

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (09)**

Minutes of a Meeting held on  
Thursday 5<sup>th</sup> May 2011 at 1.30 pm in  
The Seminar Room, Upper Courtyard, Reid McEwan Centre  
Erskine hospital, Bishopton PA7 5UP

<b>PRESENT:</b>	Dr Catherine Benton	Deputy Chair
	Mrs Catherine Anderton	Deputy Lay Member
	Mr Alex Imrie	Deputy Lay Member
	Professor Howard McNulty	Deputy Non Contractor Pharmacist Member
	Mr Alasdair MacIntyre	Contractor Pharmacist Member
	Mr Colin Fergusson	Deputy Contractor Pharmacist Member
 <b>IN ATTENDANCE:</b>	 Dale Cochran	 Contracts Supervisor – Community Pharmacy Development
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - Community Pharmacy Development

Prior to the consideration of business, 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.

**ACTION**

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

**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, which were not already included in the Agenda.

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

**Case No: PPC/INCL01/2011**

**Angela Mackie – 290 Faifley Road, Glasgow G81 5EY**

The Committee was asked to consider an application submitted by Angela Mackie to provide general pharmaceutical services from premises situated at 290 Faifley Road,

Glasgow G81 5EY 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 Ms Mackie considered that the application should be considered by oral hearing.

The hearing were 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 were whether "the provision of pharmaceutical services at the premises named in the application were necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Ms Angela Mackie. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Michael McLaren (Clan Chemists), and Mr Michael Malone (Lloydspharmacy).

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 including Faifley, Duntocher and Kilbowie Road.

The Committee noted that the premises were constructed and were currently empty. The pharmacy area was not yet fitted out. The Committee had gained access to the premises and had viewed these in their entirety.

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. 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. The Interested Parties and the Applicant were then given the opportunity to sum up.

### **The Applicant's Case**

**The Applicant** thanked the Committee for giving her the opportunity to come along and present her case.

She advised the Committee her name and provided some background information around her previous experience. She advised that during this time she had witnessed how pharmacists could make a contribution to the wider public health

agenda. She had worked in many deprived areas and genuinely felt that she had been able to improve the health of people by enrolling them in smoking cessation programmes, providing advice on medication, providing MAS to save patients from trips to the GP and simply providing advice on healthier lifestyle choices. In areas she had worked in she had got to know the local needs of communities and she felt that pharmacists working in the heart of neighbourhoods could impact on lives.

Ms Mackie defined her neighbourhood as:

**North: Cochno Road;**

**East: Cochno Road, leading to Duntocher Road;**

**South: Galsgow Road; and**

**West: Cochno Road.**

The Applicant advised that the Faifley neighbourhood contained a number of amenities including two primary schools, three churches, four convenience stores; one of which was in a mini-supermarket which sold a wide range of groceries, a nursery, a hairdresser, a community centre housing a café, hairdresser and credit union, two housing associations, a dentist, playing fields and a bowling green. Faifley was a separate Council ward. It was a neighbourhood for all purposes.

The neighbourhood defined did not contain pharmaceutical services. The nearest pharmacy for the residents of Faifley was the pharmacy situated at the Hardgate roundabout (Clan Chemists). She advised that travel to this facility could be difficult for some residents as it meant negotiating a steep hill and having to cross a very busy junction. 53% of the residents of Faifley had no car and so were reliant on walking or public transport to access pharmaceutical services. The Applicant was aware that buses traveled through Faifley and were regular. She was aware however that this must pose difficulties for mothers with buggies, the disabled population and also for those reliant on the use of walking aids. Buses might be free for those aged over 60; however a single adult far from Faifley to Hardgate was £1.00 and 75p for children, after which an extremely busy junction must be crossed. Depending on the route bus fares to Clydebank were more and if pharmacies were not accessed there, people would then be expected to deviate on the return journey, stopping at Hardgate before heading back home to Faifley. The Health Board had received a letter from a member of the public who was in support of the application, and although the letter was not signed it had made reference to bus fares being an issue for those on a low income.

The Applicant advised that during the winter months, buses were disrupted. She had spoken to various bus drivers at the bus dept who had all confirmed that the inclement winter weather could disrupt bus timetables for days at a time. Buses were unable to enter Faifley and one driver had advised that it was even more dangerous to get out the area. The Applicant had contacted First Bus to clarify these claims. There was indeed no bus services into Faifley during the first week in December for four days and these disruptions lasted several days. She

accepted that last year's winter was particularly severe, however looking back to the year before the snow was even worse and lasted for several weeks. The Applicant questioned whether those living in Faifley should have to accept that they are not able to access pharmaceutical services. In her opinion, buses should not have to be relied on to access services. Every neighbourhood should have its own pharmacy.

The Applicant estimated the population of Faifley/Hardgate/Duntocher to be in the region of 13,000. Broken down to 4,700 for Faifley, 3,300 for Hardgate and around 5,000 for Duntocher.

The Applicant believed that an area of 13,000 people served by two pharmacies was not sufficient and it was the residents of Faifley who were suffering. Having studied the neighbourhood of Faifley on foot, the Applicant believed that those residing in the lower areas of Faifley such as Craigs Avenue, Collins Street and parts of Abbeylands Road would be quicker accessing pharmaceutical services located at Hardgate and she believed the residents would continue to do so. This would increase the capture population of Hardgate to around 4,000 and reduce the population of Faifley to around the same. She did not believe that those residing in Faifley would access pharmaceutical services in the Duntocher neighbourhood.

