that the house builder Barratt had reduced the number of properties that they intended to build at Cathkin Rise by almost one third to a maximum of 132 dwellings, of which half were already completed. Thus if previous PPCs and NAPs were satisfied that the existing pharmacy network could adequately support the initial projected increase in population, it was inconceivable that it could not support a reduced projected population.

The Applicant in his submission pointed out that the dentist was now open and consulting in Whitlawburn. As he was about to open when the PPC sat in March 2011, they had the opportunity to take this into consideration at the previous hearing. Mr MacIntyre advised the PPC that dentists generally wrote very few prescriptions and the few they wrote were in the main for acute one off courses of antibiotics. The close proximity of the dentist to Burns Pharmacy could mean that the patient walked there, or they may choose to access one of the other pharmacies in Burnside, Rutherglen or Cambuslang as part of their normal daily lives.

Reading the letters that the Applicant had submitted, Mr MacIntyre advised that he understood the desire of a number of residents of the Whitlawburn area to have the convenience of an even shorter walk to a pharmacy than they already had. He understood the desire to regenerate their shopping centre by bringing in investment and jobs, but these were not reasons to award an NHS pharmacy contract.

Mr MacIntyre advised that the Applicant referred in his submission to the amendments to the Regulations governing control of entry to the Pharmaceutical List and cited these amendments as a significant change that meant in his view that it was now necessary or desirable that an application be granted in order to secure adequate provision of services. Currently the pharmaceutical services to Whitlawburn and the surrounding area were not only adequate, they were secure. If the PPC of January 2012 which was being reheard today was discounted, the PPC and the NAP had between them considered an application for this area seven times between 2005 and 2011, the last time being the NAP in June 2011. It was interesting to note that previous PPCs and NAPs had commented on the

potential destabilising effect the granting of a new contract would have on the adequate provision of pharmaceutical services within the defined neighbourhood. Indeed the PPC of the 14th March 2011 commented that this might affect the viability of either the new pharmacy or Burns Pharmacy. Mr MacIntyre noted that NHS Circular: PCA(P)7(2011) gave guidance to Health boards regarding the amendment regulations and with regard to the viability of pharmacies. Annex 2, Page 9, Point 23 advised PPC that *“a possible reduction in income by an existing community pharmacy caused by the opening of an additional pharmacy is not, itself a relevant consideration, unless it could affect the continued viability of the other pharmacies.”* Mr MacIntyre asked the PPC to consider in their decision the ongoing viability and hence security of the adequate provision of pharmaceutical services and the devastating effect loss of a pharmacy could have on a population.

Mr MacIntyre advised that as the NHS pharmaceutical services to his defined neighbourhood including the area known as Whitlawburn were adequate and capacity existed to meet future need, he asked the PPC to reject the application.

There were no questions to Mr MacIntyre from the Applicant, the Other Interested Parties or the PPC

The Interested Parties’ Case – (Mr Martin Green – Dukes Road Pharmacy and Melville Chemists)

Mr Green advised the PPC that the neighbourhood he had defined was:

North: Dukes Road (B762) onto Glasgow Road and Main Street, Cambuslang (A724);

East: Greenlees Road (B759) to its junction with East Kilbride Road in the South;

West: East Kilbride Road (A749) to its junction with Dukes Road.

All of the defined boundaries were major arterial roads that defined an area of residential development to the south of Cambuslang town centre. The area contained houses of varying style and age and residents of varying social economic status.

Virtually all essential services were provided within the neighbourhood; pharmacies, doctors, dentists, opticians, banks, schools, a whole range of shops, places to eat, worship and work. It could truly be described as a *“neighbourhood for all purposes.”*

Using information from the Scottish Neighbourhood Statistics website, we get a reasonable fit from nine datazones, which, from the mid-year estimates of 2010 give the population figure as 8,055. Within this neighbourhood there were four pharmacies within it; three in Cambuslang and one in Burnside. There were a further two immediately outside the neighbourhood; Burnside Pharmacy on Stonelaw Road and Burns Pharmacy on Braemar Road in Cathkin providing services to the neighbourhood. That was an average of one pharmacy for every 1,611 of population.

In addition to these, there were further pharmacies in Rutherglen, where the majority of doctors were based and more again in Halfway and Fernhill.

The pharmacies within the neighbourhood provided a comprehensive range of core pharmaceutical services and supplementary non NHS services, such as collection and delivery. Mr Green advised that he could only speak for Dukes Road Pharmacy and Melville Chemist but despite being proactive in their approach to all services, they were not at capacity and would welcome any new patient wishing to access any of their services.

The pharmacies within and on the immediate periphery of the neighbourhood could be accessed by foot with Burns Pharmacy previously being described as *“an acceptable walking distance”* from the proposed premises. Access could also be gained using public transport, with frequent services and by car with parking available at each pharmacy.

Additionally, the population of Whitlawburn would travel out of the area routinely as part of day to day life in order to access the multitude of services which were not available to them within Whitlawburn itself.

In Mr Green’s view the neighbourhood was not just adequately provided for, but there was also a wealth of choice.

Mr Green asked the PPC to consider the neighbourhood as defined by the Applicant; this was the area known as Whitlawburn, but the Applicants had not provided any evidence to suggest that Whitlawburn was a neighbourhood within the definition of the legal test that was *“a neighbourhood for all purposes.”* Residents of Whitlawburn would use and access services from outwith Whitlawburn on a daily basis as part of their daily routine; children and young people attending school, if it was a primary school would need to go outwith Whitlawburn probably across East Kilbride Road to Springhall. There was a secondary school located in Whitlawburn, this was the non denominational school for the wider area, and if however, you attended a Catholic Secondary School you needed to travel to Trinity in Rutherglen. There were no churches and relatively few places of employment. There were no doctors, banks or even a post office. Residents of Whitlawburn would need to access surrounding areas, with frequent regularity as Whitlawburn was not a *“neighbourhood for all purposes.”*

To consider the population and demographics of Whitlawburn, Mr Green had again turned to the Scottish Neighbourhood Statistics website. However for the area of Whitlawburn, the datazones did not provide a very good fit, which again suggested that Whitlawburn was not itself, a neighbourhood. There were three datazones which largely covered Whitlawburn and two further zones which included Whitlawburn but predominantly extended into other areas; Kirkhill and Springhall. From the three main zones the mid year estimated population for 2010 was 2,270, an estimate of the portion of the other two zones would bring the population to around 2,500/2,600.

From the three main datazones the number of people aging 75 years and over amounted to 57, which equated to 2.5%. This was considerably lower than the national average for Scotland of 7.5%. This would suggest that Whitlawburn was a relatively young population, who tended to rely less on pharmacy services than on elderly population. The young were also more able to access services on foot and use public transport.

Mr Green advised that as everyone was aware, this was not the first application to open a pharmacy in this area. He then went on to list the applications previously considered. He would have thought by now that every aspect of the application had been considered and to date had found it not necessary or desirable. Since the last application by Kyle Square Ltd, The Control of Entry Regulations had been amended which the Applicant referred to as evidence of a significant change in circumstance.

Mr Green advised that he was involved in the Review of the Control of Entry arrangements and it was his clear understanding that there was no change to the legal test, but only to the process of considering applications. In fact, one of the reasons for change was to give Health Boards greater powers to deal with repeat applications for the same area. If it was accepted that the amendments to the Regulations amounted to a significant change in circumstance, then a precedent would be set to hear all applications refused prior to 1st April 2011, which was the very opposite outcome that the amendments intended to achieve.

The Applicant suggested further information be considered as significant changes since the last application:-

Further new housing developments which by his recollection had planning approval dating back to as early as the first application and had been considered at each application since.

An NHS dentist had opened up, which the Applicant suggested left the neighbourhood relatively worse off.

In Mr Green's experience of providing support to dental patients their reliance on prescription medicines following treatment was far from significant. At Dukes Road pharmacy in Burnside there was a dental practice immediately above the pharmacy, in which there were two full time and one part time dentist. There was also another practice around the corner on Stonelaw Road. A recent count of dental prescriptions amounted to approximately six per week, which Mr Green might describe as insignificant, not as significant.

He advised that the Applicants also listed the public support in the section of the application for evidence of significant change. Whilst he accepted that the Whitlawburn Housing Co-operative was a pro-active community group and clearly it was important that we consider the views of the local community. It was however necessary to take a balanced view. By nature the Applicant (in any case, not just this) would promote and encourage a positive response, whilst an appellant, with less time in their favour would attempt to gather opinion against an application which indeed had happened in this application. In Mr Green's view there would appear to be as much, if not more public objection to the application as support.

In any event, an element of public support had been demonstrated in at least three of the last four applications for this site, so he considered that it was not appropriate that it be proposed as new information. Mr Green didn't feel that public support could be described as a change in circumstance.

Mr Green recapped on the Applicants' evidence of significant change.

- Control of Entry Regulations: No change to the Legal Test;
- Housing Developments: Almost all significant developments were considered in previous applications, but not the small one;
- Dental Practice opened: Insignificant reliance on pharmaceutical services;
- Demonstrable local support: On balance, there was as much if not more objection as support and this same local support had been considered on previous applications.

There was mention in the application of territorialism between the neighbouring areas of Cathkin, Springhall and Whitlawburn. Not coming from the area Mr Green was unaware of this, but asked his staff, some of whom lived locally. They were a little surprised by the comment, but did consider that there was a degree of antagonism between the youths in the area, but most definitely not among the adult and elderly population who were more likely to attend the pharmacy, however they did make one comment that the Nisa store and associated shops could be an intimidating place by virtue of the numbers of youths that congregated in the area.

