

NHS Greater Glasgow & Clyde	Paper 21/53
Meeting:	Board Meeting
Date of Meeting:	17th August 2021
Purpose of Paper:	Assurance
Classification:	Board Official
Name of Reporting Committee	Pharmacy Practices Committee
Date of Reporting Committee	Wednesday 21 July 2021
Committee Chairperson	Mrs Margaret Kerr

Application for Inclusion in the Board's Pharmaceutical List – Mitchell & Pollock Ltd, 19 Brown Street, Mill of Haldane, Alexandria, G83 8HJ

Recommendation:

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

12	DISCUSSION
12.1	The Committee in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.
12.2	The Committee considered the neighbourhoods as defined by the Applicants, by each of the Interested Parties and the Area Pharmaceutical CP Sub-Committee; examined the maps of the area and considered what they had seen on their site visits.
12.3	The Committee noted that the Applicant had described their neighbourhood as being demarcated by obvious signs describing entry into the specific area of Mill of Haldane. The Applicant had used this as evidence that the area was a

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	separate entity and listed the companies/organisations that shared this view.	
12.4	They noted that only one of the Interested Parties had offered a wider area, while the other two seemed content to accept the Applicants' definition.	
12.5	The Committee considered the larger neighbourhood described by the Area Pharmaceutical Committee (APC), and after deliberation discounted this. The APC had drawn their boundary to the River Leven. The PPC considered this area to be too large. They did not consider that a resident in Main Street would consider themselves to be a neighbour of someone living in Mill of Haldane.	
12.6	The Committee considered that the Applicant's defined neighbourhood had very clear boundaries, both physical in terms of the A811 and A813 which were busy trunk roads, and psychological in terms of the types of housing and topography.	
12.7	The Committee were comfortable agreeing with the Applicants' definition on the South, East and North boundaries. They agreed that the open land to the East of the Applicants' defined neighbourhood separated the areas further afield. They similarly agreed with the Applicants' North boundary. They deliberated over the West boundary and questioned whether a resident of Balloch would associate themselves with a resident from the area described as Mill of Haldane. The PPC averred that it would be highly unlikely that a resident of Balloch would travel to the area of Mill of Haldane to access the small parade of shops. All main amenities for the area of Balloch lay outside the Mill of Haldane area and as such there was little to draw a resident of Balloch into Mill of Haldane. The PPC agreed that the communities across the A811 and A813 were different in terms of character and housing stock from Mill of Haldane.	
12.8	The Committee agreed that the entrances to the area known as Mill of Haldane were set back from the main roads, and gave a psychological feeling of entering a separate neighbourhood.	
12.9	After considering all relevant factors and seeking to identify natural boundaries, the Committee agreed that the neighbourhood should be that as defined by the Applicants:	
12.10	West	A813 travelling south to Levenbank Road;
12.11	North	A811 trunk road at Haldane Terrace continuing South-West to the roundabout;
12.12	East	Greenbelt starting at Arthurston Road, moving through Carmona Drive and Dumbain Crescent;
12.13	South	Levenbank Road.
12.14	The PPC was satisfied that the area described by the Applicants could be described as a neighbourhood. It was bounded by areas of greenbelt and main trunk roads. While the area described as Jamestown could be described as	

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	<p>similar in nature in terms of housing stock, the PPC felt that this area was more associated with Balloch. Individual knowledge of the area described that the area of Mill of Haldane had been developed in the 1950s, with the area of Jamestown coming sometime after in the 1970s. The area known as Jamestown had previously contained textile factories.</p>
12.15	<p>The defined area contained many of the amenities associated with a neighbourhood which the Applicants had described in their presentation and included services that would normally be found in a neighbourhood i.e. a library, a church, different housing, and shops.</p>
12.16	<p>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.</p> <p>Turning first to the CAR, it was noted:</p> <ul style="list-style-type: none"> • The response rate was relatively low at 94; • Many of the comments received related to convenience rather than need; • There were no strong views displayed either in support or in objection to the Applicants' proposal; • The majority of the responders were in favour of the Applicants' proposal, but did not say the current services were inadequate. <p>In summary, the Committee did not think the CAR had demonstrated inadequacy of pharmaceutical services within the Applicants' neighbourhood. While the CAR showed public support for the proposed new pharmacy, it was not clear whether this was purely from a convenience viewpoint i.e. it would be "nice" to have somewhere local, or because the services offered by the current network were inadequate.</p>
12.17	<p>The Committee discussed the evidence offered by the Applicants, during the hearing, on the need for a pharmacy in the neighbourhood. At times the Applicant had relied heavily on the perceived reduction in activity surrounding the Minor Ailment Service (MAS) in 2019/2020. The Applicant had attributed this reduction to the current pharmacies disengaging from the service. The PPC had heard from Mrs Williams that this had been as a result of Guidance issued by the Scottish Government on how the service should be run rather than a conscious disengagement by the existing contractors. The PPC were also mindful that a drop in numbers of patients registered for the service did not necessarily show inadequacy of the provision of pharmaceutical services as a whole.</p>
12.18	<p>The Committee discussed the Applicants' assertions around the harm reduction patient that he had tried to place with Well Pharmacy. While at first glance this might be interpreted as a lack of service, the Applicant hadn't followed up with</p>

