

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (06)
Minutes of a Meeting held on
Wednesday 28th November 2012 at 11.37am in
The Premier Inn, Ballater Street,
Glasgow G5

PRESENT:	Dr Catherine Benton	Deputy Chairman
	Mr Alan Fraser	Lay Member
	Councillor Luciano Rebecchi	Deputy Lay Member
	Mr Ian Mouat	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member
	Mr Gordon Dykes	Contractor Pharmacist Member
IN ATTENDANCE:	Janine Glen	Contracts Manager – Community Pharmacy Development
	Dale McGinley	Contracts Supervisor – 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 interest in the application to be considered.

1. APOLOGIES

There were no apologies.

Section 1 – Applications Under Regulation 5 (10)

2. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**Case No: PPC/INCL06/2012****Mr Mohammed Ameen, 460 Ballater Street, Glasgow, G5 0QW**

The Committee was asked to consider an application submitted by Mr Mohammed Ameen to provide pharmaceutical services from premises situated at 460 Ballater Street, Glasgow G5 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 Mr Ameen considered that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC was whether “the provision of pharmaceutical services at the premises named in the application was necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names were included in the Pharmaceutical List.”

The Applicant was represented in person by Mr Mohammed Ameen, assisted by Mr Mohammed Rashid. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr Charles Tait (Boots UK Ltd), Mr David Henry (Lloyds Pharmacy Ltd) and Mr Asgher Mohammed (Abbey Chemist Ltd), assisted by Mr Abdul Alvi.

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 Hutchesontown, Laurieston, Oatlands, City Centre and Gorbals.

The procedure adopted by the Pharmacy Practices Committee (“the PPC”) at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions of the Applicant. The Interested Parties were then asked to make their submissions. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions of each Interested Party. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant’s Case

The Applicant advised that the neighbourhood was basically the G5 postcode which was referred to as Gorbals. The area was made up of Hutchesontown, Oatlands and Laurieston. Local organisations like Gorbals Health Living Network, Glasgow City Council, South East Community Health Care Partnership, postcode sectors, New Gorbals Housing Association and the PPC all considered Hutchesontown, Laurieston and Oatlands to be one neighbourhood called Gorbals.

The specific neighbourhood was defined by the following boundaries:

North: River Clyde;
East: Shawfield Drive to the M74;
South: M74 to Eglinton Street and
West: Eglinton Street to Bridge Street to the River Clyde.

The Applicant advised that it was clear that there was a need for a pharmacy offering the core services such as Minor Ailment Service (MAS), Chronic Medication Service (CMS) Nicotine Replacement Therapy (NRT) and Long Term Services (LTS). The existing pharmacies in the area were not able to fully engage with these services due the volume of prescriptions being dispensed in their branches. Mr Ameen had detailed information which confirmed that the existing pharmacies had higher waiting times. The MP for Glasgow

Central had confirmed this to be the case. He was of the opinion that the area would benefit from a new pharmacy. The public consultation had allowed the Applicant to talk to patients – and it was clear that waiting times were unacceptable. Letters from the public showed a 45 minutes waiting time.

Mr Ameen advised that he now wanted to focus on the existing services in the neighbourhood. He suggested that the existing contractors were too busy to know people for services such as NRT and Heart Failure. The Heart Failure service was designed such that patients were seen on a monthly basis. Mr Ameen had learned, through a Freedom of Information (FOI) request to the Pharmacy and Prescribing Support Unit (PPSU) for performance indicators that in Gorbals 37.3% of the population had long term illnesses. As such you would expect there to be a high uptake of the Heart Failure service but actually the opposite was true. The figures showed that Lloydspharmacy had carried out only 9% of its reviews and, no information was available for Boots as they had opted out of service. In Mr Ameen's opinion there was a need for this service as the number of patients involved was significant. One of the existing pharmacies was performing poorly and other had opted out. Figures for NRT were much the same. The area had a smoking population of 44.7%, nearly half the total population. A high uptake of service might be expected, however both pharmacies had the lowest uptake of smoking patients. In 2009, one of the existing pharmacies had 10 patients in their service. This number had increased but they remained the poorest performers in their particular CHP. Mr Ameen stressed that it was not that there was not enough patients to provide the service to, rather the existing pharmacies were too busy and couldn't focus on the correct services.