He didn't have access to commercial information about the pharmacies in the area, other than his own. However, comments made in the Minutes of previous hearings would suggest that some of the pharmacies in the area had a relatively low dispensing volume and that the addition of another pharmacy in the area might result in a destabilising effect on the current network.

In Mr Green's view this was a particular astute observation and probably the most important fact to consider today. There was a need for a pharmacy in this area to the South of Cambuslang, but there already was a pharmacy; Burns on Braemar Road and what had been recognised at previous hearings, was that there was no need for two and it was highly unlikely that the area could support two pharmacies. It was not our job today to determine where we might prefer the pharmacy to be, that's actually called network review, not control of entry. That had been the major factor in previous applications being rejected to the frustration of an element of the local population.

These circumstances had not changed and Mr Green would propose that it was once again the responsibility of the PPC to reject the application.

The Applicant Questions Mr Green

In response to questioning from **the Applicant**, Mr Green confirmed his awareness that the PPC had granted the application previously. He reminded the Applicant that this decision had been overturned by NAP.

In response to further questioning from the Applicant, Mr Green confirmed that his defined neighbourhood left out bits of Cambuslang. He advised that major physical boundaries didn't constitute a neighbourhood; it was what was within the area that constituted a neighborhood.

There were no questions to Mr Green from the Other Interested Parties or the PPC

The Interested Parties' Case – (Mr Michael Doherty – Leslie Chemists)

Mr Doherty advised the PPC that he would determine the neighbourhood as follows:

North: Dukes Road onto Glasgow Road and Main Street, Cambuslang;

East: Greenlees Road (B759) to its junction with East Kilbride Road in the south and

West: Along East Kilbride Road back to its junction with Dukes Road.

He advised that he objected to this application as there was an abundance of pharmaceutical services in the neighbourhood he had described. The rest of the nation would be jealous of the fact that there were so many pharmacies providing an excellent and adequate service to this neighbourhood. And to add to the numerous pharmacies available, the closest pharmacy to the community of Whitlawburn, namely Burns Pharmacy was only 0.1 mile away. Indeed, as the PPC stated in their conclusion of the applicants first attempt for inclusion. *“There was easy access to Burns Pharmacy which was relatively close and an acceptable walking distance away and there was good public transport.”* Nothing had changed in this time. The neighbourhood was the same and Burns Pharmacy was just as close as it ever was.

Core pharmaceutical services were more than catered for within the neighbourhood. Again the PPC stated this that they *“did not feel that the current service in the area was inadequate.”*

Mr Doherty understood the criteria for application had slightly changed now but the legal test for inclusion had not. In order for an application to be considered, the Applicant had to prove no significant change from previous applications. There had been NO serious change in circumstances since the applications of March 2011 and January 2012. Due to this fact, due to the results of the NAP and the conclusion of previous applications, Mr Doherty felt this application should have been rejected before it had come to this hearing.

He concluded by saying that the facts were there was a more than adequate provision of pharmaceutical services to the neighbourhood described. With such an abundance of pharmacies in this neighbourhood and just outside this neighbourhood. He found it very hard to accept the Applicants' claim that there was an inadequacy. On these grounds he asked the PPC to reject the application.

The Applicant Questions Mr Doherty.

In response to questioning from **the Applicant**, Mr Doherty did not agree that some of the letters received from residents of Whitlawburn showed that Burns Pharmacy was considered too far a walk away from Whitlawburn.

There were no questions to Mr Doherty from the Other Interested Parties or the PPC

Summing Up

Mr Doherty advised that he had worked in area for 15 years. It was well known to him. He felt it would be hard to find an area with so many pharmacies providing services to an area that size. The rest of the nation would be jealous. The existing pharmacies provided an excellent service. He concluded that there was no inadequacy and the PPC should

reject the application.

Mr Green advised that the Applicant had defined and based their presentation on the area of Whitlawburn. They had however failed to demonstrate that Whitlawburn was a neighbourhood under the definition of the NHS regulations. Within his defined neighbourhood there were no inadequacies. There was a wealth of choice. He asked the PPC to reject the application.

Mr MacIntyre advised that he believed Whitlawburn was a small community within a bigger neighbourhood from which it derived practically all its services and facilities. He advised the Applicant had questioned the adequacy of existing pharmaceutical provision within the area of Whitlawburn which was located to the south of his proposed neighbourhood. The Applicant had put forward a case based on the socio-economic nature of the area suggesting that this population were higher than average users of pharmaceutical services. He also pointed out building works that have begun that will result in a modest increase in population.

He hoped he had demonstrated to the panel that through the current network of pharmacies serving this neighbourhood and in particular providing NHS pharmaceutical services to the Whitlawburn area through Burns Pharmacy situated immediately adjacent to and within easy walking distance of the area, through the four pharmacies at the northern end of his neighbourhood, and through the further six pharmacies located past the northern boundary of his neighbourhood that the NHS pharmaceutical services to his entire neighbourhood including Whitlawburn were adequate.

They are adequate in terms of the comprehensive range of NHS pharmaceutical services available. They are adequate in terms of patient's ability to access NHS pharmaceutical services. They are adequate in terms of the increased pharmaceutical needs of a more deprived area, highlighted by the capacity available in the existing network of pharmacies including the pharmacy on their doorstep. In terms of the increase in population due to the planned building developments, the pharmaceutical needs of this population can be easily met by the existing low intensity pharmacy immediately adjacent to the Whitlawburn area and the further ten community pharmacies that patients in this area currently access.

Mr Macintyre asked the panel to conclude that the granting of this contract is neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

Ms Burns advised that in her opinion there was no doubt that it had been shown today that pharmaceutical services to the community of Whitlawburn were adequate. Indeed it had also been shown that since the last application was refused services had in fact increased. It had also been shown that these services are easily accessible and that the Applicants perceived barriers did not exist. To award this contract would be to do so as a matter of convenience. There was absolutely no doubt that the future of Burns Pharmacy would be jeopardized if a contract were to be awarded, thus destabilising current service provision. The statistical average metrics from the Pharmaceutical Care Services Plan highlighted a stark over provision of services in the neighbourhood; the population average was one third that of Greater Glasgow and Clyde Health Board average per pharmacy, with six times more pharmacies in the area than the average within the Health Board. She

asked the PPC to exercise their judgment in respect of the aforementioned and, as in previous decisions, reject this application.

The Applicant advised that Whitlawburn was definitely a neighbourhood in the common sense of the word and it had a sizeable population with a demand for pharmacy services that was far higher than most.

The local population was desperate for a pharmacy, feel aggrieved that it had not been granted already and couldn't understand why smaller areas such as Cathkin and Fernhill had a pharmacy when they didn't.

While outlying pharmacies were undoubtedly providing a high level of service they were not readily accessible to the population of Whitlawburn and so the provision of pharmacy services within Whitlawburn was wholly inadequate.

A collection and delivery service was no substitute for a face to face service. Patients were entitled to the full range of modern community pharmacy services and should expect to have these made readily available within their local community. Without local access the community pharmacy contract was worthless to this population.

As it stood there were massive inequalities in health throughout Scotland, but in few places was it felt as sorely as it was in Whitlawburn. If you always did what you had always done, you would always get what you always got. He advised that to maintain this position and Whitlawburn was further disadvantaged year on year. It was time for change. It was time to invest in healthcare in this community, to back up the theory and the rhetoric with tangible work in the community to improve health and reduce the inequality which would otherwise only worsen.

The Applicant advised that if the PPC granted the application it would secure the adequate provision of pharmacy services in the neighbourhood, and would make a permanent and positive contribution to the health of the people of Whitlawburn.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Ms Burns, Mr MacIntyre, Mr Green and Mr Doherty to confirm that they had had a full and fair hearing. All five parties confirmed individually that they had.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
- M&D Dispensing Chemists Ltd – 196 Dukes Road, Glasgow G73.5;
 - M&D Dispensing Chemists Ltd – 38 Fernhill Road, Glasgow G73.5;
 - Leslie Chemists - 108 Main Street, Glasgow G72.7;
 - Leslie Chemists - 222 Main Street, Glasgow G72.7;
 - Burnside Pharmacy – 273 Stonelaw Road, Glasgow G73.3;
 - Burns Pharmacy – 10 Braemar Road, Glasgow G73.5; and
 - Boots UK Ltd – Unit 7 Cambuslang Gate, Glasgow G72.7.

All had recorded their objections to the application.

- b) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;
- c) In accordance with Paragraph 1.4 of Schedule 3 to the Pharmacy Regulations, the Health Board consulted Lanarkshire Health Board as its boundary was within 2km of the Applicant's proposed premises. The following representations had been received in response to this consultation.
- J&JG Dickson and Son Ltd – objection received;
 - NHS Lanarkshire – Area Pharmaceutical Committee – declined to offer an opinion.

The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:

- d) - South Lanarkshire CHP - no response was received during the consultation period;
- e) The following community councils:
- Rutherglen – no response was received.
 - Halfway – no response was received.
 - Cambuslang – no response was received.
 - Burnside – no response was received.

The Committee also considered:-

- f) The location of the nearest existing pharmaceutical services;
- g) The location of the nearest existing medical services;
- h) Demographic information regarding post code sectors G72.7, G72.8 and G73.5;
- i) Information from South Lanarkshire Council's Roads Section and Glasgow City Council's Development & Regeneration Services regarding future developments within a one mile radius of the proposed premises.;
- j) NHS Greater Glasgow and Clyde plans for future development of services;

- k) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- l) Information regarding the number of prescription items and Minor Ailment Service and Chronic Medication Service activity undertaken by pharmacies within the consultation zone; and
- m) Applications considered previously by the PPC for premises within the vicinity; along with the decision of the NAP (where the original PPC decision had been appealed); and
- n) The Pharmaceutical Care Services Plan.

