NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (13)
Minutes of a Meeting held on
Thursday 24th November 2011 at 9.30am in
The Premier Inn, Ballater Street,
Glasgow G5

PRESENT:	Mr Peter Daniels	Chairman
	Mrs Catherine Anderton	Lay Member
	Councillor Luciano Rebecchi	Deputy Lay Member
	Mr Alex Imrie	Deputy Lay Member
	Doctor James Johnson	Non Contractor Pharmacist Member
	Mr Kenneth Irvine	Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
IN ATTENDANCE:	Trish Cawley	Contracts Supervisor – Community Pharmacy Development
	Mr Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Robert Gillespie	Lead Pharmacist - Community Care

ACTION

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

2. MATTERS ARISING NOT INCLUDED ON AGENDA

There were no matters arising from the minutes.

Prior to the consideration of the application and in the presence of the Applicant and the Interested Parties, 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.

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

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

Case No: PPC/INCL04/2011
M A Sheikh Properties Ltd, 455 Victoria Road, Glasgow G42 8RW

The Committee was asked to consider an application submitted by M A Sheikh Properties Ltd to provide pharmaceutical services from premises situated at 455 Victoria Road, Glasgow G42 8RW 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 M A Sheikh Properties 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 Adill Sheikh assisted by Mr Aslam Sheikh. The Interested Party who had submitted written representations during the consultation period and who attended the oral hearing was Laura McElroy (Rowlands Pharmacy).

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.

The procedure adopted by the Pharmacy Practices Committee ("the PPC") at the hearing was that the Chair asked the Applicant to make her 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 thanked the Board for hearing his application for a new pharmacy contract proposal.

He advised that he strongly believed the application to establish a new pharmacy at 455 Victoria Road was both desirable and necessary and hoped that the PPC would agree. He advised that Lloydspharmacy had closed its branch at 491 Victoria Road in August 2011. The pharmacy had been open for more than 30 years. The Health Board had not been told why the pharmacy had closed, however the Pharmacy Manager, staff and patients were told that the landlord's rent and rates had increased and that Lloyds were not willing to pay the

increased rates. He advised that some of the representations received claimed that the pharmacy had not been financially viable. The Applicant contended however that in the last ten years only three pharmacies had closed in the entire Board's area, none of which was due to lack of pharmacy business.

He reminded those present that Govanhill Pharmacy, DLL Robertson Pharmacy and Apple Pharmacy had made no objections to the opening of the new pharmacy. Mr David Robertson had been located in the Govanhill area longer than any of the other pharmacies and the absence of an objection from him, in the Applicant's opinion, spoke volumes. He advised the Committee that two weeks after his advert had been placed; the Pharmacist at Govanhill Health Centre had placed his own advert intending to submit a similar application.

The Applicant advised that he had recently been contacted by the MP for the area (Anas Sanwar), who had showed his support. The Applicant quoted from a letter provided by Mr Sanwar.

As a result of this, the Applicant asked the question "Has the public benefited since the closure of Lloydspharmacy in August 2011?" In his opinion, the clear answer was "NO".

He went on to define his boundaries, which were:

North: the railway line to the north of Aikenhead Road;
East: Following the road down Aikenhead Road;
South: Running along Prospecthill Road, on to Cathcart Road leading to Queens Drive;
West: Pollokshaws Road.

He advised that this was the same neighbourhood the Glasgow Community Planning Partnership used for their "Review of Community Engagement in Neighbourhood Management in Govanhill, April 2010".

The Applicant advised that Govanhill was a dense urban area and highly deprived. There was a vast range of communities in the area, including: white (Scottish/Irish), Asian (Indian/Pakistani), EU migrants (Czech/Polish) and Romany (Slovakian, Romanian and Lithuanians).

The Applicant advised that a walk down Victoria Road revealed the multicultural character of the area. The lawyers and banks were Scottish; the pubs were Irish, the cafes Italian and the barbers, Turkish. The many fast food outlets were multicultural and varied and the restaurants were Indian/Pakistani. Govanhill was a large shopping precinct within Glasgow and had numerous clothes shops, fruit shops, meat shops, charity shops, a health centre, two large medical practices, dental surgeries and opticians, Tesco and Sainsbury's.

Within the Applicant's neighbourhood there were a total of 19 data zones, with a total population of around 19,000. Between 2001 and 2008, the population of Govanhill increased by 9.5% compared to a city increase of 1%.

He estimated that there were around 3,000 Slovakian Roma people living in the area. A report produced by the Poverty Alliance estimated that 30% of the community as a whole came from Black and Minority Ethnic (BME) communities, mainly Pakistani.

There were many worrying statistics gathered from the data zones.

- 5 of the data zones were within the top 7% most deprived areas in Scotland;
- 29% of the total population was income deprived, compared to a Scottish average of 16%;
- 18% of those of working age were employment deprived, compared to a Scottish average of 13%;
- 8.6% of those aged 16-24 claimed Jobseekers Allowance, compared to a Scottish average of 5.9%;
- 5.1% or those aged 25-49 claimed Jobseekers Allowance, compared to a Scottish average of 4.1%;
- 5.72% of those aged 50 to pensionable age claimed Jobseekers Allowance, compared to a Scottish average of 2.4%;
- 14.1% of the population aged 16-24 claimed key benefits, compared to a Scottish average of 13%'
- 19.45% of the population aged 25-49 claimed key benefits, compared to a Scottish average of 16.1%; and
- 41.1% of the population aged 50 to pensionable age claimed key benefits, compared to a Scottish average of 23.3%.