Mr Ameen advised that he had made a FOI to Practitioner Services Division (PSD) regarding CMS and MAS registration. It was clear that both existing pharmacies had very low numbers when the characteristics of the population were taken into consideration. Mr Ameen suggested that the population was made up of those elements who would utilise both services, however the population was not engaging with the services as the existing pharmacies were too busy dispensing and didn't had time to focus on relevant services for the population. Lloydspharmacy dispensed on average 8,000 items per month. Boots, 9,000 per month. These figures showed that both pharmacies only focused on dispensing and nothing more. They were not able to appropriately cater for the population.

The Applicant advised that the Gorbals area was seriously deprived. Most of the people were workless, on long term benefits and did not own a car. He advised that the proposed pharmacy site was surrounded predominantly by rented housing where there was a prevalence of disadvantaged residents in high flats.

None of the existing pharmacies provided extended opening hours in line with the surgery times of the many GP practices in Gorbals Health Centre.

There were 23 GPs and 3 dentists based in Gorbals Health Centre which provided healthcare services in the area to the resident and transient populations. There were over 7,000 people visiting Ballater Street on a weekly basis and this population would expect a pharmacy.

The area of Oatlands was being regenerated, with still more housing to be built in this location. The total number of residential dwellings to be built in Oatlands lay in the region of 1,400. 500 of these were already built. Regeneration was starting in Laurieston which

would see approximately 1,700 new homes. Gorbals was a valuable area, close to the city centre, so even if there were small changes in population, there continued to be a gradual consistently increasing population trend that needed a pharmacy.

The Applicant advised that there was no public transport on Crown Street. There was a taxi rank but this caused problems for access. The speed breakers showed that the area was not designed for lots of traffic. Parking on Crown Street was increasingly difficult, whereas there was a bus service and unmetered parking on Ballater Street.

The Applicant advised that the Mosque had confirmed that it had 7,000 visitors per week and were looking for a pharmacist fluent in Urdu and Punjabi, which were two of the languages spoken by the Applicant.

A new pharmacy would automatically reduce waiting times at Crown Street pharmacies which would free up their time to improve their services. He advised that he would further reduce waiting times by providing adequate staffing levels. He advised that he would also provide unrestricted opening times to match extended surgery hours of GPs. Together this would reduce loitering by staging attendance by patients.

The Applicant advised that he would actively promote MAS, CMS, NRT (Nicotine Replacement Therapy), EHC (Emergency Hormonal Contraception), LTC services, free collection and delivery and compliance aids via practice leaflets. He would attend local meetings and events, local advertisement and posters.

He advised that he would operate a variety of clinics on mental health, oral health, obesity and sexual health, COPD medication review service and would have a "call back" system for patients.

He advised that he was fluent in Urdu and Punjabi for the 7,000 plus mosque visitors. He would have clinics on meningitis vaccination, COPD, hypertension, diabetes, foot-care and heart disease specifically for this group. He would provide education and self help management programmes and would try to improve understanding of "urgent supply" by pharmacies to this group.

The Interested Parties Question the Applicant

In response to questioning from **Mr Mohammed** regarding MAS registrations, the Applicant advised that the Boots branch in Crown Street had 1,100 registrations and the Lloydspharmacy branch had 453.

In response to further questioning from Mr Mohammed regarding CMS registrations, the Applicant advised that the Boots branch in Crown Street had 228 registrations and the Lloydspharmacy branch had 111.

Mr Mohammed asked the Applicant where his statistic of 7,000 of a transient population was derived from. The Applicant advised that he had contacted organisations and local amenities on Ballater Street and calculated an average amount of visitors, which he projected to come to the figure provided. He advised that anyone not being a resident of Gorbals would be unlikely to know about the two existing pharmacies as they were hemmed in the scheme. He advised that the proposed premises were clearly visible to

passing traffic and provided easy access.