The Committee were advised that two letters had been received outwith the statutory consultation period, from:

- NHS Greater Glasgow and Clyde Area Medical Committee (GP Sub Committee); and
- Lloydspharmacy – who had been consulted as part of NHS Lanarkshire's consultation exercise.

Neither of these letters had been included in the PPCs information pack, nor had been provided to the Applicant or Interested Parties. The letters would form no part of the Committee's consideration of the application.

DECISION

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

The Committee considered the various neighbourhoods put forward by the Applicant, the CP Subcommittee and the Interested Parties, in relation to the application. They considered the Applicant's view that the housing development of Lomond View should be discounted from the defined neighbourhood. Having visited the site earlier in the day, the PPC were aware that Lomond View was separated from the main area of Whitlawburn by a picket fence. They were further aware that there was only one access and egress route from the development. The PPC noted that the type of housing was similar to that being constructed at Cathkin Rise. The Committee did not agree that Lomond View could be omitted from the defined neighbourhood because of housing type. The nearest amenities to Lomond View lay in Whitlawburn or Cathkin. The PPC were conscious that the development had to be included in one neighbourhood. It did not agree that Lomond View shared any characteristics with the open land to the south of the development. For this reason the PPC did not agree with the Applicant's assertion that Lomond View was not within the neighbourhood.

The PPC considered the definitions of neighbourhood that put the north boundary at

Cambuslang Main Street. While the PPC were aware that a line must be drawn somewhere, it was of the strong opinion that the residents living in the flatted accommodation to the south of Cambuslang Main Street would identify themselves with those living just to the north of the Main Street. The PPC did not agree that the north boundary could be drawn at Main Street.

The Committee noted Mr Green's comments regarding a neighbourhood "*for all purposes.*" The PPC were aware that this term did not appear in Regulation 5 (10), which was generally known as "The Legal Test". The term didn't appear at any point in the Regulations, but was a description continued in the Scottish Government Guidance Circular

The Committee considered that the neighbourhood should be defined as follows:

North: The open land running between Langlea Road and Greenlees Road (B759), south of Langlea Grove and Grenville Drive;
East: Greenlees Road (B759) running south;
South: Junction of Greenlees Road (B759) with Glasgow Road (A749) and
West: Traveling north along the Glasgow/East Kilbride Road (A749) and Langlea Road, and then turning east over open land.

The PPC noted the existence of natural boundaries in the form of major arterial roads that defined an area of residential development, which was commonly known as Whitlawburn. The houses within this area were a mix of age, style and socio-economic grouping. The PPC noted that the defined area contained many amenities including shopping, leisure and health. The area was supported by a range of community groups. The residents living within this area identified themselves with Whitlawburn even though they required to travel outwith the boundaries to access some services. In the Committee's opinion Whitlawburn was a discreet area.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were currently no pharmacies.

The Committee noted that there was one pharmacy just on the periphery of the neighbourhood namely Burns Pharmacy, 10 Braemar Road, Glasgow. The PPC considered that this pharmacy along with the other pharmacies in the adjacent neighbourhood covering Cambuslang town centre provided a comprehensive range of pharmacy services and Health Board initiatives to those resident in, and visitors to the defined neighbourhood. The PPC noted that the housing development of Cathkin Rise had commenced again with building work clearly being undertaken. It was known that the

type of housing being built had changed; however there was to be no change to the number of dwellings. The PPC continued to be satisfied that the existing network had sufficient capacity to accommodate the predicted, but relatively modest, rise in neighbourhood population. The PPC noted that there was a relatively low population of over 75s within Whitlawburn. The PPC agreed that access to the nearest pharmacy was relatively quick and easy using public transport, or on foot. The other pharmacies were also accessible by car.

The Committee noted comments made by the Applicant in his presentation, and were attributed to residents within the area that they couldn't understand why other areas such as Cathkin and Fernhill had a pharmacy and not Whitlawburn. The Committee noted that members of the general public might not know the current distribution of pharmacies resulted, for the most part, not from any Health Board plan, but from a historical situation dating before the introduction of Control of Entry arrangements. While the Committee noted evidence from the Applicant's consultation exercise which seemed to suggest that access to other pharmacies was not always convenient for residents in the neighbourhood, the PPC felt there was not sufficient evidence to judge the current service inadequate.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Ewan Black and James Wallace left the room during the decision process:

Comment [C1]: Do we have to note "non-contractor" as well??

DECIDED/-

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of core services provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List and in the circumstances it was the unanimous decision of the PPC that the application be refused.

**Contractor
Services
Supervisor**

The Pharmacist Members of the Committee, Ewan Black and James Wallace rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2012/10 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Mr Gazenfer Ali – 59 Cambridge Street, Glasgow G3.6;
Rowlands Pharmacy – Unit 2, Greenlaw Village, Newton Mearns G77.6; and

Eggle Ltd – 199 Gallowgate, Glasgow G1.5

5. MINOR RELOCATION

Case No: MRELOC03/2012 – Rowlands Pharmacy, Unit 25, 210 Springburn Way, Glasgow G21 1TU

The Committee having previously been circulated with Paper 2012/11 noted that Rowlands Pharmacy had applied to relocate pharmaceutical services currently provided from 185 Springburn Way, Glasgow G21 1DT. Rowlands Pharmacy wished to move to alternative premises at Unit 25, 210 Springburn Way, Glasgow G21 1TU.

The Lead Pharmacist – Community Care considered that the application fulfilled the criteria for minor relocation. The Greater Glasgow and Clyde Area Pharmaceutical Community Pharmacy Sub-committee considered the application did not fulfill the criteria for minor relocation.

The Committee noted that the pharmacy was moving only a few yards from its current position. While it accepted that the move would take the pharmacy to the other side of the road, and closer to the Health Centre, the PPC were aware that there was already a pharmacy within the Health Centre. Accordingly the Committee were satisfied that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

DECIDED/-

The PPC was satisfied that the application from Rowlands Pharmacy fulfilled the criteria required under Regulation 5(4) of the current Regulations. It was the unanimous decision of the PPC that the application be approved.

**Contractor
Services
Supervisor**

7. MODEL HOURS OF SERVICE SCHEME

The Committee having previously been circulated with Paper 2012/12 noted the list of pharmacies included in the Board's Pharmaceutical List who did not provide hours in line with the Model Hours of Service Scheme.

After comprehensive discussion, the PPC agreed that all pharmacies should comply with the Model Hours of Service Scheme unless physically prevented from doing so. The PPC agreed that the list of pharmacies appearing in Paper 12 were not physically constrained from adhering to the Scheme.

DECIDED/-

The PPC was satisfied that the pharmacies included in Paper 12 were in the position to adhere to the current model hours of service scheme. All pharmacies should provide hours in line with the scheme unless physically prevented from doing so.

**Contractor
Services
Supervisor**

8. NATIONAL APPEALS PANEL DETERMINATIONS

The Committee having previously been circulated with Paper 2012/13 noted the correspondence issued by the National Appeals Panel.

The Committee was disappointed to note the NAPs view regarding the professional advisers' attendance at PPC oral hearings. Mrs Glen advised that the issue was being taken forward through the Primary Care Lead Pharmacist Group and the Admin Lead Group.

NOTED/-

9. AUDIT SCOTLAND REPORT – DECLARATION OF INTEREST

The Committee having previously been circulated with Paper 2012/14 noted the recommendations made by Audit Scotland regarding declaration of interest.

The Committee noted Audit Scotland's recommendation that Board members interests should be taken at the beginning of all Committees of the Board. The PPC were satisfied that its processes complied with this recommendation and that there was no need for any changes.

NOTED/-

10. ANY OTHER COMPETENT BUSINESS

There was no other business.

11. DATE OF NEXT MEETING

The next meeting of the Committee would take place on 20th September 2012

The meeting ended at 4.40pm

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)
Minutes of a Meeting held on
Thursday 20th September 2012 at 9.30am in
Local Medical Committee Offices, New City Road
Glasgow G4 9JT

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Catherine Anderton	Lay Member
	Mr Stewart Daniels	Deputy Lay Member
	Mr James Wallace	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	Janine Glen	Contracts Manager – Community Pharmacy Development
	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Mr Ross Finnie	Deputy Chair

Prior to the consideration of business, the Chairperson asked members to indicate if they had an interest in the application to be discussed or if they were associated with a person who had a personal interest in the application to be considered by the Committee.

ACTION

No member declared an interest in the application to be considered.

Prior to the consideration of business, Mrs Glen asked the Committee to give consideration to several documents which the Applicant and Interested Parties wished to table for inclusion in the oral hearing. The Committee considered:

- **Mr Gazenfer Ali (Applicant) – sought to table several photographs showing Cambridge Street in times gone by. The Committee considered that the photographs while useful were not crucial to the Committee's determination of the application. The Committee declined the Applicant's request to table the items. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Ali's case.**

- **Mr Gazenfer Ali (Applicant) – sought to table plans of the proposed premises. The Committee considered that the plans while useful were not crucial to the Committee's determination of the application. The Committee declined the Applicant's request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Ali's case.**

- **Mr Dave Greer (Boots UK Ltd) – sought to table demographic information relating to the area. The Committee considered that the information could be incorporated**

into Mr Greer's presentation and as such there was no need for the information to be tabled. The Committee declined Mr Greer's request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Greer's case.

- Mr Denis Houlihan (Houlihan Pharmacy Group) – sought to table practice leaflets and information relating to the services provided from his pharmacies. The Committee considered that the information could be incorporated into Mr Houlihan's presentation and as such there was no need for the information to be tabled. The Committee declined Mr Houlihan's request to table the item. In reaching this decision, the Committee was comfortable that there would be no detriment to Mr Houlihan's case.

1. APOLOGIES

Apologies were submitted on behalf of Alex Imrie.

