

NHS Greater Glasgow and Clyde	Paper No. 24/108
Meeting:	NHSGGC Board Meeting
Purpose of Paper:	For Noting
Classification:	Board Official
Name of Reporting Committee:	Pharmacy Practice Committee
Date of Reporting Committee:	Tuesday 18 April 2023, reheard on 24 July 2024
Committee Chairperson:	Mr Charles Vincent

Paper Title:

Application for Inclusion in the Board's Pharmaceutical List – CASE No: PPC/INCL01/2023
– Sycamore Mill LLP, 500 Corselet Road, Old Darnley Mill, Darnley, Glasgow G53 RN

Recommendation:

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

13.	DISCUSSION
13.1	The PPC 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.
13.2	The PPC considered the neighbourhood as defined by the Applicant (which had been agreed by Mr Haugh); examined the maps of the area and considered what they had seen on their site visits.
13.3	The PPC discussed that both the "Applicant" and the "Interested Party" in attendance agreed with the Neighbourhood and there were no written objections to the neighbourhood. They also noted that the Neighbourhood had also been agreed by a previous National Appeals Panel decision. They also noted that the boundaries were made by obvious large physical features and that none of the building had changed that since the National Appeals

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	Panel decision. On the basis that either everyone agreed with, or did not object to the Neighbourhood or it had been ratified by the National Appeals Panel that the PPC determined that it should accept that proposed Neighbourhood without further discussion.
13.4	After considering all relevant factors and seeking to identify natural boundaries, the PPC agreed that the neighbourhood should be defined as:
13.5	<ul style="list-style-type: none"> • North: From the M77 at the junction with Kennishead Road, following the railway line until the bridge at Nitshill Road; • West: From Nitshill Road travelling south until it meets Leggatston Avenue; • South: Leggatston Avenue to the M77, encompassing Patterton Range Drive. • East: Following the M77 until it meets the junction with Kennishead Road.
13.6	Having reached a conclusion as to neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the PPC 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.
13.7	The PPC considered the CAR and noted that there were evident spikes in the consultation responses. The Applicant had explained that these were due to surveys being handed out, and canvassing of residents in the area. The Joint Consultation questionnaire had elicited a total of 184 responses during the period the Consultation was active.
13.8	The Committee noted that responses to Question 4 around adequacy of pharmaceutical services in the area, were relatively evenly matched with 54% indicating they believed services to be adequate and 45% considering services to be inadequate.
13.9	In terms of the follow up question asking for the public's consideration on whether there were any gaps in the service provision, the PPC considered that leaving aside comments which had their basis in " <i>convenience</i> " or general comments which didn't specify a view, ten responses indicated there were gaps and nine responses felt there were no gaps. Of the perceived gaps that were identified most related to minor injuries, flu vaccinations, diabetes, Pharmacy First Plus, Chiropody, Sexual and Reproductive health, Gluten Free Foods and Travel Clinic.
13.10	The PPC considered that in general terms the majority of respondents felt that current services were adequate, and what gaps had been identified related to services that were not provided as core pharmaceutical services, or were not provided as NHS services at all e.g. Travel Clinic and Chirpody.