Mr Mohammed asked the Applicant if he agreed that the majority of people who visited the mosque attended to read prayers and then left. The Applicant advised that there were 23 GPs & 3 Dentists within Gorbals Health Centre who attracted transient population to the area. In addition one of the GPs had a significant 1st generation immigrant element to his practice list. When challenged by Mr Mohammed to answer the question put, specifically regarding the mosque, the Applicant advised that mosque representatives knew the expressions and needs of their worshippers. They had expressed a need for a pharmacist who was fluent in Urdu and Punjabi. The Applicant also pointed to one of the GPs in Gorbals Health Centre who had a high number of BME patients registered. It was these patients that the Applicant was trying to target as they couldn't access an adequate service from the current pharmacies.

Moving the question on, Mr Mohammed asked the Applicant if he agreed that visitors to the mosque would likely access their local pharmacy. The Applicant questioned why visitors to the area should go to another area when they had come in to Gorbals to get their services. He was talking about a pharmacist that was culturally aware and sensitive. Mr Mohammed questioned whether the Applicant was talking about first generation immigrants, who would have been in the country for nearly 50 years and would in all probability have had a basic knowledge of English. The Applicant advised that the mosque themselves had put a case forward not just for their worshippers.

Mr Mohammed asked again if the Applicant would agree that visitors to the mosque left the area after they had read their prayers. The Applicant agreed they did.

Mr Henry asked the Applicant how he could decide whether the number of registrations for MAS and CMS was low for a particular contractor. The Applicant advised that when he made the FOI request to PSD he also asked about the average number of registrations. He considered that given the population of Gorbals, a higher number of registrations would be expected, but the opposite appeared to be true.

Mr Henry asked if every individual contractor had a target based on what their transitional payment has been in the past and both existing contractors were meeting their target, how could it be said that they were not supporting the service. The Applicant advised that targets were only there for average populations. He reminded the PPC that the population of Gorbals was very deprived. It should be easier to register patients onto CMS and MAS; however in his opinion the existing pharmacies were too busy to do this. They were not in tune with the needs of population at large.

Mr Henry asked the Applicant if he had any evidence to support his claim that waiting times were high in the existing pharmacies. He advised that his evidence came in the form of the MP for Glasgow Central. Mr McAveety had attested to the long waiting times in the area and that the area would benefit from new pharmacy. Mr Henry asked if the evidence was that Frank McAveety used services in the Gorbals. The Applicant advised that it was quite obvious that he used the existing pharmacies as there was no alternative available. He was sure that if there was a pharmacy on Ballater Street, he would use it.

Mr Henry asked the Applicant if he was aware how patients got involved in the service. The Applicant advised that one day a week he worked as a heart failure pharmacist. He

referred patients to pharmacies who were to review patients on a monthly basis. He was aware that for several years both of the existing pharmacies had been told that there were a significant number of patients that should be seen. Lloydspharmacy had only achieved 9% of their target patients and Boots had opted out of the service so hadn't seen any patients. Mr Henry asked if Boots were entitled to opt out. The Applicant advised that pharmacies participating in the service could initially not take part, however if they continually performed badly, the Service would remove them from the participation list. He conceded that if Boots hadn't opted in to the service, they would never provide the service.

In response to questioning regarding the apparent support from the mosque, Mr Henry asked why the Applicant hadn't mentioned the overwhelming weight of public support against the new pharmacy. Mr Ameen advised that most of the objection related to the supervision of methadone and not to a pharmacy in particular. He advised that most of the general public was supportive of a pharmacy, but were against the dispensing of methadone. The source of this objection was the Crown Street pharmacies. The Applicant advised that over a decade or so there had been significant public disorder on Crown Street and now the public felt methadone patients were the problem. He advised that he had translated this need into the establishment of a pharmacy which would provide services, however if asked, most members of the general public would say they didn't support an additional pharmacy purely because of the methadone provision.

Mr Henry asked the Applicant if he would refuse to dispense methadone if presented with a legitimate prescription. He advised that given the public backlash against methadone, it would be in the area's best interests not to dispense methadone. Anyone seeking to have this item dispensed would be able to go to the two existing pharmacies in Gorbals. He advised that the authoritative group who knew most about the health needs of the local population, the South Sector CHP considered that methadone delivery was not needed in the area, but that the area was in need of a pharmacy that focused on services for long term conditions, minor ailments and CMS. In Mr Ameen's opinion, this endorsement showed that the two existing pharmacies weren't doing a good job.