She advised that Faifley was an extremely deprived area. The Scottish Index of Multiple Deprivation showed areas of Faifley to be the most deprived in Scotland. Using postcodes in the neighbourhood she had found a number of streets to be as low as 5-10% of the most deprived in Scotland and some to be 10-15%.

30% of the population of Faifley was income deprived as opposed to 16% for the whole of Scotland. Faifley had almost twice the number of people claiming benefits in percentage terms as the national average. The income deprived figures for Duntocher were 12% and for Hardgate were 16%.

Smoking statistics of women at first booking were 42% which was two and a half times the Glasgow average which lay at 16.5%. The Applicant believed easier access to smoking cessation programmes could significantly improve this statistic. She advised that working in communities she had seen at first hand the benefits of knowing patients, informing them about the programme, enrolling them and supporting the throughout the 12 weeks.

She advised that effective delivery of CMS and MAS would reduce the need for the population to travel to their GP reducing their workload.

For optimal delivery of these services, as well as EHC and smoking cessation programmes pharmacies at the heart of a community which were easily accessible were essential.

Breast feeding among women was just 23% compared to 33% for the rest of the Health Board and 36% nationally. While it was arguably more difficult to make an impact on this figure, the Applicant believed that specific information and availability of advice at a

pharmacy could only help.

The percentage of women smoking at booking in Hardgate had decreased from 30% in 2004 to 22% in 2007 and 25% in 2008. This suggested that current smoking cessation schemes were working. The percentage of women smoking at booking in Duntocher from 2003-2006 was 31.5%. This figure decreased to 27% from 2005-2007 and reduced further to 25% from 2006-2008. This may have been due to the new pharmacy implementing smoking cessation.

She advised that Faifley on the other hand had figures of 36% from 2003-2005 rising to 40% from 2004-2006 and this had further increased to 42.5% from 2006-2008.

Surely as displayed by the impact of the Duntocher pharmacy on the numbers in that area a pharmacy in Faifley which provided easier access to these essential services would do the same. Patients would be more likely to adhere to the programme if it was on their doorstep and they didn't have to spend time or money on buses. The total % of smokers as of 2003 - 2004 for smokers was 27% for Duntocher, 30% for Hardgate and 40% for Faifley. The high percentages in Faifley had to be addressed.

The Applicant further advised that the % of first time mothers under the age of 19 years old for Faifley in 2003-2005 was 28.6% which reduced to 25.4% in 2005-2007. For Duntocher in 2003-2005 it was 12.5%, which reduced to 7.9% in 2005-2007. For Hardgate in 2003-2005 it was 22% which reduced to 8% in 2004-2006.

Although the Applicant couldn't say that the two pharmacies in these neighbourhoods were directly having an effect on these statistics by providing EHC and smoking cessation programmes it certainly appeared that way. These statistics showed that neither pharmacy had had a positive impact on key statistical health indicators for Faifley. Faifley was one neighbourhood with worsening or stagnant figures and it seemed that giving the deprived neighbourhood access to these core pharmaceutical services was both necessary and desirable to maximize these services.

Currently there were no pharmacies open on a Sunday in the area. Patients from Hardgate, Duntocher and Faifley would have to travel into the Clydebank area to access pharmaceutical services. The Applicant felt that opening for two hours would be beneficial to residents of the area who may require a pharmacy on a Sunday. She had visited West Community Addiction Team and had spoke with Jan Simpson, Senior Nurse who had reported that Sunday methadone supervision was often beneficial for those patients at high risk of suicide. She was also told that there were methadone clients residing in the neighbourhood who would benefit from a pharmacy in Faifley. This would save them travelling every day to other pharmacies. The Applicant had also been advised that Jennifer Munro, alcohol nurse from the Addiction Team might have mentioned that the supervision of Antabuse had been an issue and this was a service that the Applicant would be happy to offer as she had participated in this service in her last job. She did however realize that funding may be an issue.

The Applicant advised that since submitting this application she had made several trips to the neighbourhood and spoke to numerous residents who would all welcome a pharmacy in Faifley. She visited the local Councillor for the area Jim Finn who also supported the

application. Jim was born and bred in the neighbourhood and felt that residents could only gain from a pharmacy at their doorstep. He also pointed out the deviation in the area and felt that bus fares could have an impact to residents with families. Jim now resided in the Duntocher neighbourhood and accessed pharmaceutical services there. He commented that if this application was granted he would continue to access services in his own neighbourhood as he would be unlikely to travel into Faifley for them when they were available on his doorstep unless it was necessary on a Sunday.

She advised that three pharmacies in the surrounding areas of Hardgate, Duntocher and Clydebank submitted letters of objection to the granting of the application.