Healthcare statistics showed:

The average number of emergency hospital admissions aged 65 or over, was 29,798 per 100,000 population, compared with the Scottish average of 25,142;

The average number of hospital admissions for alcohol misuse was 1,699.58 per 100,000 populations, compared with the Scottish average of 722.66. This was over double;

The number of alcohol related deaths was 32% above the Scottish average;

The average number of hospital admissions for drug misuse was 510.15 per 100,000 population, compared with the Scottish average of 127.46. This was four times higher;

The number of drug deaths was 201% above the Scottish average;

Approximately 31% of the population smoked, compared with the Scottish average of 24%.

In the Applicant's opinion these statistics clearly showed how deprived an area Govanhill was. The most alarming statistics were those relating to Health. There was undoubtedly a need for healthcare services in the area. The Applicant advised that with the closure of Lloydspharmacy how could these statistics improve. If anything it meant that access to pharmaceutical services would be severely restricted.

He advised that the Key Scottish Government document "Better Health, Better Care" outlined its strategic objective to make the country healthier. The Government stated its aim was *"To help people to sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to health care."* This could not be achieved with the closure of a pharmacy along with these shocking statistics presented

above.

The Applicant averred that various complaints had been lodged since the closure of Lloydspharmacy had been announced. Many had complained to Anas Sanwar MP and there had been complaints lodged to the Clinical Governance Support Unit of the Health Board. He advised that complaints had been received by the Community Pharmacy Development Team (CPDT) and many had complained to the local Imam at Butterbiggins Road Mosque, which was the second largest Mosque in Glasgow.

Some of the complaints had related to long waiting times, some of which had been quoted as up to 45 minutes. The Applicant advised that a representative for Boots UK had said at a National Appeals Panel (NAP) hearing in 2007 *"Most prescriptions should be dispensed within ten minutes. A waiting time of thirty minutes or longer is excessive."* Some had complained saying Boots staff were too busy to take on any additional patients for weekly dosette boxes. The busy waiting times were illustrated through information provided to the Applicant by National Services Scotland which showed that the average items prescribed by Govanhill Health Centre, Butterbiggins Road and Queens Drive surgeries each year was 39,000. According to other statistics in 2006/2007 there were 1.254 items dispensed per person per month in Govanhill. Using this statistic, the 39,000 items prescribed in the neighbourhood equated to 31,100 people. The population in the neighbourhood was 19,000 but there was approximately 31,100 patients accessing medical services each month in the neighbourhood. This proved that there was a large transient population using the surgeries in this neighborhood. These patients also used the local amenities as previously mentioned. The Applicant advised that the NAP training material stated *"…..The number of people visiting a neighbourhood will have a bearing on adequacy of existing services."* This neighbourhood count did not include the items prescribed by adjacent neighbourhood who would also have large volumes of prescribed items.

The Applicant advised that he understood the Interested Parties would say that there were more than 12 pharmacies within a mile of the proposed premises, but within this same mile there were a total of two large health centres, Victoria Hospital and 10 surgeries. This was a total of 60 GPs. He was aware that the Interested Parties would also say that access was easily available to various places and was sure the representatives would say that services lay within a reasonable driving distance from Govanhill. He reminded the PPC that 73% of the Govanhill population did not have access to a car.

He advised that Lloydspharmacy managed the Care Home at Belleisle Street before the pharmacy closed. This Care Home then approached all three branches of Boots UK nearby to continue the services that Lloydspharmacy had previously offered. All branches told them that there was no available space for them. The Care Home then apparently approached Lloyds Head Office who directed them to a branch at Bridgeton Health Centre. The Applicant had recently found out that the service to this home was moved from Bridgeton to the Castlemilk branch. A Care Home receiving pharmaceutical care from a pharmacy 2.6 miles away, passing nearly 12 pharmacies on the way, in the Applicant's opinion, spoke volumes about the lack of service provided in the neighbourhood.

The Applicant had conducted a survey on the current provision of service within the neighbourhood and findings showed that there were no dosette box spaces in any of the pharmacies. The nearest pharmacies with spaces were JP Mackie, M&M Pharmacy and

Pollokshields Pharmacy; all outwith the defined neighbourhood.

The Applicant advised that he had compiled a petition for the residents in the area and left signing sheets in several key shops in the area. Whilst the petition had not been independently audited or commissioned, it was still submitted to the PPC as the Applicant felt that all relevant evidence relating to the application should be made available for consideration. As the petition was submitted after the original application, it was not accepted.

The Applicant advised that the new pharmacy would provide core pharmaceutical services, along with additional services, including:

- methadone dispensing;
- supervision of buprenorphine and disulfiram;
- supply of domiciliary oxygen;
- smoking cessation services;
- compliance aids;
- head lice services;
- advice to care homes;
- Emergency Hormonal Contraception;
- Diabetic screening aided by Roche diagnostics; and
- Blood pressure checking.

Furthermore the pharmacy would offer a later opening time of 8.00pm on weekdays and 6.00pm on Saturday. Currently Boots, Govanhill Health Centre Pharmacy and Robertson's Pharmacy didn't open after 6.00pm. Late night opening would benefit patients in many ways.