In response to final questioning from Mr Henry regarding what % of the population would require a Punjabi or Urdu speaking pharmacist, the Applicant advised that 11.6% of Gorbals was of a BME background. There was also a significant asylum seeking population with approximately 1,000 residents of this background. This information had come from the community healthy profile. When Mr Henry challenged the Applicant to answer the question posed, Mr Ameen advised that the mosque had said they had a high number of worshippers who needed a Punjabi or Urdu speaking pharmacist.

Mr Tait asked the Applicant if he considered the whole of the Gorbals area to be deprived, or whether there were pockets of deprivation across the area. The Applicant advised that there was general deprivation across the area, with pockets of higher deprivation and vulnerable groups around the proposed premises which was close to the high rise flats. This part of the area was significantly more deprived than say Oatlands.

As a follow up question, Mr Tait advised that there were seven datazones covering the area. Six of those datazones reflected high deprivation; one was towards the bottom end of the spectrum for deprivation. Mr Tait further advised that if the datazone with the least deprivation was removed from the equation, this would result in approximately 40% of the residual population being registered for MAS. He asked the Applicant if he would agree

that this level was relatively high in comparison to other areas. The Applicant did not agree. Mr Tait asked if the Applicant would agree that the datazone with the least deprivation ranked 1,969 in the rankings related to access to services, and therefore could not be in the bottom 10%, where the lowest rank was 6,342. The Applicant agreed this to be the case.

The PPC Question the Applicant

Mr Dykes asked the Applicant if the worshippers to the mosque were allowed to drive to prayer, and in so doing would be likely to disperse to their home neighbourhood after prayers had ended. The Applicant advised that this assertion was true to a certain extent. The mosque conducted various services including funerals and other ceremonies. Worshippers, in his opinion, could spend more than the average time within the mosque. He advised that when they returned to their community, they were unlikely to be able to access a pharmacist who could speak languages in which they were fluent. Mr Dykes asked why such a service would be needed when the visitors to the mosque would be able to access existing services. Mr Ameen advised that a significant transient population used Ballater Street and as such would not be aware of services in Crown Street. He felt the area deserved a pharmacy especially considering the numbers who frequented the area on a weekly basis.

Mr Dykes asked the Applicant if the long waiting times experienced had perhaps been when the pharmacist within the branch was on lunch. The Applicant advised that the public representatives who had brought this issue to his attention were aware of the feelings of the general public and he didn't think the examples happened at a time when the pharmacist was on a break. He advised that during the public consultation he had managed to speak to people who said the existing pharmacies were busy. This was evident with Lloydspharmacy only meeting 9% of their target interventions for the Heart Failure Service. They were not engaging with this service because they were too busy. This was also true of the Smoking Cessation Service. The existing pharmacies were bottom of the league in terms of engaging their patients. When Mr Dykes advised that he remained unconvinced of long waiting times, he asked the Applicant if he felt it was possible to have a busy pharmacy and have short waiting times. The Applicant didn't think this applied to Crown Street which was busy and had long waiting times. He reminded the PPC that the CHP were clearly saying there was a need for an additional set of services. He felt the only reason they would say this was if both existing pharmacies weren't doing well.

Mr Dykes informed that Applicant that the Pharmacy Manager in the Boots branch on Crown Street had told the PPC that they had 300 patients registered for CMS and all had been fully reviewed. Mr Dykes asked if the Applicant's information regarding this service was out of date. The Applicant advised that his information came from 2011. He was aware that since then targets had increased and the service was now moving into a new phase. He was confident that despite the branch registering 300 patients, the experience of patients would be different. He was aware there had been a drive to improve services since the application was put in.

In response to questioning from Mr Dykes, regarding the 9% heart failure figure, the Applicant advised that as a Heart Failure Pharmacist he was privy to much of the information, but had made a FOI request to access information.

In response to questioning from **Mr Mouat**, the Applicant advised that in his opinion a reasonable time to wait for a prescription would be in the region of 15 mins. He confirmed that members of the public who had experienced long waiting times had fed their experiences back to Frank McAveety.