Section 1 – Applications Under Regulation 5 (10)

2. WELCOME

The Chair welcomed Mr Ross Finnie to his first meeting of the PPC. Mr Finnie had recently been appointed Deputy Chair of the PPC by the Health Board. Mr Finnie's attendance at the meeting was as an observer. The Chair advised those present (including the Applicant and the Interested Parties) that Mr Finnie would take no part in the discussions.

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

Case No: PPC/INCL01/2012

Mr Gazenfer Ali of Vitalis Healthcare Ltd, 59 Cambridge Street, Glasgow G3 6QX

The Committee was asked to consider an application submitted by Mr Gazenfer Ali of Vitalis Healthcare Ltd to provide pharmaceutical services from premises situated at 59 Cambridge Street, Glasgow G3 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

The Committee, having previously been circulated with all the papers regarding the application from Mr Ali considered that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC was whether "the provision of pharmaceutical services at the premises named in the

application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List.”

The Applicant was represented in person by Mr Gazenfer Ali. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Dave Greer (Boots UK Ltd) and Mr Denis Houlihan (Houlihan Pharmacy Ltd).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas including Dundasvale, Cowcaddens, St Georges Cross, Garnethill, Sauchiehall Street, and Charing Cross.

The procedure adopted by the Pharmacy Practices Committee (“the PPC”) at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions of the Applicant. The Interested Parties were then asked to make their submissions. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions of each Interested Party. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Ali thanked the Committee for providing him the opportunity to state his case. He advised that his presentation would be split into seven separate sections.

He advised that his boundary was as follows:

East: North Hanover Street going up Dobbies Loan to the M8 motorway. This was a distinct boundary between the Townhead area;

North: The M8 motorway at New City Road. This was a natural motorway boundary;

West: Newton Street/St Georges Road at the M8 motorway. This was a natural motorway boundary; and

South: Bath Street. This was a distinct boundary between residential/retail and office accommodation.

Mr Ali advised that Glasgow was the most populous city in Scotland. The centre of Glasgow was extremely busy with workers, shoppers and students. The area of concern mainly Garnethill/Cowcaddens adjoining with city centre was serviced by Glasgow's subway station at Cowcaddens which had a daily usage of almost 20,000 people and Buchanan Street bus station which had a daily usage of on average 40,000 people. The population of the defined area was approximately 5,000 residents. This population number did not take into account the transient population of the area during the day time. Glasgow City Council figures stated that 100,000 individuals accessed the city centre on a daily basis.

A large part of the proposed area was known as “China Town”. In the vicinity of the proposed premises there were numerous commercial businesses including banks, bookmakers, opticians, hairdressers and cafes. In addition to this, however there were a while host of outfits more specific to the Chinese as well as other ethnic groups. Everything from Accountants, Immigration Lawyers, Banks, Grocers, Supermarkets, Bakers, Printing Companies, Restaurants, through to Community Multicultural Centres, Elderly Day Care Centres, Nurseries, Schools and Places of Worship.

The area of Garnethill and Cowcaddens though in the city centre were residential areas. The three main pharmacies which supposedly served this area were all entirely owned by Boots the Chemist. One was at Charing Cross, the second at 200 Sauchiehall Street and the third in the Buchanan Galleries shopping centre. There were major inadequacies in relation to the access of pharmaceutical services in this area.

Mr Ali then went on to provide an overview of the NHS Scotland pharmacy contract, citing the four core services.

Mr Ali then moved on to describe the reasons for what he described as inadequacy of pharmaceutical services in the area.

Growth in both Visitor and Resident Population

Traffic

He advised that Glasgow city centre was bustling. It was the busiest area in Scotland. The likes of Buchanan Street bus station had gone from 13,000 users in 1993 to the current 40,000. Glasgow airport International bus terminus ended at this station. There were 100,000 daily visitors to the city, 11,400 of which were most likely to be from the minorities. The resident catchment population was almost 3 million people. 75,000 cars accessed the city centre every weekday and the Cambridge Street car park was the second busiest in the city.

Students and Institutions

There had been a boom in the student numbers attending the various universities and colleges in the area. These very institutions had targets to increase their number yet further. For example Glasgow College of Arts was undergoing major changes including a £50 million development to construct new buildings at Garnethill. The Royal Scottish Academy of Music and Drama based in the area had also gone through a multi-million pound expansion of its facilities. It had been expanding its student accommodation and now had places for 660 residents. Glasgow Caledonian University was spending £32 million and expanding its campus to open a new English teaching facility that would attract many foreign students. Due to demand it would continue to expand accommodation including yet more space as part of a new development at Dobbies Loan. The various other teaching institutes in the area, such as Stow College which had recently acquired a Chinese language teaching facility on site, continued to grow due to high demand.

Retail

Glasgow city centre generated 39% of the city's entire GDP. 95 million shoppers visited the city per annum with an expenditure of £2.6 billion. Glasgow City Council (Action Plan) had stated that it had a target to increase retail space in the city by 35,000m². Despite the recession, over the last few years it had made headway in reaching these targets. Buchanan Galleries was investing £400 million and was to double in size attracting yet more shoppers and creating further jobs. Buchanan Street saw 6,138 people visit per hour, one of the strongest foot flows anywhere in the UK and second only to Oxford Street. The new £70 million retail development in the area called "Buchanan Quarter" was set for completion in 2013 and would see 15,600 sqm of new retail space and hundreds of new jobs created. The Savoy Centre would be developed into a 30 storey building to incorporate 6,000 m² of office space together with hotel, restaurant and retail units. Glasgow was not ranked second in the UK retail rankings, second only to London. Buchanan Street was the second busiest street in the UK>

Offices

Glasgow City Council (Action Plan) had stated that it had a target to increase office space in the city by 80,000 sqm. Phase 1 of the Broadway development at 12,000 sqm had been completed and had attracted Tesco Bank to the area which had now employed almost 1,000 new people. Pending completion, the next phase of some 15,000 sqm should attract yet more employers, workers and residents to the area. The Savoy Centre was to be redeveloped with 900 new jobs being created. Within these developments there would be many call centres, which as was known were not nine to five business, but had employees working through to the evening.

Hotels

In the very near vicinity of the proposed pharmacy were three five large hotels with a sixth 126 bed (Easy Hotel) having just been completed on top of the proposed premises as well as a seventh 198 bed (Citizen M Hotel) a short walk away. A further eight 210 bed hotel, Premier Inn was near completion on West Nile Street. Scottish Development International had stated that the city needed 3,000 more hotel rooms within the next decade. The high demand had come about from Glasgow now ranking third in its International Association Meetings and 28th in the world as a conference venue site. London was ranked 27th in the world.

Tourism

The 2014 Commonwealth Games would put Glasgow in a fresh light and was set to leave a permanent mark in terms of attracting yet more business and tourism to the city.

Residents

By Glasgow City Council's figures the population of the area had increased by 11% between 2001 and 2008. Garnethill's population had increased by 11% between 2006 and 2011. Glasgow City Council's Action Plan had projected a 30% increase in residents and 50% increase in households in the city centre. Recent new residential development in the area had created hundreds of new apartments including those at the Matrix development on Cowcaddens Road, at the Metro building on Rose Street and at the

Gallery Apartments on Port Dundas Place. Current developments included the Almandine apartments at Hill Street creating five new high rise buildings in Garnethill as well as the new Buchanan Gardens development on Buchanan Street, creating yet more residential accommodation in the area. Almost 100 new apartments were in the pipeline to be developed by Inehaze Ltd at Renfrew Street.

Despite many towns and cities in the UK suffering from economic depression Glasgow was without any doubt “bucking the trend”. A decade ago, the opening of the Buchanan Galleries resulted in the addition of one new pharmacy contract in the area, though Boots the Chemist had cleverly utilised contract relocation in order to achieve this. Mr Ali advised that he had clearly shown that the sum of the current and proposed growth in the city far outstripped the opening of something equivalent to the Buchanan Galleries. It followed then that Boots the Chemist should have no valid contention that this growth shouldn't be met with an increase in the provision of pharmaceutical services in the area unless they are of the belief that there should be one rule for them and another for everybody else. It was indeed overwhelmingly clear that such an increase in activity in the city would increase both visitors and residents to the area putting further pressure on the existing pharmacy network and therefore it followed that such a change should be met by an increase in pharmacy service provision in the area.

At this point in the Applicant's presentation, the Chair interrupted to ask how far into the presentation he was. The Applicant responded that he was approximately 25% into his presentation. The Chair reminded the Applicant that he had been speaking for almost 25 minutes and was keen that he keep to the main points of his case.

Human Resources Pressure

Mr Ali advised that Boots UK Ltd had recently posted figures of substantial increases in profits. The chairman of the company had increased the value of the company by billions. This had been done by cutting staffing levels, cutting benefits and cutting conditions of employment. He advised that Boots would claim everything to be normal, however there had been a reduction in service provision to patients, a reduction in clinical interventions, an increase in potential errors and as a result the new contract services were not being utilized. In Mr Ali's opinion there was no solution to these issues.

Accessibility Issues

There were steep gradients around the Charing Cross area. The Boots Pharmacy in Buchanan Galleries was situated on the first floor. The Boots Pharmacy at 200 Sauchiehall Street was not DDA compliant at the rear entrance. The front entrance to the pharmacy was via an extremely busy street, which was pedestrianised and so had restricted bus access. Access to the pharmacy was at the rear of the shop and customers were required to pass through the fragrance section. Perfumes could trigger asthma in the same way smoke could. The pharmacy was located on one of the most dangerous streets in Scotland. The linking streets were the next eight most dangerous which were full of shoplifters by day and full of night clubs. The pharmacies were very much geared to serving the city centre and not a community centre.