Mr McLaren from Clan Chemists stated that his pharmacy offered a wide range of pharmaceutical services. The Application did not dispute this, but felt that a population of 13,000 accessing services from two pharmacies was insufficient. Three pharmacies serving the combined areas would be more suitable. Collection and delivery services were vital for some patients; however, this service did not fulfill the needs of a deprived population. Clan Chemists would also benefit from a transient population because of other services located in the area. There was ample parking however this could be chaotic at times. Mr McLaren operated a two pharmacist system but the Applicant felt a pharmacy and pharmacist closer to hand was more able to deliver the new services than two pharmacists together further away. Smoking cessation compliance would be better if there was no need for patients to catch a bus and women were more likely to seek EHC if the pharmacy was just around the corner. The Applicant was further aware of the waiting times that could sometimes occur in Clan Chemists and questioned whether the residents of Faifley and Hardgate would be satisfied with these.

She advised that Mr Semple from Duntocher Pharmacy stated that it was not necessary or desirable to grant this application, yet in his own application for Duntocher he stated that the population was around 12,300 in the combined neighbourhoods. He also stated that the Scottish Average per head of population was 4,500. With 13,000 people residing in the neighbourhoods and with only two pharmacies serving this, this would give an average of 6,500 people per pharmacy which was much higher than the national average Mr Semple stated.

She advised that Mr Cox from Lloydspharmacy stated that the area was well served by existing pharmacies. The Applicant felt however that a population of 13,000 was too large for two pharmacies and residents from the three neighbourhoods should not have to travel outwith their areas to access pharmaceutical services provided by Lloydspharmacy. Mr Cox was also concerned that no premises were secured. The Applicant assured the Committee that premises were secured and shop plan had been drawn up.

The Applicant asserted that on granting this application, she aimed to work hard within the neighborhood of Faifley. She would reach out to patients and provide a wide range of pharmaceutical services. She intended to carry out a widespread pamphlet drop within the neighbourhood promoting services such as free blood pressure monitoring, body mass index, weight management and smoking cessation programmes in an attempt to tackle these problematic statistics. By simply getting people on board in smoking cessation programmes would improve the life expectancy in this deprived area.

Having CMS on the doorstep of this community would reduce the workload of local doctors and allow her to interact with the residents in providing healthcare in the area.

Supervision of methadone/subutex/Antabuse would be available from the pharmacy and the shop had been designed to provide this in privacy.

Finally, the Applicant posed this question to the Committee; was there a more distinct geographical area in the whole of Glasgow or Dunbartonshire, with a population as large and as economically deprived without a pharmacy, than Faifley?

The Applicant genuinely believed that the residents of Faifley were paying the price as they were not receiving adequate healthcare in their extremely deprived neighbourhood. She believed that additional pharmaceutical services were both necessary and desirable in the neighbourhood of Faifley to cope with the problematic healthcare issues in the area.

### **The Interested Parties Question the Applicant**

In response to questioning from **Mr Malone**, the Applicant confirmed the location of the unit within the parade of shops. She confirmed the unit was approximately 3m x 12m and that the space was suitable to hold all items she wished to stock. She had commissioned plans which allowed for a consultation room, the sale of GSL medicines and a dispensary. She further confirmed that the Health Board had already received documentary evidence showing that she was in active negotiations for the lease of the premises.

### **The PPC Question the Applicant**

In response to questioning from **Professor McNulty** regarding neighbourhood, the Applicant advised that she had included the housing to the north of Glasgow Road, to the south of Cochno burn. She conceded however that this row of housing was of a different type and more affluent than the majority of the housing in Faifley. She agreed that the Cochno burn could be used as a boundary.

In response to further questioning from Professor McNulty, the Applicant confirmed that she had obtained her health needs statistics from the Scottish Neighbourhood Statistics website.

In response to further questioning from Professor McNulty, the Applicant confirmed that in her opinion the area of Faifley was a discrete neighbourhood.

In response to further questioning from Professor McNulty regarding Sunday opening, the Applicant advised that many of the residents of Duntocher and Hardgate would travel to a pharmacy in Faifley, if they were aware that it offered Sunday opening. Her intention was to commence the provision of services on a Sunday and monitor demand.

In response to further questioning from Professor McNulty, the Applicant confirmed her view that it was not necessary to have a GP practice in close proximity to a community pharmacy for the pharmacy to be viable. She asserted that not all patients needed to visit a GP to require access to pharmacy services. She was aware of several pharmacists who had opened pharmacies where there was no GP practice and all had good businesses.

In response to final questioning from Professor McNulty, the Applicant confirmed that she would provide the Minor Ailment Service.

In response to questioning from **Mr Thomson** regarding her comments relating to suicides amongst methadone users, the Applicant confirmed that she did not have any figures to substantiate her claims. This information had been obtained through a conversation with a member of the Community Addictions Team.

In response to further questioning from Mr Thomson regarding the location of the proposed premises, the Applicant confirmed that the premises were situated to the east of the neighbourhood and that much of the population could be considered to reside in the west of the area. She further confirmed that there were no other appropriate units in other areas of the neighbourhood. She accepted that many people would find it quicker to access services from the pharmacy in Hardgate. She reminded the Committee, however that Faifley had many lanes that linked areas together.

In response to questioning from **Mr Imrie**, the Applicant reiterated her commitment to offering services on a Sunday. She explained her belief that this would be of benefit to many patients who might require access to MAS.