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13.11	In summary, the PPC considered that the CAR did not conclusively say that respondents supported the opening of a new pharmacy. The comments made were more related to issues of inconvenience rather than necessity for additional services. The PPC felt that the CAR was a reasonable reflection of the community's views.
13.12	The PPC then considered the audit mentioned in the Applicant's presentation which had allegedly highlighted failings in processes at Houlihan's Darnley. The PPC were mindful that in response Mr Haugh had explained that Houlihan's had in place robust process and business management which were heavily weighted to understand how errors occurred and also to ensure that lessons were learned so that errors could be minimised. The pharmacist members of the Committee agreed that in order to sustain such a high level of prescription volume through one community pharmacy, there would be a need for clear processes to manage medication incidents and errors. While it was true that the branch relied on a significant level of automation, this nevertheless did not detract from the need to ensure clear and appropriate error management processes.
13.13	The PPC considered the lack of evidence of complaints from patients which was evidenced in the statistics provided by the Health Board, as opposed to the three examples illustrated by the Applicant in his presentation. The PPC were mindful that in most instances where a patient experienced delay in receiving their prescription or who had been dispensed medication in error, the likelihood of them submitting a formal complaint was greatly reduced if they were able to reach a satisfactory conclusion directly with the community pharmacy. In addition, many patients weren't aware that they were able to refer complaints on to the Health Board.
13.14	The PPC were aware that the formal NHS Complaints procedure required any patient with a grievance to first raise that grievance with the healthcare professional concerned i.e. the community pharmacist. If no local resolution could be found then the normal escalation route was direct to the Scottish Public Services Ombudsman (SPSO) and not via the Health Board.
13.15	The PPC discussed the specific suggestion made by the Applicant that one patient had recently suffered a stroke and was hospitalised allegedly as a direct result of a community pharmacy's inaction. The PPC while sympathetic to the patient's condition nevertheless were mindful that they had been provided with an anecdotal account of the situation. The PPC were unable to determine to what extent there was any apparent shortcomings in the pharmaceutical care provided to that patient. The Interested Party had been unable to provide any rebuttal because this was the first time they had been made aware of the issue.
13.16	The PPC was unable to confirm the veracity of the statements made by the Applicant and as such did not feel that they would be able to take these statements into consideration when it came to the determination of adequacy. The pharmacist members of the PPC stated that while the illustrated events were regretful, such issues happened in every community

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	pharmacy from time to time and was not evidence of inadequacy, but rather of inefficiency.
13.17	The Committee noted that within the defined neighbourhood there was currently one pharmacy. Houlihan Pharmacy, Darnley provided all core services, and a wide range of additional services.
13.18	The existing pharmacy operated extended opening hours during the week to 8.00pm and were open on Sundays. The existing pharmacy offered opening times of 69 hours while the Applicant's intended opening hours were less at 54.
13.19	The PPC considered that the proposed new pharmacy would not provide any additional services to that already provided by the current contractor in the neighbourhood, or the other contractors in the wider area.
13.20	The PPC could find no evidence to support the Applicant's assertion that there were long waiting times of up to 72 hours. There had been one or two comments within the CAR relating to patients having to wait in the pharmacy or to return to the pharmacy for medication, however no context had been provided and the PPC were aware that this situation could happen in any pharmacy. It was known that there were current pressures in obtaining some medications from wholesalers due to the processes in place for ordering and such returns perhaps could not be avoided. The CAR did not suggest that this was an inherent issue specifically with Houlihan Pharmacy nor that such situations were the norm.
13.21	The PPC considered the Applicant's assertion that the population in the area had increased to the point that an additional pharmacy was needed. The PPC looked at the statistics provided by the Applicant which showed the population of their defined neighbourhood as being in the region of 9,200 plus 650 residents who had been housed within residences built since 2021. The information provided by the Housing and Development departments of Glasgow City Council differed from this. The PPC did not consider this to be a significant enough increase that could not be absorbed by the existing contractors in the area. Most of the developments were owner occupied housing, which were known to be more mobile. The PPC were satisfied that there didn't appear to be a lack of scalability or necessary investment from Houlihan's to deal with this increase even if all the business went to this pharmacy. Houlihan's Darnley was known to already be providing service to a wider population than that directly surrounding the pharmacy. The PPC considered that they could, if necessary, reorganise their operations to absorb this increase.
13.22	<i>In accordance with the statutory procedure the Pharmacist Members of the PPC, Mr Ewan Black, Mr Colin Fergusson and Mr Josh Miller left the hearing at this point.</i>
14.	DECISION
14.1	In determining this application, the PPC was required to take into account all relevant factors concerning the definition of the neighbourhood served and