Mr Ali advised that the neighbouring area where medical services could be accessed was cut off by the M8 motorway. Prior to the building of the M8 motorway the community would have enjoyed direct access to the adjacent area. There was an abundance of shops in the area before the M8 construction along New City Road and Great Western Road. Mr Ali advised that any opinion that it was the choice of the generations of families and residents to live next to the city centre and therefore be cut off from adjacent areas was therefore not well founded.

The area around Cambridge Street had most amenities available. The proposed premises would be DDA compliant. There would be easy parking at front of pharmacy, with easy parking in the adjacent residential area. Residents would have no need to go to the city centre and the pharmacy would be part of the community parade of shops.

Extended Opening

Mr Ali advised that there were no GP services in the defined area. The current network only opened until 7.00pm. The current opening hours were geared towards shoppers and not residents. If a patient required late night access where would they access services? Through dangerous city centre streets? On a bus? Towards Townhead where there were no pharmacies open? Through the motorway underpass, which wasn't safe? Towards the motorway overpass towards Great Western Road?

Clinical Services Based Pharmacy

Mr Ali advised that the new pharmacy model was clinical services based. The multiples were owned by pharmaceutical wholesalers and manufacturers and had high prescription volumes. There was a conflict of interest with services such as CMS. Pharmacies targeted the patients selectively. There was evidence of overordering via the managed repeat service operated by some contractors and new contract service targets were not achieved. The Applicant advised that he hadn't been in a single Boots Pharmacy where he had conducted a CMS review. In terms of the MAS, this was widely abused, with no consultation being involved in many of the interventions.

Language Barriers

Mr Ali advised that the definition of language barrier was *"a barrier to communication when two people speak different languages."*

He advised that the current NHS interpretation service had been taken in house due to the high demand. The service was not used by community pharmacy and there were inherent problems not related to the quality of the service but to the practicality of utilizing the service within a community pharmacy setting.

Mr Ali advised that Ward 10 had 26% ethnic minority demographic. Garnethill may have 63% ethnic majority (Chinese, Indian, Pakistani, Arab, and Polish). The population had clearly stated that there were language barriers which resulted in them not having the same access to services as the indigenous population. As an example, Mr Ali advised that the Chinese, Indian and Polish population worked long hours and wouldn't be able to fit in interpreter appointments. They needed services out of hours. The Applicant asked

what patients needed to do. Go without advice/diagnosis or obtain traditional treatment. As an example, Mr Ali cited steroid dosage as one of many examples. In addition, confidentiality was completely lost by use of an interpreter. He advised that members of the community were not able to access: Minor ailments, CMS and opportunistic health promotion.

Cultural Barriers

Mr Ali advised that the community had stated that culturally sensitive services were severely lacking. He didn't believe this to be the role of the NHS interpretation services. A person who could speak English would have no involvement of an interpreter but could still experience a cultural barrier. As an example, Mr Ali spoke about patients with superstitions. He advised that studies had found that culturally tailored services could reach success levels above the average. He advised that in an area where there was such a high ethnic mix, pharmaceutical services accessible in a culturally sensitive manner were of paramount importance otherwise patients would be left out from accessing these services.

Increase in Usage of Alternative Treatments

The Applicant advised that it was common knowledge that the use of alternative therapies had increased, however he did not believe these to be purchased safely or used safely. He advised that pharmacies stocked the products but were not able to provide advice on them. He advised that in many pharmacies quite often the correct textbooks were not available to be able to provide any guidance on the use of these medicines, neither was there any availability of internet based resources to assist in deciding upon safe use.

Multiculturalism in Glasgow

Mr Ali advised that while the proposed pharmacy would be a community pharmacy for the residents in the area, because of the bespoke service provided it may indeed become a valuable service for others due to its non remote location.

Pharmaceutical Provision in the vicinity of the nearest medical practice

Mr Ali advised that provision in the neighbourhood where the GP surgeries are most likely to be was not of high quality. These pharmacies were relatively small and not suitable for the new contract. Many were at full capacity. He advised that Woodside Health Centre Pharmacy operated as a dispensary and therefore patients had little to no interaction with the Pharmacist.

Additional Evidence available to support the proposal and application

Letter of Support from Chinese Community Development Partnership

Mr Ali advised that the CCDP was an umbrella organization for 14 organisations and represented the Chinese Healthy Living Centre whose mission statement was:

"The vision of CHCL in Glasgow is for a city where the Chinese community can enjoy

equal access to good health. The Centre will work closely with its partners to build sustainable health improvement with and for the Chinese community. It will do this by providing culturally appropriate services and a model of good practice which offer the Chinese community access and opportunity to the means of good health.”

The Applicant advised that the Chinese were the second largest ethnic group in Scotland after Pakistani. There were lots of bilingual pharmacies for Pakistanis, but not one for the Chinese community.

Letter of Support from Counseling AP

The Applicant advised that Counseling AP assisted Polish people with many health issues. The Polish were a community which was increasing rapidly and many problems were emerging from Polish minorities. Language and culture were a significant barrier for this community, which if not tackled would spiral out of control.

Letter of Support from Muslim Welfare House

The Applicant advised that this organisation mostly represented the Arab and North African populations. They did not think that their people were receiving good value from existing services.

Letter of Support from West of Scotland Race Equality Commission.

The Commission had talked about a lack of culturally sensitive health services.

Letter of Support from the Glasgow Refugee Asylum Migrant Network

The Network was an internationally recognised organisation based at Glasgow University. They had researched the issues in relation to language and cultural barriers when accessing healthcare services and had determined that unless language/culture was taken into consideration there was a high risk of misdiagnosis and mismanagement of health problems.

Letter of Support from Thomas Harrigan MBE

The Applicant explained that Mr Harrigan was a retired policy officer who had a lifetime worth of experience in dealing with multicultural communities. He had described the Applicant's proposal as “*groundbreaking*” in terms of the potential benefits it could have for the community.

Response from NHS Equality and Diversity

The Applicant advised that he had met with representatives from the Health Board's department for Equality and Diversity who saw language as a big issue and an obstacle to the NHS meeting its duties under Equality Law. They had suggested that many mistakes had been made due to language difficulties and that it was not practical to have interpreters in pharmacies even though this service was available.

Academic Research Findings

The Applicant advised that there was a whole range of studies that had found language and cultural differences to be significant barriers to accessing health services.

Views and comments from People in the Neighbourhood

The Applicant advised that no objections to the application had been received from representative bodies or individuals. The proposals had already received favour from the Community Council in 2007. The Applicant had surveyed a cross section of the public. This was not a petition exercise. There had been no leading questions, merely a list of the services put forward to the public. The location of the pharmacy was seen as *“ideal”*. Provision where language/cultural barriers present was seen as *“amazing”*. Out of hours provision was seen as *“great”*. Health promotion and preventative health services were regarded as *“fantastic”*. Many people had described it as a *“must need” service*. Beyond the scope of this survey, the Applicant had spoken to many of the residents who were keen to have a community pharmacy.

NHS Complaints

The Applicant advised that NHS Greater Glasgow and Clyde had previously received reports about unscheduled closure at the Boots branch at 494 Sauchiehall Street. After an investigation by the NHS it was apparent that Boots had decided to close the branch and transfer staff to its branch at 200 Sauchiehall Street due to staff shortages. The investigation had found that this was not an isolated incident and that it had occurred on a number of occasions. At the time of the investigation it was also apparent that Boots at 494 Sauchiehall Street were not providing a consistent service and had failed to engage in the provision of additional services. The Applicant questioned whether a closure at the Charing Cross and 200 Sauchiehall Street would happen if there was no ownership connection.

The Applicant further advised that the Charing Cross branch had a low prescription volume. This, in his opinion, would be the ideal pharmacy to implement the new services, so questioned why they weren't providing these services.

The Applicant explained that the Scottish Public Services Ombudsman (SPSO) and the Scottish Health Council (SHC) jointly commissioned research to establish the views and experiences of those who had been dissatisfied with health services but who had chosen to complain. It was found that there were many reasons patients did not complain. It was found that patients neither knew how to complain nor would have any confidence that complaining would get them anywhere. In other words patients in general didn't complain about NHS services. This clouded the view that a service was in any way operating without problems and therefore was not representative of what was really happening on the ground. The Applicant averred that it was in the research that a more accurate representation of complainants' concerns was the views of the organisations that represented them.

Existing Pharmacies

The Applicant advised that Reach Pharmacy in Argyle Street did not provide adequate services to the neighbourhood. LG Pharmacy had said in their representation that patients shouldn't have to cross busy streets. Possil Pharmacy was outside the boundary of the neighbourhood, but in the Applicant's opinion, patients might not want to use this pharmacy, given the area the pharmacy was located in.

Details of the Proposed Pharmacy and its associated services

The Applicant advised that the proposed pharmacy's hours of service would be:

Monday - Friday: 8.30am – 9.00pm;
Saturday: 9.00am – 9.00pm;
Sunday: 9.00am – 9.00pm.

The Services to Be Provided

The Applicant advised that the pharmacy would be staffed by a multilingual and multicultural team given access to pharmaceutical advice and health information in the core languages of: English, Punjabi, Urdu, Hindi, Mandarin, Cantonese, Polish and Arabic. The Applicant advised that in addition to the core languages that would be provided there would be other languages available either by existing members of staff or additional part-time staff. The Applicant asked the PPC to note at this stage that it would be impossible to provide for all of the 180 languages spoken in the city, not least for all of the time. One of the Applicant's goals would be to work closely with all stakeholders such as the community groups as well as public bodies to further enhance a service that would go a significant way towards addressing the language and cultural concerns of the communities.