Mr Mouat asked the Applicant a series of questions relating to the public disorder issues which the Applicant had mentioned in his presentation. He asked what this was and was it still happening. The Applicant advised that within Gorbals there been long standing issues relating to methadone which was because the two pharmacies were so close to each other. The perception was that methadone patients were the cause of loitering. The Health Board had intervened and implemented measures by capping the numbers of patients which both pharmacies could dispense methadone to. A facility had been designed further away from Crown Street to alleviate the issue. Mr Mouat asked if the facility had helped the situation. The Applicant advised that such a situation did not exist anywhere else in the Board's area. He felt that the facility's existence was indicative that the service was not being provided by the two pharmacies.

Mr Mouat asked the Applicant what he would consider his main point to be out of the seven he had put forward to the PPC. The Applicant considered that the lack of access via long waiting times would be the most important and the knock on effect on important services i.e. MAS and CMS. He advised that this affected the population at large. The lack of ability of pharmacies to tackle this issue was a concern and he felt the only solution to the problem was another pharmacy on Ballater Street.

In response to questioning from **Councillor Rebecchi** regarding the Smoking Cessation Service and what the Applicant would do to engage patients in this service, the Applicant advised that the numbers he had quoted were not related to quit rates, but to initial engagement and he felt the existing pharmacies had failed in this area. One of the existing branches had only engaged with 10 patients (2009). He didn't agree that patients in the area didn't have the will to succeed. They didn't have the service.

In response to further questioning from Councillor Rebecchi regarding the methadone service, the Applicant confirmed that he would not participate in the supervised methadone administration service. Councillor Rebecchi questioned this stance, given the Applicant's assertion of the lack of services in the area and was interested to know what consideration the Applicant had given to the needs of this element of the population. The Applicant advised that he had a duty to listen to members of the general public and the local CHP who were clearly against the provision of supervision services. The CHP had clearly stated that an extra set of methadone services was not needed. They needed other services and this was why the Applicant would focus on these. There had been a backlash from members of the community who didn't want a pharmacy which dispensed methadone. However the same public was supportive of a pharmacy but not one which dispensed methadone. Certain pockets of the community didn't realise that methadone users needed services as much as they themselves might need them.

In response to questioning from **Mr Fergusson**, regarding how an additional pharmacy would disperse addicts away from Crown Street if it didn't take part in methadone services. The Applicant advised that if the Health Board continued to support the supervised methadone programme then the new pharmacy would participate, but the CHP had clearly

stated that an additional methadone service was not needed and any provision of this service would be contrary to their wishes.

Mr Fergusson asked the Applicant if he agreed that CMS had changed the way services were delivered and that Heart Failure patients could be seen through this route. Mr Ameen agreed this to be the case.

Mr Fergusson asked the Applicant what he would offer in his pharmacy to address the issue of patients who required intervention or assistance with their medication, given the Health Board's message that compliance aids were not necessarily appropriate for all patients. The Applicant advised that he would work closely with such patients, perhaps using the vehicle of CMS to test other ways to improve compliance.

Mr Fergusson advised that the Applicant had said that Lloydspharmacy were only offering one of five long term services. He asked what the other four services were. The Applicant advised that they were Medicines Management, Diabetes Monitoring, Heart Failure and Care Homes. Mr Fergusson asked if one off blood results was a good thing to be doing and the Applicant suggested that if they were fasting samples then, yes.

In response to final questioning from Mr Fergusson regarding long waiting times, the Applicant agreed that CMS might address this issue.

Mr Fraser asked the Applicant about his reluctance to take part in the supervised methadone service and how this would impact on the waiting times in the other pharmacies. The Applicant advised that the only reason he would not take part in the service was because the CHCP said they didn't need the service and he had had to yield to their wishes. It wasn't that the Applicant didn't want to engage with the service, but the CHP were saying they didn't need it. The Applicant was fully prepared to take part in the service if it was required.

In response to further questioning from Mr Fraser regarding development in the area, the Applicant advised that the first phase of development were complete in the Oatlands area. It would be another few years before the full extent of the development was realised. In Laurieston, 600 houses had started in Cumberland Street, but this development would take a few years to complete.

In response to questioning from **the Chair**, the Applicant advised that he would employ two pharmacists to accommodate extended opening hours.