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	the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10).
14.2	The Applicant had in the PPC's opinion provided no evidence to show that existing services were inadequate. The resident population enjoyed easy access to services provided by the existing pharmacy and also the three pharmacies in the wider area, who provided services to the population. This provided the resident population with a level of choice. The Applicant had relied on the increase in population from the various developments and claimed that this had placed pressure on the existing pharmaceutical network to the extent that an additional pharmacy was needed. The Applicant also illustrated apparent inefficiencies in the services provided by Houlihan's Darnley in the form of instances where patients had come to harm and suggested that this demonstrated inadequacy. This was in the PPC's opinion an entirely theoretical argument of inadequacy and not based on any evidence around existing services.
14.3	Taking into account all of the information available, and for the reasons set out above, it was the view of the PPC that the provision of pharmaceutical services in or to the neighbourhood (as defined by it in Paragraphs 10- 10.19 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 had an additional pharmacy.
14.4	It was the unanimous decision of the PPC that the application be refused.

15.	RESPONSE TO NATIONAL APPEALS PANEL
	<u>Deliberations</u>
15.1	The Chair of the National Appeals Panel (NAP) in a determination dated 17 th May 2024, remitted the application back to the PPC for reconsideration, having considered that the appeals made in respect of one ground were successful.
15.2	In relation to the ground of appeal, the Chair found that the PPC had failed to provide a sufficient summary of the CAR, and that there had been a general failure to properly narrate the facts and reasons upon which the PPC's determination of the application was based.
15.3	The Chair felt that the absence of reasons in this regard disclosed, in his view, that the Board failed to take into account, when looking at adequacy, that one of the services mentioned in the CAR as lacking was a core service in terms of the Pharmaceutical Care Services Plan.
15.4	In line with the NAP instruction, members who sat when the PPC initially considered the application, met at 9.00am on Wednesday 24 th July 2024.

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15.5	The PPC revisited the evidence to familiarise themselves again with the case and explored their original reasoning. It was agreed that all of the content in the original decision formed part of the refreshed decision, along with the following additions.						
16.	SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)						
16.1	<u>Introduction</u>						
16.2	NHS GGC undertook a joint consultation exercise with Sycamore Mill LLP regarding the application for a new pharmacy at 500 Corselet Road, Old Darnley Mill, Darnley, Glasgow G53 7RN.						
16.3	The purpose of the consultation was to seek views of local people who may be affected by this or use the pharmacy at its proposed new location. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate.						
16.4	<u>Method of Engagement to Undertake Consultation</u>						
16.5	The consultation was conducted by placing an advertisement in the Glasgow Times; notifications being placed on the Health Board Twitter pages; a link to the consultation document on NHS GGC website (www.nhsggc.scot). Hard copies of the questionnaire were available and could be requested by telephone Respondents could reply electronically via Webropol or by returning the hardcopy questionnaire.						
16.6	The Consultation Period lasted for 90 working days and ran from 16 September 2021 until 27 January 2022.						
16.7	<u>Summary of Questions and Analysis of Responses</u>						
16.8	Questions covered: the neighbourhood; location of the proposed pharmacy; opening times; services to be provided; perceived gaps/deficiencies in existing services; wider impact; impact on other NHS services and the level of support for the application. There were also questions asking respondents to say whether they felt there were any gaps in the services already provided, and to provide comment on the services to be provided by the Applicant.						
		Response Percent			Response Count		
		Yes	No	Don't Know	Yes	No	Don't Know
	Do you think the area in the above map describes the 'neighbourhood' to which this application relates?	92.3%	7.1%	0.6%	168	13	1
	Do you think this is a good location for a pharmacy?	77.7%	22.3%	N/A	141	41	N/A