The Premises

The Applicant advised that the ground floor of the proposed premises was very large. It would house:

- three treatment areas/rooms – these would have services such as physiotherapy, reflexology and acupuncture;
- two private consultation rooms and several private consultation areas – these would ensure patients were at all times able to discuss their matters in private. A number of Perspex screens would be installed to create each private area;
- a health promotion spotlight area – this would be used for regular health promotion events such as “no smoking”, “blood pressure”, “stroke awareness” etc;
- alternative medicines section – the Applicant advised that he would ensure patients had at all times the proper advice in terms of which alternative medicines that may be suitable for them as well as any interactions that may occur in concurrent use with conventional medicines. Medicines would be kept behind the counter.
- low level counters – there would be provision for low level counters in addition to regular high level ones. This would be of particular benefit to the disabled.

Business Viability

The Applicant advised that there would be low overheads due to zero rent on the

premises. No loans were required for start up. The treatment rooms would generate cash from day one. All profits would be reinvested in services i.e. there would be no shareholder dividends. An annual review would be conducted by a management consultant at no cost. Seminars would be conducted by a professional network at no cost.

Aims and Objectives of the Service

The Applicant advised that for the first time since the development of the M8 motorway: to provide a community pharmacy for the residents of Garnethill and Cowcaddens. A community pharmacy fundamentally based on the new NHS contract. A community pharmacy that met the criteria of **necessary** or **desirable** to fill a gap in the adequacy of pharmaceutical service provision in the area.

The Interested Parties Question the Applicant

In response to questioning from **Mr Greer** regarding what services would be offered from the new pharmacy that was not already being offered, the Applicant advised that one of the reasons he had made the application was that there were people in this community that couldn't access services at the moment. He advised that half of the population were from an ethnic minority. He suggested that the Chinese community found it difficult to access services as they couldn't communicate.

In response to further questioning from Mr Greer as to whether he would agree that all of the services were already present, the Applicant agreed that the services might be present, but they couldn't be accessed for language and cultural reasons.

In response to questioning from Mr Greer regarding his population statistics, the Applicant advised that he taken the figure from the previous application submitted. He was aware that Boots had represented an alternative figure. He had consulted the relevant datazones which he had researched using the Boots information. He had come up with 5,000. He had undertaken this exercise so that Boots couldn't argue the population.

In response to follow up questioning from Mr Greer regarding the population, the Applicant advised that he was aware that there was a significant transient population within the neighbourhood. He felt this population would access services at the proposed premises if they wished.

In response to further questioning from Mr Greer, the Applicant advised that he believed translation services to be a valid point in the consideration of the application, but perhaps not a unique point.

In response to further questioning from Mr Greer regarding the level of service to be offered from the proposed premises, the Applicant confirmed that the pharmacy would be open 7 days per week for a total of 87.5 hours per week. He confirmed that the services he had described in his application would be available all the time. This would be possible as his team would be multilingual. There would never be a time when somebody wouldn't be available to speak in the core languages described. He advised that he himself spoke six languages. His team would be developed on the same basis.

In response to questioning from **Mr Houlihan** regarding his comments surrounding the apparent abuse of the Minor Ailment Service, the Applicant confirmed that in his opinion abuse of the service was widespread in pharmacy in general; the multiples were guiltier than independents. He confirmed that he was not accusing Mr Houlihan of abusing the Service.

In response to further questioning from Mr Houlihan regarding the Chronic Medication Service, the Applicant responded that he had experienced some independents that were ticking the box with CMS and not fully engaging with the service. He had however conducted reviews within independent pharmacies. He had worked in Boots branches and had not done one CMS review.

In response to further questioning from Mr Houlihan regarding homeopathic remedies, the Applicant confirmed that his comments regarding patients not getting correct advice on homeopathic medicines was not specific to Boots pharmacies.

Mr Houlihan questioned the Applicant's assertion that there were no multi lingual pharmacies that could speak Cantonese. The Applicant advised that there might be pharmacists that could speak the language but there was no specifically tailored service.

In response to final questioning from Mr Houlihan, the Applicant clarified his statements regarding Possil Pharmacy and explained that the pharmacy was located in a notoriously dangerous area and patients might be reluctant travel there to access services.

The PPC Question the Applicant

In relation to the Applicant's assertions that the transient population in neighbourhood had increased, **Mr MacIntyre** asked how many other pharmacies there were in the city centre. The Applicant responded that there were eight other pharmacies in the city centre that could be considered to serve the transient population. He advised that he had mentioned that Buchanan Galleries was a newer contract, having initially been a relocation of contract from Queen Street Station. Boots relocated into Buchanan Galleries and then applied for a new contract in Queen Street Station. In response to Mr MacIntyre's question as to whether there had been any other new contracts in the city centre; the Applicant advised that High Street Pharmacy was relatively new contract which had been awarded. He agreed with Mr MacIntyre's assertion that the number of pharmacies were increasing in line with the increase in population, but argued that High Street served a different neighbourhood and catered for a very high student population residing to the east of High Street.

In response to further questioning from Mr MacIntyre, the Applicant advised that he had met with the Equality and Diversity Team in October 2011.

In response to further questioning from Mr MacIntyre regarding his comments on the closure of Boots Charing Cross branch, the Applicant advised that he had taken this information from the record of the previous PPC hearing in 2006.

In response to questioning from **Mr Wallace** regarding the opening hours of the proposed pharmacy, the Applicant advised that the pharmacies in Queen Street Station and Central Station provided extended hours, but were located in dangerous areas.

In response to further questioning from Mr Wallace regarding staffing levels in the proposed pharmacy, the Applicant advised that he would have five or six members of staff, all of whom would be multilingual. Within his family all of the core languages mentioned in his presentation could be covered.

Mrs Anderton asked the Applicant if he had any evidence to confirm his assertion that other pharmacies in the area were very small and running at full capacity. The Applicant advised that he had taken this information from an application made by Lloydspharmacy who had tried to relocate from Maryhill Road to Hopehill Road. This site was nearer the Woodside Health Centre Pharmacy. Lloydspharmacy's supporting statement in that application gave a full analysis of the pharmacy on Maryhill Road and said it was running at full capacity. The Application stated that Woodside Health Centre Pharmacy was purely a dispensing pharmacy and if someone wanted to get additional advice they would need to go to other pharmacies.

In response to a follow up question from Mrs Anderton, the Applicant advised that in his opinion the situation hadn't changed since 2010. Mrs Anderton asked if this assertion was based on visits to the area. The Applicant advised that he had been preparing his application for nearly 18 months and had been monitoring the situation in the area. There had been no changes.

In response to further questioning from Mrs Anderton regarding the seminars to be held in the proposed pharmacy, the Applicant confirmed that he had access to a group of people who would be happy to conduct the seminars free from charge. He advised that in his experience most professionals wanted to enhance their own development and professionalism.

Mrs Anderton asked the Applicant if it was his position that every language would be available within the proposed premises at all times. The Applicant advised that all of the core languages would be available during the opening hours of the pharmacy. Punjabi, Urdu, Hindi, Chinese, Mandarin and Cantonese, Polish, Arabic. These languages would be provided by the five or six staff employed by the pharmacy.

In response to a clarifying question from Mrs Anderton regarding one of the Applicant's statements, the Applicant confirmed that he had meant to say there were no bilingual pharmacies for the Chinese population and not pharmacists.

In response to final questioning from Mrs Anderton regarding the financial position of other pharmacies, the Applicant advised that it was well known that Boots UK Ltd had doubled in value. While he could not provide a written statement to this effect he was aware of the position from people close to Boots. He confirmed that the proposed pharmacy would have low overheads as Vitalis Healthcare Ltd had made a cash purchase of the premises.

In response to questioning from **Mr Daniels** regarding the Board's translation service, the Applicant clarified that he did not feel that the service was not good. He felt the Board's service was good, however the Board's own Equality & Diversity Team had said that pharmacy was different because it was a drop in service. Patients tended not to make appointments and as a result the Translation Service was not quite suited to pharmacy

and not taken up by pharmacies.

In response to further questioning from Mr Daniels regarding his comments around the action being taken against Boots, the Applicant advised that the dispute was public knowledge.

In response to questioning from Mr Daniels regarding the relevance of Mr Harrigan's letter of support as he lived in Glenmavis, the Applicant advised that Mr Harrigan knew the area well. He had retired from the police services between three and four years ago.

In response to questioning from **Mr Fergusson** regarding the financial aspects of providing extended hours on a sustained basis, the Applicant advised that he couldn't guarantee that the proposed hours of service could be sustained, but he was confident that the location of the proposed pharmacy made him think it could be sustainable.

Mr Fergusson asked the Applicant how his understanding of how pharmacists were paid at the moment and the government's plans for the future would affect his statement that multiple chains were only focused on dispensing volume. The Applicant confirmed that he understood that most of the money would shift from cost of medicines to service based provision, however he believed that the big companies that have always been script driven would continue to be so for some time.

Mr Fergusson asked the Applicant if he knew what percentage of drugs coming to community pharmacy was direct to pharmacy. The Applicant didn't have the figure but still considered Boots to have a conflict of interest as they handled the drugs.

In response to questioning from Mr Fergusson regarding Sauchiehall street, the Applicant confirmed that it was his belief that coming 50 to 80 yards away from Sauchiehall Street would dilute the danger that existed around Sauchiehall Street.

In response to further questioning from Mr Fergusson regarding the website and textbooks the Applicant mentioned during his presentation that he would use to provide advice to patients on homoeopathic remedies, the Applicant was not able to recall the name of the text book but knew he had used it in the past..

In response to questions from Mr Fergusson regarding CMS, the Applicant confirmed that he had not undertaken a CMS review while providing locum services in a Boots branch. When challenged by Mr Fergusson that as a pharmacist, it was his professional responsibility to engage with the service, the Applicant advised that when you work for Boots you do what you're told.