It would allow patients visiting the Out of Hours facility at the Victoria Hospital to seek a local pharmacy to obtain pharmaceutical services. The Applicant was aware that JP Mackie's branch on Pollokshaws Road operated extended opening hours, but felt this pharmacy served a completely different neighbourhood and population and it also gave local patients easier access to pharmaceutical services. In terms of volume, more than 100 patients presented to the emergency department each day. This department was initially designed to treat 15,000 patients each year; however this number had more than doubled.

Extended opening would also allow patients from Queens Drive surgery to access pharmaceutical services as their surgery closed at 6.30pm on weekdays. Also Butterbiggins Surgery closed at 8.00pm on Mondays. Patients at present had no local access to pharmaceutical services.

In addition, the late opening allowed patients to access core pharmaceutical services, namely MAS and CMS as well as smoking cessation at more flexible times. This would apply for the all the services the new pharmacy would offer.

The Applicant also advised that the pharmacy would take part in the Palliative Care Service providing there were funds available. Another area where extended opening hours would be of benefit.

The pharmacy would offer a seasonal flu vaccination service for the community, which had been very successful in Pollokshields Pharmacy. Currently there were no pharmacies in the proposed neighbourhood that offered such a service and the Applicant believed that this was an aspect the Health Board were looking at implementing to all pharmacies in the next year.

The pharmacy would also offer a meningitis vaccine service for the Muslim population travelling to the Hajj or Ummrah. This had been popular over the past few months in Pollokshields Pharmacy. 129 patients had been vaccinated in the past few weeks which were carried out in store. This success was due to the ease of accessing the vaccine and the fact that it was cheaper for the patient to obtain the vaccine and certificate in the pharmacy as opposed to obtaining it from their GP. Both vaccination services had been aided by Dr Ashfaq Ali of Bridgeton Health Centre and Dr Rashid Ahmed of Townhead Health Centre.

The Applicant advised that he had recently completed a PGD that allowed him to supply erectile dysfunction drugs to patients who were not eligible to obtain these through NHS prescription.

There would be an Independent Prescribing Pharmacist who had agreed to undertake clinics within the pharmacy providing that funds were acquired from the NHS. The same pharmacist had worked at Pollokshields Pharmacy for over six years providing clinics which had been of benefit to those who only spoke Urdu or Punjabi. The Applicant had enrolled onto the Independent Prescribing Course for 2012 and would then utilise this qualification within the new pharmacy.

The Applicant had previously mentioned the large population of EU migrants who currently did not receive satisfactory pharmaceutical services in the defined neighbourhood. This was because of the language barrier between patients and pharmacists. The Applicant planned on carrying out clinics via a translator from Cordia Linguistics every weekday from 5.00pm – 8.00pm and Saturday from 2.00pm – 6.00pm. This translation company would allow these patients easier access to services such as MAS, CMS, smoking cessation and head lice that currently this element of the population was not able to readily access in their own language.

He advised that this was not the first time he had tackled such an issue. When he had taken over Pollokshields Pharmacy, the same language barrier applied for Asians who only spoke Urdu or Punjabi. A similar drop in clinic was set up for those who were not receiving appropriate pharmacy services. This service was vital in securing patient trust in the pharmacy and a reason why so many patients in and out-with the area attended the pharmacy.

It was his intention to inform all local GPs of this service and advertise in various sites including the Health Centre, various GP surgeries, dental surgeries, opticians and Post Offices. Moreover, with the introduction of MAS and CMS, pharmacists had to offer these services to anyone in the area. This could not be done with these patients if language continued to be a barrier.

The provision of these additional services were not as a reason of some “epidemic” as one of the objectors had stated, but to:

- Free a lot of GP time as well as patients' time and travel; and
- Allow patients local access to key pharmaceutical services that were not available in all pharmacies as yet.

The Applicant concluded that the pharmacy contract set out by the Scottish Government was to *"improve the range and quality of care provided to patients through the development and better utilisation of community pharmacy's skills and those of their support staff."* It went on to say *"while dispensing is a key activity, in future greater emphasis will be placed on the clinical management of an individual patient."*

The Applicant advised that his neighbourhood was an area with severe and chronic health issues. The granting of a new pharmacy contract in the heart of this community would go a long way in meeting the aspirations for health improvement and achievement of Government HEAT targets, which the area currently fell short of.

The Applicant suggested that he had demonstrated that the current service provision was inadequate. It was a highly deprived area and therefore more people would be using pharmacies as opposed to a highly affluent area. That the large population of BME and EU migrants couldn't readily access pharmaceutical services in their own language clearly showed inadequacy. In addition, the smoking percentage was still higher than the Scottish average. The Scottish Government Health Improvements for 2011/2012 clearly aimed to reduce smoking numbers across the country, yet in his neighbourhood this did not seem to be applying.

The desire for a new pharmacy contract in the area was supported by the local MP, community leaders and most importantly the local people of Govanhill who felt there was a need for a pharmacy. These views were expressed by letters of complaint regarding the current level of provision. Furthermore, the fact that there was a pharmacy nearly 50 yards from the proposed site for over thirty years again showed need and desire for this application.

The Applicant strongly felt that the contract should be granted and hoped the PPC agreed with him.

The Interested Parties Question the Applicant

Mrs McElroy asked the Applicant why he had not considered providing clinics with translation services from his current premises. The Applicant advised that there wasn't a large EU population in this area hence there was no need for this type of approach.