In response to questioning from **Mr Macintyre**, the Applicant confirmed that she did not consider Hardgate to be part of her defined neighbourhood. Her boundary had been drawn north of Galsgow Road. She confirmed that those living in Abbeylands Road and Lenox Drive were residents of Faifley and were included in her neighbourhood.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that Boots in Clydebank Shopping Centre opened on a Sunday. She further confirmed her agreement that having to travel from Faifley to Clydebank town centre to access services on a Sunday would be a barrier for the residents of Faifley. She did not agree that anyone would travel into Faifley to access services unless it was specifically to access services on a Sunday. Similarly most residents in Faifley wouldn't travel into Clydebank town centre to access services. They would tend to use the facility closes to their homes.

In response to final questioning from Mr MacIntyre, the Applicant confirmed that she would provide a supervised Antabuse service only if funding was available from the Health Board.

In response to questioning from **the Chair**, the Applicant confirmed that her boundary had been the north side of Glasgow Road, however she felt the houses situated at Cameron Square and Thomson Place to be essentially different to those further north. As such she was content to use Cochno Burn as her boundary.

In response to further questioning from the Chair, the Applicant confirmed that she had a contingency arrangement in place in the event that her application was not successful.

**There were no questions to the Applicant from Mrs Anderton or Mr Fergusson.**

**The Interested Parties' Case – (Mr Michael McLaren – Clan Chemists)**

**Mr McLaren** contended that it was the original position of Clan Chemists that the neighbourhood served by their pharmacy comprised Duntocher, Faifley and Hardgate. Clan Chemists had a central location within this neighbourhood and this view was upheld by two National Appeal Panels in 2004 and 2005.

Later in 2005, however there was change of opinion in relation to an application from Mr James Semple for a pharmacy contract in Duntocher. In this situation, the NAP decided that there was a separate neighbourhood to the west of the Hardgate Roundabout being defined as Duntocher.

Mr McLaren advised that Clan Chemists had accepted this argument but could not accept that the remaining neighbourhood should be further subdivided.

The relatively small area of housing between Duntocher and Faifley, known as Hardgate was surely in one neighbourhood or the other. He pointed out that a sizeable area of Hardgate lay to the west of Cochno Road within the boundaries of the area defined as Duntocher. Mr McLaren then went on to give background information regarding recent changes in Council wards, which had seen changes in the area. What had previously been three separate council wards was now a multi member ward named Kilpatrick.

He would therefore define his neighbourhood as:

**North:** open ground to the north of Faifley;

**East:** open ground to the east of Faifley following the line of the postcode boundary for G81.5;

**South:** following the line of Braidfield Road then across open ground following the general line of the Antonine Wall until the east boundary is reached; and

**West:** From Kilbowie Roundabout north along Kilbowie Road through Hardgate roundabout then continuing north along Cochno Road.

He advised that this neighbourhood could be described as Faifley and Hardgate. Mr McLaren believed that the population of Hardgate was insufficient to distinguish it as a neighbourhood in its own right. The Hardgate portion of the neighbourhood was that area south of Hardgate Roundabout and accessible from Kilbowie Road which placed Clan Chemists in the Faifley part. There was very little housing to the south and east of Clan Chemists, the area being mostly taken up by a golf course. It was therefore clear that Clan Chemists relied heavily on Faifley for their business.

Mr McLaren understood the issue of neighbourhood could be critical in determining the adequacy of pharmaceutical services to patients. This would be important when there was an area where one part could be deemed to have an adequate service and another part did not. In other words, if you had a large area with a pharmacy at one end, and a considerable distance from the other end to the pharmacy, an applicant could argue that there were two neighbourhoods, and the residents of the area with no pharmacy had an inadequate service. An Interested Party may, in contrast, claim that the whole area was a

single neighbourhood and that the existing pharmacy provided an adequate service to the neighbourhood in general. In Mr McLaren's opinion the settlements of Faifley and Hardgate weren't like this.

It made no difference in respect of the legal test, if this was a single neighbourhood or two distinct neighbourhoods. If they constituted a single neighbourhood the question was; did Clan Chemists provide an adequate service to the neighbourhood? Mr McLaren contended that it did.

If however, the PPC decided that Hardgate and Faifley were two distinct neighbourhoods the question became: Did Clan Chemists provide an adequate service to Faifley? Again Mr McLaren contended that it did.

This having been said, Mr McLaren reiterated his belief that Hardgate and Faifley were not distinct neighbourhoods. They made up a single neighbourhood with its centre being the shops and services at Hardgate Cross.

Mr McLaren asserted that Clan Chemists was the main provider of pharmacy services to Faifley. Some services would be obtained from other pharmacies in Clydebank and Duntocher but the majority of prescriptions for Faifley were dispensed at Clan Chemists.

The pharmacy offered a comprehensive range of services including: domiciliary oxygen, stoma equipment, Palliative Care, 24hr Emergency Dispensing Service, Smoke Free Services, Methadone and Suboxone ® supervision, Heart Failure service, EHC, compliance aids and were involved in the CHP project on anticoagulant therapy. He further advised that the pharmacy fully engaged with the public health service such as Unscheduled Care and the Minor Ailment Service and were now beginning to work on the Chronic Medication Service.