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	Do you live within the above neighbourhood?	91.8%	8.2%	N/A	169	15	N/A
	Do you believe the existing pharmaceutical services provided to the neighbourhood are adequate?	54.9%	45.9%	N/A	100	82	N/A
	As the area continues to expand and residents look to enhance their overall health and well-being, do you support the opening of a new pharmacy in the Old Darnley Mill?	77.6%	22.4%	N/A	142	41	N/A
	Do you think the Intended Applicant's proposed Pharmacy will impact (either negatively or positively) other NHS funded services like GPs, Community Nursing, other Pharmacies, Dentists, Optometrists and Social Services?	59.3%	40.7%	N/A	108	74	N/A
	Do you think the proposed opening hours by the Intended Applicant are appropriate?	%	Response Count	%	Response Count	%	Response Count
		Just Right		Too Short		Too Long	
	Monday to Friday 9:00am - 6:00pm	69%	127	27.2%	50	3.8%	7
	Saturday 9:00am - 1:00pm	62.3%	114	35%	64	2.7%	5
	Sunday - Closed	65%	119	33.9%	62	1.1%	2
	How did you become aware of this consultation?	%	Response Count				
	Advert – Glasgow Times	13.1%	24				
	NHS GGC Website	23%	42				
	Other	63.9%	117				
	Respondent Information	%	Response Count				
	Individual	99.1%	181				
	Organisation	0.5%	1				
16.9	In total 184 responses were received. All submissions were made and received within the required timescale, thus all were included in the Consultation Analysis Report.						
16.10	From the responses 181 were identified as individual responses and two responded on behalf of a group / organisation. Two respondents did not						

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	provide an indication as to whether the response was individual or on behalf of an organisation.
16.11	No additional comments were received.
16.12	<u>Consultation Outcome and Conclusion</u>
16.13	The use of Webropol allowed views to be recorded and displayed within the full Consultation Analysis Report in a clear and logical manner for interpretation.
16.14	The PPC did not reconsider the issue of neighbourhood, as it felt that its original decision set out in Paras 13.1 – 13.4 above was sound.
16.15	Having reached a conclusion as to the neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services 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.
16.16	The Committee noted that for the purposes of the legal test, adequacy of services to the whole neighbourhood as defined above needed to be considered. There was one pharmacy within the defined neighbourhood, with two existing pharmacies located close by in Arden and Nitshill.
16.17	All three pharmacies offered the core services alongside a range of additional services. There were no services being proposed by the Applicant which weren't already being provided by the existing network. There was also a range of pharmacy opening times. The existing contractor within the neighbourhood provided extended opening hours during the week closing at 8.00pm, 7.00pm on a Saturday. The existing pharmacy was also open on a Sunday and provided services on most public holidays. CAR responses on the opening hours to be provided by the Applicant suggested that the proposed hours were adequate and the Committee agreed that the current provision more than met the expectations of the population given their response to this question.
16.18	Alongside the information referred in 16.8 above the CAR responses and analysis were discussed in detail by the Committee. The overall response rate was considered to be a meaningful sample.
16.19	The Committee noted that in response to Question 4 (<i>Do you believe the existing pharmaceutical services provided to the neighbourhood are adequate?</i>), a small majority of respondents indicated that they felt the existing services to be adequate (54.9%) with 45.9% indicating that existing services were inadequate.

BOARD OFFICIAL

16.20	When the Committee looked at the free text comments provided in follow up to Question 4, they noted that most of the comments around perceived inadequacy related to minor injuries, flu vaccinations, diabetes, Pharmacy First Plus, Chiropody, Sexual and Reproductive health, Gluten Free Foods and Travel Clinic. From the Pharmaceutical Services Care Plan, the PPC noted that these were not provided as core pharmaceutical services, or were not provided as NHS services at all e.g. Travel Clinic and Chiropody.
16.21	Question 6 (<i>What are your views on the provision of the following pharmaceutical services proposed by the Intended Applicant?</i>) elicited only 44 responses from the 184 that had been received. Only 24% of respondents had answered this question by providing narrative. The PPC noted that within these responses, once the indeterminate and convenience responses were stripped out, there was a relatively equal number of positive and negative comments for the services to be provided. The lack of uptake, and analysis of the responses might suggest that there was no strong appetite for any further provision by an additional contract.
16.22	The PPC looked at Question 7 (<i>As the area continues to expand and residents look to enhance their overall health and well-being, do you support the opening of a new pharmacy in the Old Darnley Mill?</i>) and noted that 77.7% of respondents responded in the affirmative. The PPC noted that there was no opportunity for respondents to provide any further information and as such the response was limited to a binary Yes/No answer. Therefore, the PPC could not make a judgement whether this level of affirmative response had been derived from the convenience of having another pharmacy, or a dissatisfaction with the adequacy of the service provided by the existing network.
16.23	The PPC noted the comments made by the Chair of the NAP that the lack of reasons provided for the PPC's initial consideration of adequacy disclosed that they had failed to take into account that one of the services mentioned in the CAR as lacking, was a core service in terms of the Pharmaceutical Care Services Plan (PCSP). The PPC noted that the NHS GGC's PCSP was a description of the services provided to the population of GGC, both core and additional, along with a statement which indicated that where possible improvement/development in services was identified, the Board's first consideration would be to address this through the commissioning of additional services and/or enhancement of existing services provided by the existing network of contractors. As such the PCSP was utilised in all aspects of the PPC's consideration of adequacy.
16.24	The PPC noted the Applicant's views around the perceived inadequacy of the Pharmacy First service provided by the existing contractor and the reasons for this view in that the existing contractor, in the Applicant's view, had failed to meet the statutory requirements of the service by not utilising the SBAR to communicate referral of a patient to the GP.