In response to further questioning from Mrs McElroy regarding Independent Prescribing and what therapeutic area would be provided, the Applicant advised that the Prescriber currently undertook work around diabetes. A needs assessment hadn't been conducted in the defined neighbourhood to find out which therapeutic area would be most appropriate, however this would be done if the application were granted.

In response to further questioning from Mrs McElroy regarding the wording of the newspaper article placed in the Daily Record as part of the Applicant's pre-consultation

exercise, the Applicant advised that the inclusion of "overwhelming demand" had come from approaches made by constituents to the local MP, evidence from the petition conducted by the Applicant in the area, approaches made to the Imam at the local mosque and complaints from members of the public about the closure of Lloydspharmacy.

In response to further questioning from Mrs McElroy regarding opening hours, the Applicant confirmed that his current pharmacy closed at 1pm on Saturday. Previously the closing time on Saturday was 5.00pm but the pharmacy wasn't busy. The lack of business and issues around staffing caused the closing time to be reconsidered. He assured the PPC that he would honour the hours of service stated in his presentation if the application were granted.

The PPC Questions the Applicant

Mr Irvine asked the Applicant if he could quantify or give an indication of the numbers of complaints received regarding the service provision in the area. The Applicant advised that he had spoken to the Clinical Governance Support Unit who had confirmed that they had received one complaint, but had been unable to provide the Applicant with the details. Furthermore he had received confirmation from the Community Pharmacy Development Team that "a few" complaints had been received. Again he had not been provided with details. He had not checked to see if there were any complaints regarding services in any of the areas adjacent to his neighbourhood.

In response to further questioning from Mr Irvine, the Applicant confirmed that within his letter of support, the local MP had mentioned complaints submitted regarding services. He also knew that complaints had been lodged with the Imam at the local mosque.

In response to questioning from Mr Irvine regarding his definition of neighbourhood, the Applicant advised that he had lived in the South Side of Glasgow his whole life. He was familiar with the area. He had travelled to Govanhill to get a feel for the neighbourhood. He believed the area beyond Prospecthill Road to be a different neighbourhood known as Mount Florida. The area to the east of Aikenhead Road would be termed Rutherglen and the area further on from Pollokshaws Road would be termed Pollokshields or Strathbungo. He had defined an area that was commonly known by the local community as Govanhill.

In response to further questioning from Mr Irvine, the Applicant advised that he wasn't disappointed in the response received from his advert in the Daily Record as part of the pre-consultation process. He was however surprised. He felt that the newspaper might not have a large circulation within the neighbourhood as there was a large ethnic population. He didn't think many of the neighbourhood had responded as they did not realise at that time the effect the closure of Lloydspharmacy would have.

Mr Irvine asked the Applicant to summarise his main reasons for inadequacy. The Applicant advised that there was a significant language barrier for EU migrants. Some travelled to his current pharmacy in Pollokshields. They couldn't communicate which led to frustration. He advised that there were more EU migrants in the area than any other group and that this element of the population would be further frustrated if the application was rejected.

In response to questioning from **Mrs Anderton** regarding the neighbourhood, the Applicant confirmed his belief that the neighbourhood as defined was the whole area of Govanhill. He felt that within this area there were several communities. The Asian population was more spread out into Pollokshields; the Scottish population was spread throughout the entire neighbourhood, while the Romany and Slovak populations were focused on Victoria Road, Allison St and Calder St.

In response to further questioning from Mr Anderton regarding this issue, the Applicant advised that any area could be sub divided into more distinct neighbourhoods. He advised that only two of the datazones within his neighbourhood were semi affluent. This was consistent with most areas. 90% of the datazones were consistently less affluent. The more affluent areas were located towards the south of the neighbourhood.

In response to final questioning from Mrs Anderton, the Applicant confirmed that many of the services that would be provided from the proposed pharmacy were not core pharmaceutical services, but additional services.

In response to questioning from **Councillor Rebecchi** regarding his assertion that the neighbourhood had a large influx of population from EU countries, the Applicant accepted that some of the population coming in to the neighbourhood would replace population which left the area. He felt however that there were more people coming in to the area at the moment than were leaving. He felt that the majority of population coming in to the area was EU migrants.

In response to final questioning from Councillor Rebecchi, the Applicant confirmed that currently the Saturday closing time in Pollokshields Pharmacy was 1.00pm. Previously it had been 5.00pm.

In response to questioning from **Dr Johnson**, regarding what foreign patients did at the moment to secure pharmaceutical services, the Applicant advised that currently they obtained their medicines and the pharmacist tried their best to explain how to take it appropriately. This was difficult given some patients were on several medications. The pharmacist had to try and convey information as best they could and hope that this was enough to allow patients to take their medication appropriately. He was aware that some GPs asked for the pharmacist to come in and explain medication. The situation frustrated many pharmacists that they couldn't engage fully with patients.

In response to further questioning from Dr Johnson, the Applicant confirmed that his proposed premises had a large amount of space. He further confirmed that the proposed pharmacy would have a large consultation area. The wall at the back would be knocked down to make a dispensary area and the consultation room would be located in to the left. The back area would be given over mostly to stock.

In response to further questioning from Dr Johnson, the Applicant confirmed that the proposed premises had been empty since July 2011. He confirmed that this was before Lloydspharmacy closed.

In response to further questioning from Dr Johnson, the Applicant advised that he was not aware why Lloydspharmacy didn't seek a relocation of services. The Applicant had

offered to purchase the contract from Lloyds but they weren't willing from a business point of view to sell.