Mr McLaren advised that the parade of shops at Rockbank Place had in addition to the pharmacy, a bank, post office, optician, butcher, baker and supermarket and others. The shops were used freely every day by residents of Faifley. Much of Faifley was within easy walking distance to the shops.

He advised that Faifley was extremely well served by public transport, with several bus routes running through the estate. First in Glasgow operated the No 62 service which left Faifley terminus approximately every 6-7 minutes through the day taking only a few minutes to reach Hardgate. Citybus No 17 service operated from Duntocher to the city centre every 20 minutes passing Hardgate and going through Faifley. Citybus No 62 service operated from Faifley to Asda in Clydebank every 10 minutes. In practice this meant residents rarely waited more than a few minutes for a bus in Faifley and all buses passed through Hardgate. The buses were modern and by any standard this was an excellent bus service.

Mr McLaren accepted that not all shopping was undertaken at Hardgate and at some time most residents would travel to Clydebank to access the shopping centre. There were also no medical practices within the area and visits to the GPs also required travel to Clydebank. In the wider area of Clydebank there was a large choice of pharmacies.

People might choose to use the pharmacy in the shopping centre while doing their weekly shop, and when coming out from the Health Centre a large number of particularly the acute prescriptions would be dispensed by the two pharmacies close to the Health Centre. The wider Clydebank area had some nine pharmacies which gave the public a good level of choice. Several pharmacies had delivery services and delivered to the Faifley area.

He advised that Clan Chemists had no monopoly in their service and had to work hard to keep their customers. They had invested heavily in their premises to make them of a high standard and fit for purpose. Last year the pharmacy was fully refitted. They considerably reduced their retail area to include proper consulting facilities to extended privacy to customers. The pharmacy had full disabled access.

The pharmacy operated with two pharmacists meaning that one pharmacist could maintain the running of the pharmacy while the other was consulting or even having to leave the pharmacy to visit patients at home if this was required.

For those unable to call at the pharmacy, a full time collection and delivery service was available and the pharmacy was able to respond quickly if a prescription was urgently needed. They had an excellent working relationship with the Health Centre.

Mr McLaren knew that residents of Faifley had a choice in where they obtained pharmacy services and so had developed and would continue to develop a service which he felt was more than adequate.

He averred that the key part of the legal test was the question of adequacy of the pharmaceutical service within the neighbourhood in which the premises were located. As he stated earlier if the PPC considered the proposed premises to be in the same neighbourhood as Clan Chemists then he hoped that the Committee would also accept that Clan Chemists provided an adequate service to Faifley and Hardgate. Further he hoped and aimed for Clan's service to be exemplary in this neighbourhood. Should a patient choose not to use Clan Chemists they had a wide choice of other providers in the wider area. Even without public transport the pharmacy in Duntocher was a very short walk away.

Mr McLaren didn't feel there should be a difference if the Committee accepted the argument that Faifley was a distinct neighbourhood with no pharmacy located in it. Clan Chemists was easily accessible to all residents in Faifley. Even if someone had difficulty walking there was an excellent bus service every few minutes.

He also added that given normal patterns of travel and daily activity it would be easier to access the pharmacy at Hardgate than a pharmacy at the proposed location. Convenience wasn't a reason to grant an application although in this case the location would be less convenient for the majority of residents.

In conclusion, Mr McLaren advised that the neighbourhood was the villages of Hardgate and Faifley, with the shops at Hardgate Cross being the commercial centre of the neighbourhood. He reiterated however that he did not believe that a division of this neighbourhood into two separate neighbourhoods had any bearing on the matter since Clan Chemists was situated in the centre.

Clan Chemists and also the pharmacies in the shopping centre, near the health centre and to a lesser extent the pharmacy in Duntocher provided adequate services.

All residents of Faifley and Hardgate enjoyed an excellent pharmaceutical service. There was a fantastic bus service, and the majority of residents were within easy walking distance. This was in contrast to the proposed premises which were at the far periphery of Faifley and were, in fact, less convenient to access for residents of Faifley than Clan Chemists.

In recent years there had been other applications for new contracts in this neighbourhood which had been rejected and Mr McLaren suggested that there had been no substantial changes which would warrant a different conclusion today.

He was not aware of any plans for major building work which would alter the population to a significant extent. On the contrary there had been a great deal of work carried out by the two main housing associations in Faifley which had done much to improve the quality of housing and would continue to do so, but this new housing was, if anything, less dense than before. Knowes Housing for example had since 1998, demolished 148 tenement flats and replaced them with 119 modern cottages.

He advised if there was a widespread concern about levels of service than this would have been seen in the public consultation exercise.

Services were adequate. The application failed the legal test and should be rejected.

Mr McLaren then went on to read a statement provided to him by Mr Semple.