In response to final questioning from Mr Fergusson regarding the managed repeat service and the effect stopping the service would have on GP practices, the Applicant advised that such services were not going to stop. His concern was in the way the services were managed, both by independents and multiple chains.

In response to questioning from **the Chair** regarding the report from the SPSO on complaints and how the PPC could in the absence of any complaints, measure the concerns of the BME communities. The Applicant advised that many academic papers

had concluded that language and culture were barriers to access of services. If this was not the case then people would access services. He pointed to CHLC, when this was up and running the services provided were accessed.

In response to further questioning from the Chair as to whether it would better to encourage existing pharmacies to better manage this situation, the Applicant responded that he could develop a multi lingual team which would address these issues.

In response to final questioning from the Chair as to why he didn't draw his southern boundary at Sauchiehall Street, the Applicant advised that this was based on previous applications and he saw no point in moving it.

The Interested Parties' Case – (Mr Dave Greer – Boots UK Ltd)

Mr Greer advised that Boots UK Ltd accepted the Applicant's definition of the neighbourhood in questions, as principally a residential area to the North of Glasgow City Centre, bordered by the M8 motorway to the North and East and areas of a more commercial nature to the South and West.

He advised that the neighbourhood was comprised of three datazones in the Scottish neighbourhood Statistics, principally two in the North West of the City around Garnethill and one to the North East of the City based around Cowcaddens/Dundasvale. Garnethill was comparatively affluent with a lower aged population of better health than that of the Cowcaddens area. The population of the entire neighbourhood was comparatively stable at around 2,400 people as of midyear estimates for 2011.

Notably the area in questions was in the top 10% least deprived areas of Scotland for access to service provision.

There were three pharmacies currently within the defined neighbourhood at Charing Cross, Sauchiehall Street and the Buchanan Galleries Centre with a further one within one hundred yards of the defined boundary and several others within walking distance including one which was open 7.00am until midnight six days a week and 9.00am – 6.00pm on Sundays.

All three branches were providing CMS to their patients to a level consistent with that suggested by Community Pharmacy Scotland.

In a recent audit conducted on behalf of NHS GG&C Boots listed multilingual pharmacists who regularly worked in the Glasgow area. The languages covered by these freely available staff included: Spanish, Italian, Portuguese, Urdu, Punjabi, Farsi, Cantonese, Russian and Czech. Whilst the company couldn't guarantee these pharmacists would be at one of the neighbourhood pharmacies on any given day they were always contactable by telephone by the pharmacist who was present. Because Boots was a large multiple covering the whole of the UK and employing many nationalities the company had access to that network as well. In common with all other healthcare professionals in the Board's area they could also access the in house translator/interpreter services.

The three branches supported the health of both the resident and transient populations of

the neighbourhood. All three branches took part in all services with the Charing Cross branch participating in the needle exchange scheme; Sauchiehall Street was a member of the Palliative Care Network and also housed one of Boots Care Home Hub Units.

In Mr Greer's view the application offered no pharmacy service provision beyond that which was currently available. Neither did it offer any improved access to those services.

The application appeared to be solely based around the linguistic ability of the Applicant, which while commendable is not unique.

IN Mr Greer's opinion, the Applicant had failed to demonstrate any meaningful inadequacy in pharmaceutical service provision in the neighbourhood. If anything this neighbourhood had amongst the best pharmacy provision available to it within GG&C, therefore it must fail.

The Applicant Questions Mr Greer

In response to questioning from the Applicant on how often the Boots branch at Sauchiehall Street had used the Board's interpretation services, Mr Greer advised that he was not aware and didn't have any figures on this issue.

In response to the Applicant's question whether pharmacy should take linguistics, Mr Greer confirmed that pharmacy should take linguistics into consideration but not every pharmacy would have someone in it who can speak the language of every one of its patients.

The Applicant asked Mr Greer how he could provide a multilingual service outwith the granting of a pharmacy contract. Mr Greer advised that if the Applicant's sole interest was in providing pharmacy service in multiple languages, he could offer his services to NHS GG&C for their interpretation service. He conceded however that the service the Applicant was proposing couldn't be realized without the granting of an additional contract.

In response to final questioning from the Applicant, Mr Greer agreed that language and culture could be barriers to access.

There were no questions to Mr Greer from Mr Houlihan

The PPC Question Mr Greer

Mr Fergusson asked Mr Greer how CMS was going at the Boots branch at 200 Sauchiehall Street. He confirmed the service was going well and was focused on patient care and not just on the number of registrations. The pharmacy contract was changing the way community pharmacy delivered services. Pharmacists would require to change their behaviours for example to record conversations. It needed a step change.

In response to questioning from **Mrs Anderton**, Mr Greer advised that in his view the population was split between transient and residential, with the transient population being the greater. He understood the resident population's desire for continuity and seeing the same pharmacist. This was however a challenge for multiple chains. Boots strived to

provide this continuity. Of three stores in the neighbourhood, the Lead Pharmacist in Sauchiehall Street has been at the branch for 4 years. Others had been there 1-2 years.

In response to questioning from **the Chair** regarding the managed repeat medication service, Mr Greer advised that Boots had a Standard Operating Procedure in place which required them to ask the patient what medication they needed and for this to be followed up and confirmed with the patient at the point the medication was picked up.

Mr Wallace asked Mr Greer if he had a feel for the percentage of transient/residents in the stores. Mr Greer advised that city centre stores followed similar patterns; Monday – Friday there were three peaks, morning/lunchtimes/evening; at weekends the stores were mainly used by shoppers. In terms of the resident population, Mr Greer advised that there was not a significant number at around 2,400 people according to statistics. He would guess that 20% of the custom across the three Boots branches could be attributed to this population.

Mr MacIntyre asked Mr Greer if the 3 datazones that he had taken his population statistics from fell nicely into the neighbourhood, or was there an overlap. Mr Greer advised that there was an overlap in Cowcaddens making the population statistics slightly inflated. He attributed the diversity in the two sets of population figures to statistics.

In response to questioning from Mr MacIntyre as to how Boots handled language barriers as a company, Mr Greer advised that language was a challenge for pharmacy like everything and as a company Boots had to face that challenge. Locally there might be issues and the response would be either to use the Board's interpretation services or utilize other pharmacists within the Boots network. He hadn't picked up anything relating to language barriers that would suggest it was a significant problem. He advised that even if there was a significant issue there were ways to cope with this. One of the Sauchiehall Street stores previously had a pre-reg trainee who spoke Mandarin/Cantonese. This pharmacist remained employed with Boots as a relief and as such could be called upon if needed.

There were no questions to Mr Greer from Mr Daniels.

The Interested Parties' Case – (Mr Denis Houlihan – Houlihan Pharmacy Ltd)

Mr Houlihan advised the PPC that he accepted the neighbourhood as defined by a previous PPC and confirmed by the National Appeals Panel.

He advised that there were three pharmacies within this neighbourhood providing an adequate pharmaceutical service to the population. There were other pharmacies adjacent to the neighbourhood that contributed to the provision of services and others like Houlihan Pharmacy on the periphery.

As a group, Mr Houlihan considered Houlihan Pharmacy to be a multilingual, multicultural company that had a number of employees who were fluent in many of the languages mentioned in the application and who could be called upon when the situation demanded them. Languages included Urdu, Punjabi, Arabic, Mandarin, Cantonese and Hakka.

One of the pharmacists, Michael Ling who worked at Saracen Street and Milton was one

such example. The company had seen a greater demand for his translation skills since the opening of the See Woo restaurant supermarket and wholesale depot.

The company provided pharmaceutical services to a large number of elderly Chinese people through their work with the Wing Ong Elderly Centre based in Hill Street and the Wah Lok Jung Sam at Burnbank Gardens. They ran a monthly blood pressure clinic and offered diabetes screening, information and advice for all attendees. Michael and another colleague Kim Tang were available to answer any queries during the working week and the company was already planning to expand their support within this community.

Mr Houlihan thought this application raised an important point, one which, as a company Houlihan Pharmacy was trying to address and one which, Mr Houlihan was sure, other pharmacies in the network were also doing in their own ways. He did not believe that the answer was the granting of a new contract in the neighbourhood which was already well serviced, but by supporting the existing framework through extra funding for services.

Mr Houlihan believed the application should be rejected.

The Applicant Questions Mr Houlihan

The Applicant asked if Mr Houlihan recognised language and cultural barriers present in pharmacies. Mr Houlihan responded that it was of great assistance when you've got someone in the pharmacy that was fluent in a native language. He felt it contributed to the service that could be provided. He did not agree that lack of uptake of some services like MAS, CMS could be attributed solely to language barriers. He did believe that more needed to be done to raise awareness of services, but this should be done via the existing network. He agreed the application had raised an important point but felt there were ways in which the existing network could make a bigger contribution.

In response to final questioning from the Applicant, Mr Houlihan confirmed that he had seen the letter of support from CCDP. He was aware they represented the Chinese community in Scotland. He could not say why they had given a letter of support. When Mr Houlihan had spoken to them they had said they couldn't endorse any one pharmacy. While he didn't necessarily believe the letter was an endorsement of the proposed pharmacy, it was an acknowledgement that the community needed help and in his opinion that should be through the existing network.

There were no questions to Mr Houlihan from Mr Greer.

The PPC Question Mr Houlihan

In response to questioning from **Mr Wallace** regarding the M* motorway and how much of a barrier it was to people getting to pharmacies to the north of the motorway, Mr Houlihan advised that he didn't know.

Mrs Anderton asked Mr Houlihan if it was his assertion that there was an area of unmet need. He advised that there was, but that his company along with the others in the network was addressing this and as such it was not necessary or desirable to grant a license.