In response to questioning from **Mr MacIntyre,** the Applicant confirmed that although he had said during his presentation that there was no interpreter service available, he had used the services offered by the Health Board. He hadn't found this particularly helpful given the need to rely on a 3rd party to pass information back and forth. He felt that providing services with a translator in the pharmacy would be a better option.

In response to further questioning from Mr MacIntyre around the same issue, the Applicant advised that there might be some need to ask a patient to return to the pharmacy if they wished to access services at a time when the translator wasn't available. He was confident that in the event of an emergency situation, he would be able to arrange with Cordia Linguistics to arrange a service at short notice. He advised that Rowlands had operated a similar services to the one provided by the Health Board and this had been withdrawn. He did not agree with Mr MacIntyre that the Health Board's service was more beneficial as it was not subject to a restricted number of languages.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that he hadn't used the pilot translation service operated from Govanhill Health Centre. He was not aware of the service and questioned whether others would be aware also.

In response to further questioning from Mr MacIntyre regarding his main reasons for inadequacy and what NHS services were in his opinion inadequate, the Applicant advised that he felt there was an adequate enough service in the area but that these were not readily available to patients. There were long waiting times for some services such as dosette trays. He did not think it was realistic to ask patients to wait a significant length of time to access services.

In response to questioning from Mr MacIntyre regarding compliance aids, the Applicant confirmed that he had carried out a survey regarding the availability of spaces in the current pharmacies. He had undertaken this by walking in to a pharmacy and checking if there were any spaces. None of the existing pharmacies in the neighbourhood had spaces. Some of them were willing to put him on a waiting list but none had spaces at the time.

The Chair questioned the Applicant regarding his highlighting of language issues in his oral presentation when his initial application seemed to rely more on hours of service and dosette boxes. The Chair was keen to know why these two reasons seemed to have assumed a lesser place in the Applicant's arguments. The Applicant advised that he hadn't illustrated these arguments in his oral presentation, as they had already been rehearsed in his written application. He placed emphasis on the language issues as this hadn't initially been included in the initial application. This issue had come to light after the initial application had been submitted.

In response to further questioning by the Chairman, the Applicant advised that If the application were granted, he would employ a full time pharmacist, counter staff, and dispensers. He advised that it would be beneficial to have an employee with appropriate language skills but this might not be possible. He advised that he would try to adopt a

similar scenario as that in his Pollokshields branch, where staff spoke the language of many of the residents.

In response to an associated question from the Chairman as to how the Applicant would facilitate the employment of staff with other languages If he didn't actively look for people who spoke different languages, the Applicant advised that appointing workers who spoke appropriate languages might be difficult and he therefore couldn't promise the Health Board that if granted there would be an employee within the pharmacy who could speak a certain language.

In response to final questioning from the Chairman regarding the language issues and whether the Applicant did not feel that the current pharmaceutical network would have considered this issue if they had identified any problems, the Applicant advised that he didn't see any of the existing contractors adopting any strategy to address the issue. The existing contractors hadn't made any provisions for the Asian community and Pollokshields had probably been the first to address this. He planned to take a similar approach to providing services for the Polish population.

There were no questions to the Applicant from Mr Gillespie, or Mr Imrie.

The Interested Parties' Case – (Ms Laura McElroy – Rowlands Pharmacy)

Mrs McElroy thanked the PPC for allowing her to present the case for Rowlands Pharmacy.

She advised that for the purposes of the hearing she would use and agree with the neighbourhood as defined by the Applicant:

North: the railway line to the north of Aikenhead Road;
East: Down Aikenhead Road to Prospecthill Road;
South: Along Prospecthill Road to Cathcart road, then up to Queens Drive along to meet Pollokshaws Road; and
West: Pollokshaws Road.

Using this neighbourhood, Mrs McElroy advised that consideration must then be given to what pharmaceutical services were available in it as well as in adjoining neighbourhoods.

There were six pharmacies located directly within the neighbourhood and in fact two within close proximity to the proposed site. Furthermore, in adjoining neighbourhoods there was at least another five contracts. All were providing the core pharmaceutical services and additional services such as a prescription collection and delivery service and MDS dispensing as well as methadone supervision and supervised buprenorphine. All pharmacies were complying with the core hours as set out by the Health Board and the Applicant's suggestion of lack of out of hours provision should not be a valid consideration. It was indeed the case that J P Mackie Pharmacy on Pollokshaws Road opened until 8.00pm during the week. The Applicant also stated that he would provide domiciliary oxygen. Mrs McElroy's understanding was that the oxygen contract may be changing and currently it was at the Health Board's discretion who provided this service. The Applicant further suggested that the Lloydspharmacy at 491 Victoria Road closing down there, he

stated, *"is a severe problem in regards to patient care."* Mrs McElroy advised that she found this hard to believe where there were a number of contractors within walking distance of this site, but questioned how the Applicant could possibly know this when his application was submitted in July 2011 and the Lloydspharmacy did not close until mid August.