*"Mr McLaren has kindly agreed to read this statement to the panel and I have also had a conversation with him about various relevant aspects of our pharmacy. If you have any questions relating to Duntocher Pharmacy, Mr McLaren will do his best to answer them, with my full permission.*

*I don't want to add too much to what Mr McLaren has said other to reiterate that the neighbourhood in which the proposed premises are located is the village of Faifley.*

*The existing services are primarily provided by Clan chemist at Hardgate Roundabout, the pharmacies in the centre of Clydebank (which are close to the Clydebank Health Centre), with a very small number of prescriptions – mainly MDS deliveries – being provided from Duntocher Pharmacy.*

*Of course, you may ask why I would therefore be bothered if a pharmacy opens in Faifley. The answer is simple: a pharmacy at the proposed premises is in the wrong place, and would not – in my opinion – be an attractive location to visit for any more than a small number of Faifley residents living very close to the premises. As part of their 'everyday lives' no-one is going to get a bus to the furthest end of Faifley when they do the rest of their shopping at Hardgate roundabout (where there is a large modern pharmacy) or at Clydebank town centre – where they have a number of options.*

*So what would the operators of a new pharmacy do? Well, they would cast their net as widely as possible – including Duntocher – and drive their business by doing home deliveries and MDS. That would be their only home of financial survival.*

*This would impact on the services offered at Duntocher Pharmacy (which already offers these services) and may eventually affect the continued viability of Duntocher Pharmacy – which is a relatively new pharmacy and has only recently become profitable. An aggressive ‘delivery war’ would be a disaster for the existing network, driving up costs with no real benefit to patients, since anyone requiring a home delivery can already get one from all the existing contractors.*

*The key question is that of the adequacy of the existing pharmaceutical service to the neighbourhood of Faifley – however one exactly defined it. (To be perfectly honest, it doesn’t really matter. Faifley either has a pharmacy just inside the periphery of the neighborhood or just outside the periphery of the neighbourhood. In both cases it’s still easily accessible to the entire population of the neighbourhood).*

*In our opinion, Faifley is more than adequately served by the pharmacy at Hardgate roundabout, which is in fact easier to access for the majority of residents of the neighbourhood than the proposed premises.*

*Some patients may choose to use the pharmacies in Clydebank, and indeed a very small number may use my pharmacy in Duntocher.*

*The pharmacy at Hardgate roundabout has excellent disabled access. Duntocher Pharmacy has poor disabled access, but this is not relevant to this application since few residents of Faifley use the pharmacy in Duntocher.*

*Those residents of Duntocher who have difficulty accessing our pharmacy – and we appreciate there may be a small number – can easily travel a short additional distance to the pharmacy at Hardgate.*

*Further, we do everything we can to mitigate against this problem – with home visits, home deliveries and various other work-arounds.*

*Ultimately we intend to solve the problem with a ramp, but problems with the BT phonebox have thwarted our attempts so far – but we are not defeated. If, at the end of the day, we cannot put a ramp outside the pharmacy then we will seek to relocate to better premises in Duntocher. But I would reiterate – this is a problem for the residents of Duntocher, not the residents of Faifley. The residents of Faifley have excellent disabled access at easily accessible local pharmacies.*

*To conclude; services provided to the neighbourhood in which the proposed premises are located however you define it – are quite clearly adequate.*

*The applicants have fallen for the old myth that applications should be granted in every neighbourhood in which there is no pharmacy located. As the panel will appreciate, this is absolutely not the case. Even if the village of Faifley is defined in such a way that the pharmacy in Hardgate falls just outside the boundary, it nevertheless provides adequate*

*NHS services to every resident of Faifley, and is – ironically – more conveniently located than a pharmacy at the proposed premises would be.*

*This application fails the legal test by a country mile, and I would ask the PPC to reject it.”*

**There were no questions to Mr McLaren from the Applicant or Mr Malone.**

### **The PPC Question Mr McLaren**

In response to questioning from **Mr Fergusson**, Mr McLaren confirmed his western boundary to be the A8014, missing out Stewart Drive.

In response to further questioning from Mr Fergusson, Mr McLaren confirmed that he had not considered Sunday opening in the past as there had been little evident demand for such a service. Clan Chemists branch in Kilbowie Road previously offered such a service, however when Boots the Chemist commenced this service at Clydebank Shopping Centre, it become financially unviable for Clan to continue with the service and it was withdrawn. He further advised that out of hours services was available in Drumchapel adjacent to the nearest Out of Hours Centre for the neighbourhood population.

In response to questioning from **Mr MacIntyre**, Mr McLaren advised that approximately 50% of patients accessing the smoking cessation service at his pharmacy would come from the Faifley area and 50% from other areas. In response to a follow up question from Mr MacIntyre regarding smoking cessation, Mr McLaren conceded that the proposed pharmacy would be convenient for a small number of people resident in the eastern corner of Faifley. Most other residents would continue to travel to Hardgate or Clydebank where they were travelling to access other services anyway.

In response to further questioning from Mr MacIntyre regarding the supervision of Antabuse, Mr McLaren confirmed that he hadn't mentioned this service in his presentation. He confirmed that at present Clan Chemists did not provide this service. He further confirmed that he had not been approached by Glasgow Addiction Services to undertake such a service, but was willing to do so if required.

In response to questioning from **Mr Imrie**, Mr McLaren confirmed that if a patient required a prescription in an emergent situation they would be able to access pharmaceutical services either in Clydebank Shopping Centre, or on Alderman Road which was convenient for the Out of Hours Service in Drumchapel, where most of the residents in Faifley would access medical services in an out of hours situation.

