

NHS Greater Glasgow and Clyde	Paper No. 23/45
Meeting:	NHSGGC Board Meeting
Date of Meeting:	27 June 2023
Purpose of Paper:	For Assurance
Classification:	Board Official
Name of Reporting Committee:	Pharmacy Practice Committee
Date of Reporting Committee:	18 April 2023
Committee Chairperson:	Mr Charles Vincent

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.

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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 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 “convenience” 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,

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	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.
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

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	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 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

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	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 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.