Mrs McElroy advised that Rowlands Pharmacy had one branch just outwith the defined neighbourhood which provided all the core services of the contract. The Pharmacist had been in post for just over a year but in this time had built up good relationships with her patients, local GPs and other service providers including the local dentist and addiction team. Most recently he had proactively signed patients up to CMS and was now actively working through patient care records with them to ensure they got the best out of their medication and health. The pharmacy provided a full collection and delivery service to those who needed it, and had no capacity restrictions for methadone and buprenorphine supervision or MDS trays. The Pharmacist was actively encouraging patients who requested dosette boxes to come in for a review of clinical need before automatically offering this as the only solution. The company had access to reminder charts, big print labels and other resources all to ensure the needs of the patient were fully met. She was aware that the Health Board policy was to move away from MDS towards a shared care approach and Rowlands were happy to support this policy and recognise that dosette trays often could lead to drug wastage, dispensing errors and often had little clinical benefit. The company was currently offering a private flu vaccination service for those unable to obtain one free through the NHS and in addition they offered diabetes risk assessments, blood pressure monitoring and weight management advice and support.

The team was hard working, knowledgeable and empathetic and tried to go out of their way for every patent. They worked hard to support the Pharmacist so that she could continue to deliver all the core services as well as additional ones. The company had recently recruited a new full time dispenser and a part time counter assistant who had both actively taken on the role of providing healthcare advice and support to the patients and other team members. They had bought into the company's vision of pharmacy in the future and even of now and understood that no longer did customers want to simply buy a product but wanted expert help, education and advice to make informed choices in the management of their own health. The Right Medicine set out a strategy that aimed to help patients obtain maximum benefit from their medicines as well as improve their health. Rowlands Pharmacy and the store in Nithsdale Road were working to deliver and provide excellent services to the public ensuring the health needs of the neighbourhood and those from surrounding neighbourhoods could be met. The store was very aware of some of the health issues of their patients and was encouraging them to adopt healthier lifestyles and supporting them to stop smoking, consider weight management and even sign post them to other suitable services. In addition the delivery driver was a recognised face to many of the elderly patients and he often went the extra mile by stopping for a chat or even dropping in a paper. The patients looked forward to his delivery and for some he was the only person they saw each week. To Mrs McElroy's knowledge, the Health Board had not received any complaints about the store in Nithsdale Road.

She advised that the Applicant appeared to focus on the lack of service provision due to the closure of Lloydspharmacy yet the store had not even closed when he made his application. In addition he had focused on extended opening hours with particular focus

on late night provision of care, yet Lloydspharmacy never offered this service. He also looked at the lack of MDS spaces and provision of supervised methadone yet only received one comment from a member of the public which in the opinion of Rowlands Pharmacy did not demonstrate a gap in service provision. Lastly it was the opinion of Rowlands Pharmacy that if all these were necessary within the defined neighbourhood Lloydspharmacy would have remained open.

In Mrs McElroy's opinion there was nothing to suggest Rowland's pharmacy or indeed others in the neighbourhood were offering a poor or inadequate service. What needed to be looked at was the current provision – was it adequate or not? Mrs McElroy thought this to be quite simple: within the neighbourhood defined did anyone have any problems in accessing pharmacy services? Not at all. Were the current services adequate? Without a doubt.

Mrs McElroy advised that Rowlands Pharmacy did not see any need for another pharmacy contract to be granted in this neighbourhood.

The Applicant Questions Ms McElroy

In response to questioning from **the Applicant,** Mrs McElroy advised that she didn't think there was a need for a further pharmacy in the area just because one of the pharmacists from the current network had made an application. She further advised that she did not know why Mr Robertson hadn't submitted any objection to the application, but that this lack of objection did not necessarily demonstrate that services were inadequate.

In response to further questioning from the Applicant regarding what percentage of Rowland Pharmacy's business came from the Govanhill area, Mrs McElroy advised that she couldn't quantify the percentage.

In response to further questioning from the Applicant, Mrs McElroy advised that she did not think that the opening of another pharmacy would have a significant effect on Rowland's Pharmacy as they provided all core services and provided them well.

In response to further questioning from the Applicant, Mrs McElroy advised that she had not noticed any detrimental effect to patients since the closure of the Lloydspharmacy branch on Victoria Road. She agreed that a 45 minute waiting time could be seen as excessive, but urged that there might have been extenuating circumstances which had caused this situation and these should be taken into consideration.

In response to questioning from the Applicant regarding MDS trays and whether the branch at Nithsdale Road were taking additional patients on, Mrs McElroy advised that there were some patients on a waiting list for this support. The reason that they were on a waiting list was because these patients were being reviewed to assess whether an MDS tray was the most appropriate intervention to suit their requirements. The pharmacy was in the process of speaking to the GP practice regarding need. Each case was looked at on an individual basis.

In response to further questioning from the Applicant regarding late night opening at JP Mackie, Mrs McElroy advised that most people requiring services at this time would look to

see where services could be accessed. Some would go to Mackie or would look further afield. She advised that most people given the choice would like to have services convenient to where they needed them. If she needed pharmaceutical services at 7 at night, in all probability this would be an emergency and she would make arrangements to access services. The current network was providing core hours which were deemed to be adequate.

The PPC Questions Ms McElroy

In response to questioning from **Mr MacIntyre**, Mrs McElroy confirmed that Rowlands Pharmacy had not noticed an influx of patients looking for MDS trays or prescriptions dispensed when Lloydspharmacy had closed.

In response to questioning from **Dr Johnson** regarding late opening, Mrs McElroy advised that the main reason for a pharmacy for staying open late within this neighbourhood would be its close proximity to the OOH service at the Victoria Infirmary. She accepted that patients could also just come in the pharmacy, but felt this would more likely to be the element of the population who were employed and worked outside the neighbourhood. Those who remained in the neighbourhood during the day would access services during the day. A late night facility would be most beneficial to those at work.