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	<p>Well Pharmacy later in the week when the regular pharmacist was on duty to ascertain whether the patient could be taken on. The PPC also considered the Applicants' assertion that the local Alcohol and Drugs Recovery Service (ADRS) were keen to have a seven day dispensing and supervision service for harm reduction patients in the area, and considered this to be necessary for only a very small minority of patients, and that this route of travel actually flew in the face of the direction of travel for NHS GGC Addiction services, who were keen to move towards fewer supervisions and more take away doses for these patients. This was not to detract from a service required by the very few chaotic patients for whom 7 day supervision was necessary. The PPC considered that such a situation would not be resolved by the addition of an additional pharmacy.</p>
12.19	<p>The PPC noted that the Applicants had described the current pharmaceutical network as "underperforming" and not providing "large parts" of the pharmacy contract and that this had been proved on numerous accounts. The PPC did not agree this to be the case. The PPC did not consider that the Applicant had provided any evidence to substantiate these assertions. The Applicants had provided no evidence of patterns of underperformance. All examples provided related to isolated and one-off incidents with little context.</p>
12.20	<p>All interested parties who attended offered a full range of services from their pharmacies, both core and non-core and had indicated that they were far from being at capacity. Other pharmacies in the area all offered a range of services.</p>
12.21	<p>Looking at the complaints information from all pharmacies within a 1 mile radius of the Applicants' proposed location in relation to dispensing data, the Committee noted that given the number of items dispensed in the pharmacies in the area, these were not significant. There had only been one complaint received within 12 months regarding supply issues and four relating to customer service issues. When set against a backdrop of over 500,000 prescriptions dispensed, the PPC felt this to be insignificant given the number of patient interactions.</p>
12.22	<p>The PPC considered the Applicants' assertions that tourist trade and by extension the demand for pharmaceutical services would increase with the completion of the Flamingoland development. They were aware that the proposed development had been fraught with difficulties and there was no certainty that the development would even go ahead. The PPC were mindful that their consideration of developments should be restricted to those that were known and firm, and concluded that the Flamingoland issue should not be taken into account when making their final deliberations. In terms of housing developments already reported, the Committee concluded that new housing did not necessarily mean an increase to the population. Old housing stock taken out of commission was replaced with new development, which in many instances would be occupied with existing residents within the neighbourhood. The PPC did not feel that any increase in population would be significant enough to affect the current pharmacy network's ability to provide adequate services to the neighbourhood.</p>

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12.23	<p>The PPC considered the Applicants' assertions that within their neighbourhood there was no healthcare provision at all. While this was the case, the PPC were mindful that there were six community pharmacies within a relatively short distance from the Mill of Haldane area, three of which sat in the main shopping area of Alexandria. These pharmacies provided pharmacy services to residents in Mill of Haldane. The GP services were concentrated at the relatively new Lomond Health and Care Centre. The PPC did not consider that the residents experienced a lack of service. The existing pharmacy services were easily accessible via a number of means including on foot, public transport, and by car (relatively high at 50% car ownership). All of the current pharmacy network provided a collection and delivery service, which, while not the same as face to face contact with a pharmacist, nevertheless provided access to service for those that could not travel.</p>
12.24	<p>The PPC were mindful that the Health Board were not able to require a community pharmacy to provide services on a Sunday as part of their contracted hours. The Health Board could however require a contractor to take part in any rota arrangement established where it was considered necessary to provide access to services at times out with normal opening hours.</p>
12.25	<p>The PPC considered the Applicants' comments around the current Sunday Rota and the perception that this was archaic and did not meet the demand for services in the area on a Sunday. The PPC were mindful that the Rota Service was reviewed by the Health Board regularly and as such would expect the Board to make further provision if the current provision was deemed inadequate in any way. The PPC discussed that the Health Board's regular review of the current service was not, as suggested by the Applicant, to increase the provision of Sunday services, but rather to consider if the services could be reduced due to service demand levels. The PPC understands that the local HSCP has requested that, despite low usage, the rota service should be retained in the short term.</p>
12.26	<p>Finally, the PPC considered the Applicants' comments around the current pharmacies' not providing the extended Pharmacy First Plus service. The PPC heard that this was a relatively new service, which was not a core service. The numbers of pharmacies taking part was very small, and there was no expectation on the part of the Health Board that this service be provided by all community pharmacies. Students entering the undergraduate pharmacy programme from 2022 would graduate with an Independent Prescriber qualification at the end of their course, which would help to achieve the Scottish Government's commitment to increase the level of Pharmacist Independent Prescribers but at this point there was no resource to train all pharmacists in community pharmacy who did not yet have the qualification. The ambition for every pharmacist to be an Independent Prescriber would take around 5 to 10 years to achieve and it would be unreasonable to base the granting of an additional contract solely on this issue.</p>

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12.27	<i>In accordance with the statutory procedure the Pharmacist Members of the Committee, Mr Alasdair Macintyre and Mr Gordon Dykes left the virtual room while the decision was made.</i>
13.	DECISION
13.1	In determining this application, the Committee was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
13.2	<p>Taking into account all of the information available, and for the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 12.1 – 12.10 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to have an additional pharmacy.</p> <p>It was the unanimous decision of the PPC that the application be refused.</p>