In response to questioning from **Mr Thomson**, Mr McLaren advised that the collection and delivery service operated by Clan Chemists had been established at a time when many repeat prescriptions were directed to community pharmacies instead of patients needing to travel to the Health Centre. Clan Chemists provided this service for many patients in the Faifley area.

In response to questioning from **Professor McNulty**, Mr McLaren confirmed the existence of several footpaths which connected the area of Faifley to Glasgow Road. The area known as The Knowes had several footpaths crossing it. The area of Craigs Avenue also

had footpaths and there was no need to walk all the way round the area.

In response to further questioning from Professor McNulty regarding the bus service, Mr McLaren confirmed that most of the bus services operating in the area traveled along Faifley Road.

In response to further questioning from Professor McNulty, Mr McLaren confirmed that residents living on Faifley Road would in all probability consider themselves residents of Faifley. He further confirmed that residents living in Hardgate would not consider themselves as being from Faifley.

In response to further questioning from Professor McNulty regarding the impact of any potential new pharmacy, Mr McLaren advised that he did not know what the impact was likely to be. He advised that a relatively new contract had been established in Duntocher, the net effect of which was not yet fully known. A further contract in Faifley would have a combined effect over time. He confirmed that a new contract would be unlikely to lead to the closure of Clan Chemists, however it may impact on service provision

In response to a question from Professor McNulty regarding the pharmacy in Duntocher, Mr McLaren did not agree that if a pharmacy was needed in Duntocher it should automatically follow that one should be established in Faifley. He advised that the area of Duntocher had been established longer than Faifley. There was more of a sense of community in this area and it was more distinct. He further confirmed that Duntocher was a more affluent area than Faifley.

In response to a series of questions from Professor McNulty regarding the apparent lack of progress that had occurred in the Faifley area in terms of health statistics when compared with that in Duntocher, Mr McLaren averred that the reasoning might be because Faifley was more deprived. He did not feel the lack of progress reflect an inadequacy in the provision of pharmaceutical services, nor was it due to a lack of service availability.

In response to questioning from **the Chair** regarding how successful Clan Chemists was at targeting Public Health initiatives, Mr McLaren advised that the smoking cessation service run by the pharmacy had a reasonable success rate. They also put on a lot of public health displays and employed a second pharmacist. A further contract in the area might impact on this level of service provision.

In response to further questioning from the Chair regarding the NAP decision in 2007, Mr McLaren confirmed that he disagreed with the definition of neighbourhood put forward by the Panel on the basis that in his definition he would include the housing to the south of Bellfield Drive.

**There were no questions to Mr McLaren from the Mrs Anderton.**

#### **The Interested Parties' Case (Mr Mark Malone – Lloydspharmacy)**

**Mr Malone** advised the Committee that Lloydspharmacy saw the neighbourhood as being that of Faifley, following boundaries of: open farmland to the North; to the West, from the Hardgate Roundabout up following the boundary of residential development along Faifley

Road; open farmland to the East of Faifley Road in the East, and; Glasgow Road to the south encompassing retail and residential development around Colbreggan Gardens and St Helena Crescent.

He advised that the neighbourhood included the Clan Chemist pharmacy at 3 Rockbank Place. Therefore there was a pharmacy available within the defined neighbourhood. To this end Lloydspharmacy would submit that the residents of Faifley already had adequate access to pharmaceutical services.

Mr Malone felt that it must be taken into account that where the population access services and in particular medical services was important. Patients were able to find pharmacy services close to the main Health Centres in the area at Clydebank and Drumchapel, and this was the point at which most people needed to access prescriptions. The neighbourhood appeared well served by public transport linking the residents to these areas and the further services they required.

The location of the Applicant's premises was also fairly poor in terms of supporting retail, having only a small newsagents/grocer and two hot food take aways in the parade. Mr Malone considered it reasonable to suggest that most people would travel further afield to access services they required. Certainly in the first instance within the neighbourhood to the large retail parade accommodating Clan Chemists, banking facilities, grocery services and the like and then also further afield within the wider community. This latter point was even more apparent when considering the convenient and frequent service 62 operated by First Bus and Glasgow City Bus, running throughout the day at intervals of no more than 10 minutes.

Moving on from consideration of the neighbourhood and to whether the application was necessary or desirable, all the pharmacies provided the services that the Health Board required and this included the two Lloydspharmacy branches on Kilbowie Road and the three within Drumchapel and Lloydspharmacy submitted that these pharmacies were easily accessible to the residents of Faifley, at a point which they were most required. Lloydspharmacy also provided a prescription collection and delivery service to the neighbourhood.

In conclusion, Mr Malone advised that the pharmaceutical services for the residents of Faifley were already provided by the existing pharmacy in the neighbourhood and those pharmacies outside the neighbourhood. Lloydspharmacy submitted these were accessible and adequate. For the above reasons Lloydspharmacy would submit that the application be refused on the basis that it is neither necessary nor desirable to secure in the neighbourhood the adequate provision of pharmaceutical services.

**There were no questions to Mr Malone from the Applicant or Mr McLaren.**

#### **The PPC Question Mr Malone**

In response to questioning from **Professor McNulty**, Mr Malone advised that Lloydspharmacy had branches in Kilbowie Road, Achamore Road and Kinfauns Drive and these were the most relevant to this particular application.