In response to a question from Dr Johnson regarding his observation that Rowlands Pharmacy was situated in a neighbourhood which had a greater percentage of working population and the pharmacy didn't open extended hours, Mrs McElroy advised that the company had not felt a need to provide this service. Commercially it was not a benefit and she had never had any patients not being able to get something because the pharmacy wasn't open at 8 at night.

In response to questioning from **Mr Imrie** regarding the number of BME patients Rowlands Pharmacy dealt with and whether there were any language difficulties in dealing with them, Mrs McElroy advised that the pharmacy dealt with a large percentage of BME patients with different languages. The pharmacy had substantial support from staff who could translate. The company had operated a translation service in the past; however this was discontinued due to the lack of demand. The Pharmacist within the branch spoke several languages.

In response to questioning from **Mr Irvine,** Mrs McElroy thought that possibly someone living in Prospecthill Road would access pharmacy services in Pollokshaws Road area. There were a cluster of pharmacies in this area. The population was transient and if the pharmacy offered a particular service they might travel there. She had defined her neighbourhood using natural boundaries and main roads, but was aware that people could move from one neighbourhood to another with relative ease.

In response to questioning from **the Chairman,** Mrs McElroy advised that she was surprised that Boots UK had not sent a representative to the hearing.

There were no questions to Mrs McElroy from Mrs Anderton, Councillor Rebecchi or Mr Gillespie.

The Applicant asked if he could ask a follow up question to Mrs McElroy. The PPC agreed,

In response to final questioning from the Applicant, Mrs McElroy confirmed that Rowlands Pharmacy's Head Office had been aware of the intended closure of the Lloydspharmacy branch on Victoria Road.

Summing Up

Mrs McElroy advised that she had clearly demonstrated that the Rowlands branch offered core and additional services within core hours. The company was taking healthcare forward and looking at services. She advised that MDS was not a major concern. The company also had capacity for supervised methadone and Buprenorphine. She didn't think the Applicant had raised any issue that would suggest services were not adequate. She asked the Committee to reject the application.

The Applicant advised that he believed that a new pharmacy contract at 455 Victoria Road was both necessary and desirable and hoped that over the course of the meeting the PPC and objectors agreed.

There were a huge number of patients and prescriptions within the neighborhood and in the adjacent neighbourhoods that were accompanied by a very large transient population. Govanhill was a highly deprived area and there has always been a greater need here for pharmaceutical services as opposed to an affluent area.

The closure of Lloydspharmacy was a clear step back in helping the pharmacy needs of patients and there was no way that the existing contractors could disagree with this statement.

There was a key lack in service being provided to ethnic minority groups especially the EU migrants due to the language barrier and he aimed to rectify this with the various services mentioned in his presentation. No existing contractor seemed interested in tackling this barrier to pharmaceutical services and this was something that should be taken seriously. He kindly urged the PPC to grant this neighbourhood a pharmacy.

Before the Applicant and Interested Parties left the hearing, the Chair asked the Applicant, and Mrs McElroy to confirm that they had had a full and fair hearing. Both 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 was 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) Pharmacy contractors within the vicinity of the Applicant's premises, namely:
   -
   - Boots UK Ltd – various addresses;
   - Lloydspharmacy – Co-op Unit, Crown Street, Glasgow G5.9;
   - Gajree Pharmacy – 617 Pollokshields Road, Glasgow G41.2;
   - J P Mackie Pharmacy – 1067 Pollokshields Road, Glasgow G41.3;
   - Kitchin Chemists – 116 Nithsdale Road, Glasgow G41.5; and
   - Mount Florida Chemists – 1047 Cathcart Road, Glasgow G42.9

   All had recorded their objections to the application.

   The Committee noted that:

   - Docherty Pharmacy – 224 Kilmarnock Road, Glasgow G41.3
   - Copland Chemists – 7 – 9 Kilmarnock Road, Glasgow G41.3
   - M&M Pharmacy – 6 Minard Road, Glasgow G41.2

   were consulted as part of the statutory process, but had not taken the opportunity to respond within the consultation time period.

   - David L L Robertson Chemist – 558 Cathcart Road, Glasgow G42.8.

   was consulted as part of the statutory process. Their written representation was received after the statutory consultation period had ended and was not considered.

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 – South Sector: no response was received during the consultation period;

e) The following community councils:

   - Crosshill/Govan – no response was received;
   - Hutchesontown – no response was received;
   - Laurieston – no response was received;
   - Langside, Battlefield & Camphill – no response was received;
   - Pollokshields – no response was received;
   - Shawlands & Strathbungo – no response was received; and

- Mount Florida – 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 G41.2, G42.7 and G42.8;

i) Information from Glasgow City Council's Department of Land & Environmental Services advising that there were no known major road 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 activity undertaken by pharmacies within the consultation zone;

m) Applications considered previously by the PPC for premises within the vicinity; and

n) The Board's Pharmaceutical Care Services Plan.

The Committee took into consideration its obligations in terms of the Equality Act 2010:-

- the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;
- to advance equality of opportunity between people who share a protected characteristic and those who do not; and
- to foster good relations between people who share a protected characteristic and those who do not.

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 and the Interested Parties, in relation to the application.

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

North: the railway line to the north of Aikenhead Road;
East: Following the road down Aikenhead Road;
South: Running along Prospecthill Road, on to Cathcart Road leading to Queens Drive;

West: Pollokshaws Road.

