

NHS Greater Glasgow & Clyde	PPC(M) 20/01
Meeting:	Board Meeting
Date of Meeting:	30 <sup>th</sup> June 2020
Purpose of Paper:	For Noting
Classification:	Board Official
Name of Reporting Committee	Pharmacy Practices Committee
Date of Reporting Committee	7 <sup>th</sup> February 2020
Committee Chairperson	Mr Alan Cowan

## Paper Title:

Application for Inclusion in the Board's Pharmaceutical List – Mr Edward Raymond McAnerney, 26 Corlic Street, Greenock, PA15 3LJ

# **Recommendation:**

That the Board note the decision taken at the recent meeting of the Pharmacy Practices Committee as set out below.

## 13 **Discussion**

- 13.1 The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from the site visit, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
- 13.2 The Committee considered the neighbourhoods as defined by the Applicant and the Interested Parties and examined the maps of the area and considered what they had seen on their site visit.
- 13.3 The Committee noted that the Applicant's northern boundary of the railway line had numerous crossing points and was underground for some of its length with houses and roads above it. The Applicant had acknowledged that this was an arbitrary line in the ground to represent a boundary.
- 13.4 It was also noted that the applicant had divided Greenock East into two neighbourhoods.

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One was north of the railway line, described as Bridgend and one south of the railway line, described as Stone & Maukinhill (his proposed neighbourhood.

- They noted that most of the Interested Parties believed that the northern boundary was either the main road (A8) or the river and offered various alternatives for the other boundaries.
- 13.6 After lengthy discussion, the Committee agreed that the neighbourhood should be:

13.7	To the West	Baker Street to the river;
13.8	To the North	The River Clyde until Gibshill Road;
13.9	To the East	Down Gibshill Road through the open country to the open land below the B788 (Kilmacolm Road);
13.10	To the South	Follow the line of the B788 past Whinhill Station until the iunction with Baker Street.

- 13.11 The PPC were of the opinion that this area of Greenock East was a distinct neighbourhood with a mix of housing and services from which people came and went. Baker Street provided a dividing line between housing and the commercial district. The boundaries were geographical (river and open country) and main roads which divided distinct areas. It was noted that this neighbourhood included one existing pharmacy McDade
- 13.12 Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 13.13 The Committee noted that the Applicant's case had been based on deprivation, as indicated by the latest SIMD statistics, and argued that this deprivation meant that there was a need for a pharmacy.
- 13.14 The Applicant could not demonstrate that the current service was inadequate and no evidence had been presented to show inadequacy on the part of the other pharmacies. In fact, he repeatedly stated when questioned that the current service was adequate. His reason for inadequacy was based on arguments of deprivation which was not consistent with the definitions and the tests in the legislation.
- 13.15 The Interested Parties' submissions showed that there was capacity and resilience to meeting existing demand and any increase in demand in the future. All said that they provided an adequate service covering all core and many non-core which the Applicant acknowledged.
- 13.16 The Committee looked at the complaints information provided and noted that there had been none reported to the Health Board.
- 13.17 Everyone had agreed that the Inverclyde population was declining and that this was likely to continue.
- 13.18 The Committee then considered the CAR, which both the Applicant and the Health Board agreed accurately reflected the consultation, and noted that:
- Despite the consultation being widely advertised and the Applicant delivering questionnaires to all in the neighbourhood there were only 145 responses.

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- Those responding were in strong agreement with the definition of neighbourhood as described by the Applicant.
- The PPC notes the low rate to the questionnaire and that some respondents supported the opening of a new pharmacy and that this would change the way they access and use services, but premised on convenience. Respondents were happy with the adequacy of existing provision and ease of access to those services, both by a margin of 20%.
- There was some acknowledgement (45.07%) that a new pharmacy would impact others.
- The Chair highlighted Question 12 where two respondents comments appeared to say they were encouraged or enticed to positively respond to the questionnaire. although one member felt that this was not relevant as responses were anonymous.
- The comments on balance reflected matters of ease and convenience rather than highlighting any inadequacy of existing services.
- The PPC decided that the data from the CAR reflected broad confirmation of the adequacy of existing services. The PPC recognised that while some views supported the application existed but a deeper review of the comments provided revealed that this was based arguments of convenience. The PPC agreed that there was nothing in the CAR which supported the contention that the current service was inadequate. They also recalled that the Applicant when guestioned agreed that the existing service was not inadequate.
- 13.26 The Committee looked at the Census, PHO and SIMD data and agreed that:
- 13.27 although it was an area of deprivation, almost 2/3rds were economically active and accessed a wide range of services in/around Greenock. The last Census indicated that the population appeared to be fairly healthy and day to day limitations because of illness did not seem to be a factor. The PPC noted that this data was 9 years old.
- The PPC noted the evidence of a reasonable level of car ownership and an excellent bus service which allowed travel to access services, mindful that the cost of public transport is a known barrier to accessing services in areas of low income or deprivation, Nevertheless, the data available to the PPC suggested that existing pharmacy services were adequate.

In accordance with the statutory procedure the Pharmacist Members of the Committee namely Mr Bryson and Mr Black left the room while the decision was made.

# 14 DECISION

- In considering this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
- The committee noted Lord Drummond Young set out legal text relating to adequacy in 2004. He described a two stage approach in which the decision makes (PPC) must consist whether existing provision of pharmaceutical services in the neighbourhood is adequate. If it decides that such a provision is inadequate, that is the end of the matter and the application must fail. If it decides that such a provision is not adequate it must consider if it necessary or desirable to grant the application to secure adequate services in the defined Neighbourhood.
- Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in or to the neighbourhood (as defined in Paragraphs 10.7-10.11 above) and the level of service provided Page 3 of 4

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by the existing contractors in the neighbourhood, was currently adequate and that it was therefore neither necessary nor desirable to have an additional pharmacy at the proposed premises.

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