In response to further questioning from Professor McNulty, Mr Malone confirmed that he was not able to quantify the impact a new contract would have on Lloydspharmacy, but consider there would be an effect especially on the pharmacies situated near the Health Centres.

In response to further questioning from Professor McNulty as to whether he agreed that the health statistics provided by the Applicant would seem to demonstrate an inadequacy in service, Mr Malone advised that it might be convenient to have a pharmacy nearby, but adequate services were provided by the existing network.

In response to final questioning from Professor McNulty as to whether Mr Malone considered Cochno Burn to be a barrier to access services below it, Mr Malone advised that when travelling in the area he had not noticed the burn. He had used this as a boundary as he considered it marked a difference in housing, with the housing below this being large villas rather than social housing.

**There was no questioning to Mr Malone from Mr Fergusson, Mr MacIntyre, Mr Imrie, Mr Thomson, Mrs Anderton or the Chair.**

### **Summing Up**

The Applicant was then given the opportunity to sum up.

**Mr Malone** thanked the Committee for providing Lloydspharmacy the opportunity to speak and asked them to take heed of the points raised.

**Mr McLaren** advised that he had covered all points and asked the Committee to look at the points raised.

**The Applicant** advised that she would sum up by saying that she felt that an area with a population of 13,000 served by two pharmacies was insufficient. She was aware that the pharmacy contract had changed over the last few years and pharmacist were more involved with patient healthcare. She did not feel that a pharmacy serving a whole population of around 8,000 was sufficient. An extremely busy pharmacy requiring two pharmacies would no doubt deliver an excellent service to some people however she genuinely felt that they were unable to have the time to resolve healthcare issues that the residents of Faifley may have.

She advised that Faifley was an extremely deprived area with health statistics to prove this. She advised that by granting this application, the deprived neighbourhood of Faifley would have access to core pharmaceutical services which was both necessary and desirable to have a positive impact on the healthcare issues of the residents.

Before the Applicant left the hearing, the Chair asked Mr Shearer to confirm that he had had a full and fair hearing. He confirmed individually that he 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 were 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) Chemist contractors within the vicinity of the Applicant's premises, namely:
  - Clan Chemists, 3 Rockbank Place, Clydebank G81; and
  - Lloydspharmacy – various addresses.
- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee;
- d) TLC Duntocher Pharmacy, who had taken the opportunity of submitting written representation, although outwith the consultation zone used for this particular application.

**The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:**

- e) - The Clydebank Post run on 2<sup>nd</sup> February 2011 – one response was received;
- f) - West Dunbartonshire CH(C)P – no response was received during the consultation period;
- g) The following community councils:
  - Clydebank East – no response received.
  - Parkhall, North Kilbowie and Centre – no response received.

The Committee also considered;-

- h) The location of the nearest existing pharmaceutical services;
- j) The location of the nearest existing medical services;
- k) Demographic information regarding post code sectors G81.5 and G81.6;
- l) Information from West Dunbartonshire Council Roads, Planning and Transportation Service regarding future plans for development within the area;
- m) NHS Greater Glasgow and Clyde plans for future development of services;

- n) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- o) Information regarding the number of prescription items and Minor Ailment Service activity undertaken by pharmacies within the consultation zone;
- p) A tabled response received from Glasgow City Council and East Dunbartonshire Council regarding future plans for development within the area; and
- q) A tabled letter of support received from Councillor Jim Finn, Ward 4 Kilpatrick.

### **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 open fields along the northern line of the housing;

**East:** the open fields along the eastern line of the housing;

**South:** Glasgow Road, with the housing and shops on both sides including Fairways Drive, Colbreggan Gardens and Hardgate Cross; and

**West:** Cochno Road from its junction with Dumbarton Road to its meeting with Cochno Burn and along Cochno Burn until it reached the northern boundary at the open fields on the north side of Auchnacriag Road.

In the Committee's opinion the northern and eastern boundaries were natural boundaries adjacent to open land; the southern boundary was a natural boundary adjacent to a golf course. The western boundary was marked by a line of open land at its northern end with distinct housing changes along its southern portion.

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached that decision, the PPC were then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application were 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 was one pharmacy. This pharmacy provided all core pharmacy services, along with several supplementary services. The Committee considered that the level of existing services did ensure satisfactory access to pharmaceutical services for the population within the defined neighbourhood. The Committee noted that Clan Chemists had committed itself to providing an exemplary service and had invested significantly in infrastructure

improvement which had resulted in a modern, spacious pharmacy fully equipped to meet the demands placed upon it by the residents choosing to access services there. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate.

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 were currently adequately served.

**In accordance with the statutory procedure the Chemist Contractor Members of the Committee, Colin Fergusson and Alasdair MacIntyre left the room during the decision process:**

**DECIDED/-**

The PPC were satisfied that the provision of pharmaceutical services at the premises of the Applicant were not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it were the majority decision of the PPC that the application be refused.

**The Chemist Contractor Members of the Committee Colin Fergusson and Alasdair MacIntyre rejoined the meeting at this stage.**

**4. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**5. DATE OF NEXT MEETING**

The next meeting of the Committee would take place on 5<sup>th</sup> May 2011.

The meeting ended at 3.30pm

**Contractor  
Services  
Supervisor**