In the Committee's opinion, the railway line was a significant physical barrier. Aikenhead Road itself was a main trunk road, which marked delineation between commercial buildings and a residential area to the north. Prospecthill Road was a busy arterial road beyond which lay a distinct shopping and residential area commonly known as Mount Florida. Queens Drive lay on the edge of parkland which, while able to be crossed, marked a physical boundary between the Cathcart Road area and the area beyond the park. Pollokshaws Road was a main trunk road acting as a main route into the city centre.

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 six pharmacies.

The information provided to the Committee detailing monthly dispensing data, activity related to MAS and information on provision of locally negotiated services showed that these pharmacies provided all core contract services along with a comprehensive range of additional services.

The consultation carried out by the Applicant had raised the issue of availability of spaces for compliance aids within the existing community pharmacies on Victoria Road. The Committee was aware that the current thinking on future provision was not to rely on such aids as the primary intervention for patients. It was known that there were many reasons why community pharmacies might not wish to take on additional patients and that this did not necessarily demonstrate inadequacy of pharmaceutical services.

The Committee discussed the Applicant's assertions that there was a significant barrier to access of services for the EU migrant population due to the lack of available translation services. The Committee was aware that NHS GG&C had recently brought their translation service "in house" and this was facilitated through a concept called "Language Line". Community Pharmacies like other independent contractors could utilise this service which provided access to a range of languages facilitated via a telephone consultation. In addition to this, the Committee was aware of a pilot project available from Govanhill Health Centre which provided services on a face to face basis.

The Committee discussed the Applicant's comments and questions to Mrs McElroy regarding the failure of Mr David Robertson to submit a written representation during the consultation period associated with the application and the Applicant's suggestion that this was due to Mr Robertson not having any objection to the application. The Committee noted that Mr Robertson had in fact made representation to the Board. His submission had however been received outwith the consultation exercise time period and therefore had not been included in the papers to be considered by the Committee.

The Committee considered the Applicant's claims that complaints had been lodged with the Health Board regarding the adequacy of services within the neighbourhood. Discussion with the Clinical Governance Support Unit and the Community Pharmacy Development Team confirmed that letters had been received from two patients who had raised issues regarding waiting times within one of the existing pharmacies on Victoria Road. In accordance with the statutory NHS complaints procedure, the patients had been referred to the individual contractor to raise this issue with the contractor.

The Committee noted the Applicant's comments regarding extended opening hours and how such a facility would benefit patients within the defined neighbourhood given the close proximity of the OOH service at the Victoria Infirmary. The Committee noted that of the 19 pharmacies included in the consultation zone relating to the application only two did not offer services above the minimum required by the current Model Hours Scheme. The Committee was mindful that they could only consider the application in terms of the Model Hours Scheme and considered that the current network provided an adequate level of service.

The Committee noted that the Applicant had submitted a petition containing signatures in support of a pharmacy facility at the proposed premises. This petition had been received by the Community Pharmacy Development Team after the initial submission of the application and after the deadline for the receipt of additional information. The petition had therefore not been included in the Committee's papers.

The Committee felt the Applicant was to be commended on his proposed initiatives to provide new services to the neighbourhood. The Committee were however mindful that the legal test required them to consider the application in terms of pharmaceutical services provided as part of an NHS contract and some of the services suggested by the Applicant such as travel vaccination services sat outwith this framework.

The Committee considered the 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: by foot, public transport or by car. Collection and delivery services were available for any resident finding access to services problematic.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Kenneth Irvine and Alasdair MacIntyre, 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

Contractor Services Supervisor

provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List. In the circumstances it was the unanimous decision of the PPC that the application be refused.

The Chemist Contractor Member of the Committee, Kenneth Irvine rejoined the meeting at this stage. Alasdair MacIntyre remained out of the room, having declared an interest in the next item to be discussed.

4. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2011/39 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:

Kyle Square Ltd – Unit 5, 151 Western Road, Glasgow G72 8PE

5. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2011/40 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

Minor Relocation of Existing Pharmaceutical Services

Case No: PPC/MRELOC05/2011 – A A Hagan Ltd, 114 Grieve Road, Greenock PA16 7AW

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract held by A A Hagan Ltd, at the above address.

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee noted that the Chairman had approved the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

Case No: PPC/MRELOC06/2011 – Lloydspharmacy, 94 Causeyside Street, Paisley PA1 1TX

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract held by Lloydspharmacy, at the above address.

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee noted that the Chairman had refused the application, having been satisfied that the application did not fulfill the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

Case No: PPC/MRELOC07/2011 – Lloydspharmacy, 195-197 Knightswood Road, Glasgow G13 2EX

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract held by Lloydspharmacy, at the above address.

The Committee noted the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee noted that the Chairman had refused the application, having been satisfied that the application did not fulfill the requirements laid down in the Pharmaceutical Regulations.

NOTED/-

6. CODE OF CONDUCT FOR LAY MEMBERS OF ALL COMMITTEES, SUB COMMITTEESS OF NHSGGC AND ITS PARTNERSHIPS

The Committee having previously been circulated with Paper 2011/41 noted the contents which gave details of the conduct expected from Lay Members of the Board's Committees:

The Committee noted that all Lay Members had received a copy of the Code and that it would form part of the induction pack for new members.

NOTED/-

7. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

8. DATE OF NEXT MEETING

To Be Arranged.

The meeting ended at 3.00pm