BOARD OFFICIAL

16.25	The PPC were aware that the Pharmacy First service replaced the Minor Ailment Service (MAS) in 2020 and was designed to promote self-care and treatment, as assessed by the pharmacist for a limited range of minor illnesses. The Service was underpinned by a set of Statutory Directions which laid out the framework and requirements for the service. The PPC reviewed the directions with particular attention to Para 4.3.8 - <i>The requirement to refer an eligible person to a GP is, in most instances, obvious when assessing the condition. Pharmacists and GPs should agree locally the circumstances when and procedure by which an eligible person requiring to be seen quickly can be referred and this should be supported using either a verbal or written referral request. Eligible persons may also self-refer to their GP.</i> The Committee agreed that while some clinicians may use an SBAR as a matter of good practice, there was no requirement for them to do so. The PPC did not consider that the Applicant's assertions pointed to inadequacy of service. The Applicant had provided no evidence to support his assertions.
16.26	The PPC noted that within the CAR, in response to Question 4, one respondent had commented that there was a gap in service provision around the Pharmacy First Service. They cited the time taken to speak to a pharmacist as a barrier to access to this service. The PPC noted that the existing community pharmacy network appeared to deliver the service adequately. The number of items provided per month was above the average number for NHS GGC as a whole, the level of referrals to other professionals was also above average. This showed good engagement with the service by the general public and did not indicate that there was any barrier to access.
16.27	<i>In accordance with the statutory procedure the Pharmacist Members of the PPC, Mr Ewan Black, Mr Colin Fergusson and Mr Josh Miller left the hearing at this point.</i>
17.	DECISION
17.1	Following the withdrawal of Mr Colin Fergusson, Mr Josh Miller and Mr Gordon Dykes in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, the Committee, considered that the provision of pharmaceutical services in and to the Neighbourhood were inadequate.
17.2	The Committee unanimously agreed that it was not necessary or desirable to grant the Application in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the premises were located by persons whose names were included in the pharmaceutical list, and accordingly the Application was refused. This decision was made

BOARD OFFICIAL

	subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.
17.3	The PPC's decision was based on the following reasons:
17.4	<ul style="list-style-type: none"> - The statistics demonstrated the Pharmacy First Service had an uptake from the neighbourhood which was evidenced by the number of referrals, consultation and items dispensed which were all above the Glasgow average;
17.5	<ul style="list-style-type: none"> - That with particular reference to the comprehensive discussion around the Pharmacy First Service, no inadequacy had been found in the provision of core or additional services in and to the defined neighbourhood;
17.6	<ul style="list-style-type: none"> - The services provided in and to the neighbourhood by the existing network aligned with those required in the current PCSP;
17.7	<ul style="list-style-type: none"> - The CAR demonstrated no inadequacy or lack of service provision in and to the neighbourhood;
17.8	<ul style="list-style-type: none"> - 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.
17.9	The Pharmacist Members of the PPC, Mr Ewan Black, Mr Colin Fergusson and Mr Josh Miller returned to the hearing at this point. And were advised of the decision of the Committee.
	The meeting closed at 1200 hours