In response to final questioning from Mrs Anderton, Mr Houlihan advised that he had not taken into consideration the level of resident population within the neighbourhood. He had merely looked at the adequacy of service.

In response to questioning from **Mr Daniels**, Mr Houlihan advised that he didn't think anyone from the defined neighbourhood would walk to his pharmacy on Saracen Street. Any service provided to this neighbourhood from his pharmacy would be by way of delivery services.

There were no questions to Mr Houlihan from Mr MacIntyre, Mr Fergusson or the Chair.

Summing Up

Mr Houlihan advised that there were adequate services in the neighbourhood. The Applicant had raised an important point, but Mr Houlihan felt this could be addressed through the existing network.

Mr Greer advised that he believed pharmaceutical services were adequate in the neighbourhood. The area had high pharmacy provision. All agreed there were challenges in terms of the multilingual situation not just in the neighbourhood. This situation needed addressing. It shouldn't be addressed through the granting of the application, but via the existing network.

The Applicant advised that he had started this journey 18 months ago. He had presented a proposal today; a proposal that had been described by others as "*amazing*", as "*innovative*", as "*groundbreaking*", but most appropriately as "*necessary*", a proposal he hoped would go down in history as changing the lives of a community and perhaps even a city.

The opening of Buchanan Galleries had resulted in the net addition of one pharmacy contract in the area. The current developments and confirmed future developments far outstripped this level of growth. Actual growth, not hypothetical; a level of growth that was unprecedented. Now then, unless there was one rule for Boots and a different rule for the rest, he couldn't see any logical reason why this growth alone wouldn't justify the granting of a new contract.

He advised that it was clear that the existing pharmacies were not above to cope with the requirements of the multi-ethnic population. Mr Houlihan had put staff in place, but they were not located in the area.

Using identical datazones that show a population in 2006 as just over 4,500 persons.

The NHS income for the three existing pharmacies, none of the three Boots pharmacies would be viable businesses without the transient population that they serviced and in the case of 200 Sauchiehall Street without the Nursing Home Hub. They wouldn't be able to justify the rent and rates. Their income is in actual fact derived from the transient population. It was for this reason that the community did not regard them as community

pharmacies but as high street pharmacies and many residents preferred not to use them though admittedly most had little choice but to do so.

IN relation to the adjacent neighbourhood pharmacy services, Mr Ali didn't consider it safe to have to walk through motorway underpasses. He asked if mothers with children had to use a bus? And asked if anybody had ever tried to mount a bus with a pram and a couple of kids in tow?

The development of the M8 motorway had cut off the areas of Garnethill and Cowcaddens from the adjacent residential areas.

Mr Tait had confirmed that if there were indeed barriers in a pharmacy setting where a patient could not access a pharmaceutical service because of the barrier then this would be the equivalent of an inadequacy in the provision of that service.

Mr Ali advised that he had touched on many aspects of why such a service was needed in the area. Growth in the city; hotels, offices, students, institutions, residents, issues of safety and issues of accessibility, issues of the safe use of medicines and issues of equality. He had also presented absolute and unquestionable evidence, independent evidence that supported this case. Collectively, all of this material pointed to only one thing; a serious inadequacy in the provision of pharmaceutical services in the area.

Mr Ali asserted that the evidence could be ignored, hard evidence, the data, the statistics, the letters of support, the research papers, the views and comments of the public and their representatives. They could be torn up and thrown away, or the arguments could be heard. The people whose lives this application could be heard. The community which had spoken could be heard.

Mr Ali advised that he was standing here today, as an advocate for the community and as a voice for its people; he was asking the PPC to choose between two paths. One was the status quo. A City Centre Health & Beauty Retailer very much geared towards Glasgow shippers; a retailer which would be completely unaffected by the opening of a new pharmacy as its own business stressed under the rapid growth in the transient population. The alternative path was the opening of a new community pharmacy which would be for all of the residents of Garnethill and Cowcaddens.

A community pharmacy which since the opening of the M8 motorway this community had been completely deprived of access to;

A community pharmacy located at the heart of the community and one which could be accessed with ease and in safety at any time of the day;

A community pharmacy that would provide a personal and tailored service. Such a service that, in this day and age, rather sadly, is no longer available from the large multiples anymore;

A community pharmacy whose very foundations would be built on the new pharmacy contract; built from the ground up on the new contract, not adapted, with no conflicts of interest.

Mr Ali advised that this would be a community pharmacy where equality mattered; equality for all.

He advised that this was the path of hope and of opportunity; of hope and opportunity for this community.

He advised that he had put his trust and confidence in the PPC. He asked them to think about this: if they had ever thought that you could make a difference and do justice to a community; if you ever thought that you could right a wrong, then there would not be a more deserving cause than this one.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, Mr Greer and Mr Houlihan to confirm that they had had a full and fair hearing. All three parties confirmed individually that they had.

Mr Ross Finnie left the hearing at this stage.

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

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

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy – various addresses;
 - Houlihan Pharmacy Group – 128 Saracen Street, Glasgow G22.5;
 - Reach Pharmacy – 1094 Argyle Street, Glasgow G3.8; and
 - LG Pharmacy – 476 St Vincent Street, Glasgow G3.8

All had recorded their objections to the application.

The Committee noted that:

- High Street Pharmacy – 128 High Street, Glasgow G1.1;
- Abbey Chemists – 144 Trongate, Glasgow G1.5;
- Woodside Health Centre Pharmacy – 20 Barr Street, Glasgow G20.7; and
- Park Road Pharmacy – 405 Great Western Road, Glasgow G4.9

Was consulted as part of the statutory process, but had not taken the opportunity to

respond within the consultation time period.

- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee) – took no exception to the Applicant’s proposals;
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;

The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:

- d) - Glasgow City CHP – North West Sector Public Involvement Group – had no objections to the Applicant’s proposals;
- e) The following community councils:
 - Anderson – no response was received;
 - Garnethill – no response was received;
 - Woodlands & Park – no response was received; and
 - Woodside – no response was received.
- f) The following elected representatives;
 - Baillie Dr Nina Baker – Scottish Green Party – no response was received;
 - Councillor Phillip Braat – Scottish Labour Party – no response was received;
 - Councillor Martin Docherty – Scottish National Party – no response was received;
 - Ms Sandra White MSP – Scottish National Party;
 - Mr Anas Sarwar MP – Glasgow Central – no response was received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors G1.2, G2.3 and G3.6
- j) Information from Glasgow City Council’s Department of Roads & Transportation advising that there were no known major road developments and Development & Regeneration Services advising of the known developments within a one mile radius of the proposed premises.;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant’s proposed premises;
- m) Information regarding the number of prescription items and Minor Ailment Service

activity undertaken by pharmacies within the consultation zone;

- n) Applications considered previously by the PPC for premises within the vicinity; and
- o) The Pharmaceutical Care Services Plan.

DECISION

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

The Committee considered that the neighbourhood should be defined as follows:

North: M8 motorway;
East: Dobbies Loan and North Hanover Street;
South: Bath Street; and
West: M8 motorway.

The M8 motorway was a physical barrier; however it could be crossed at several points. More significantly it marked delineation between the proposed neighbourhood and adjacent neighbourhoods. The eastern boundary separated the neighbourhood from the area commonly known as Townhead which was a distinct neighbourhood in its own right. The southern boundary of Bath Street marked a line separating retail and residential accommodation to the north and office accommodation to the south. The area within these boundaries contained the majority of amenities you would expect to find within a neighbourhood. The city centre setting meant there was a higher than average number of retail opportunities, restaurants, offices, educational establishments, public transport and many other resources. The PPC felt they would be hard pushed to think of a service/facility that was not included in the neighbourhood. There was also a relatively small resident population in Garnethill, around Buccleuch Street and further north in Cowcaddens. This residential population had easy access to all the facilities contained in the neighbourhood being able to move freely through the area.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

The Committee noted that within the neighbourhood as defined by the PPC there were currently three pharmacies.

The Committee noted that the pharmacies offered all core contract services along with a comprehensive range of additional services.

In addition there were five further pharmacies situated within the general city centre

location. All pharmacies met the needs of the different elements of the neighbourhood including the transient population and the resident population.

The Committee considered this existing network provided comprehensive service provision to the neighbourhood with extended opening hours and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways either by foot, public transport or by care. A collection and delivery service was available for any resident finding access to services problematic.

The PPC considered the specific basis of the Applicant's case i.e. that the BME communities within the neighbourhood experienced difficulties in accessing services due to the language and multicultural barriers. The PPC were aware of the issues relating to the access to services for ethnic minorities and were conscious that this was a wider issue than community pharmacy. They did not consider that access would necessarily be best served by the granting of an additional contract. They were aware that the Board's interpretation service was available for all independent contractors to make use of. They also considered the measures taken by members of the existing network to engage more fully with the communities which they served.

The Committee noted the various letters of support submitted by the Applicant and noted that the majority of the comments made by the authors related to access to services in general terms and not specifically pharmaceutical services. The Applicant had chosen to attribute the comments to pharmacy services to give weight to his case.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Alasdair MacIntyre, Colin Fergusson and James Wallace left the room during the decision process:

DECIDED/-

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant were not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List and in the circumstances it was the unanimous decision of the PPC that the application be refused.

The Chemist Contractor Members of the Committee, Alasdair MacIntyre, Colin Fergusson and James Wallace, rejoined the meeting at this stage.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2012/16 noted the contents

**Contractor
Services
Supervisor**

which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

Arvind Salwan & Neeraj Salwan – 65 Hillhead Street/Southpark Avenue, Glasgow G12.8

12. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

13. DATE OF NEXT MEETING

The next meeting of the Committee takes place on 23rd October 2012.

The meeting ended at 3.40pm