The Chair asked the Applicant why people would choose to come to a new pharmacy, what type of trade he hoped to attract and how he would advertise his services. The Applicant advised that his target population was the most deprived population of Gorbals. The proposed premises were surrounded by social rented accommodation which housed the most vulnerable groups. He would definitely cater to their needs. He felt the transient population was an important target population. 7,000 passing Ballater Street per week. This population wouldn't know of the pharmacies in Crown Street. The pharmacy would provide improved access to services such as CMS, MAS and various other services which the two existing pharmacies weren't providing. He advised that in terms of viability, there would be negligible effect on the two existing pharmacies as they were intensive dispensing sites.

The Interested Parties' Case – Mr Charles Tait (Boots UK Ltd)

Mr Tait advised that in his opinion, the neighbourhood should be defined as Gorbals/Hutchesontown. This neighbourhood had been agreed at every hearing. The defined neighbourhood was:

North: River Clyde;
East: Railway line;
South: Southern Necropolis to the River Clyde swinging back to the west;
 and
West: Railway line and Eglinton Street.

He advised that the area which the Applicant had described as Oatlands was normally considered to be Shawfield or Polmadie. Mr Tait suggested that anyone living in this area would be unlikely to say they came from the Gorbals. He advised that the housing being built in this area didn't bear any resemblance to any housing existing in the Gorbals.

Mr Tait advised that as at 2011, the population of the area was in the region of 4,480. There was reasonable deprivation, with pockets of less deprivation in 2,000 bracket rankings for geographical access to services. The rankings of the other datazones ranged from 4,048 to 6,342. Mr Tait suggested this is what would be expected in a city centre area.

It had been said that the prevalence of smoking and lack of smoking cessation activity was an issue. The estimated prevalence in the area was 45%, which was common in deprived areas. What was also common in such areas was that people didn't want to stop smoking and this could be one of the reasons for the perceived poor uptake of service

Mr Tait advised that the Applicant had based his application around other issues including heart failure, which, in Mr Tait's opinion, the Applicant had apportioned greater importance to than drug addiction services, which it could be argued was a more significant problem for Scotland. Furthermore Mr Tait suggested that the registrations for MAS and CMS would, if looked at, prove higher than average when the numbers of eligible patient were taken into consideration. Regardless of this, he did not believe that registration figures for these services indicated poor application of pharmaceutical services. He argued that the figures might indicate good pharmacy services.

Mr Tait explained to the PPC that the Applicant's proposed premises were situated in a neighbourhood in which there were two existing pharmacies. There were four pharmacies within a 15-20 minute walk from the premises, which in Mr Tait's opinion was not a significant distance. All these pharmacies provided the services which the Applicant intended to provide.

Mr Tait suggested that the Applicant hadn't checked ethnicity as a population drive. Mr Tait averred that within the area 4% of the population was born outwith the United Kingdom. This was not a big percentage. Ethnically these people could come from any background. Most would have no problem speaking the language and for those who did have a problem there was a perfectly adequate translation service operated by the Health Board. In addition, Boots UK Ltd maintained a list of bilingual pharmacists who could

translate into different languages

Mr Tait advised that the development of the Oatlands area was separate to this neighbourhood and was significantly far off in time to impact on service requirements. He advised that the Applicant had failed to show inadequacy of pharmaceutical provision and the application shouldn't be granted.

The Applicant Questions Mr Tait

In response to questioning from **the Applicant** regarding what services and amenities those living in Oatlands would use, Mr Tait advised that they would have several choices. They could either travel to Rutherglen, Toryglen, or into Bridgeton. All these areas would be equally or more accessible than going to Gorbals. Mr Tait did not agree with the Applicant's assertion that this would be illogical. He advised that most of the streets from Oatlands into Gorbals were narrow and had one way access, whereas the new road infrastructure around Oatlands provided a major bridge and through way to Bridgeton or the Forge. He did not agree that people living in Oatlands would travel into Gorbals for shopping given the restricted offering that existed in that area.

In response to further questioning from the Applicant, Mr Tait confirmed that he did not consider Oatlands to be part of Gorbals despite the fact that several parties e.g. New Gorbals Housing Association considered it to be so.

There were no questions to Mr Tait from Mr Henry or Mr Mohammed

The PPC Question Mr Tait

In response to a question from **Mr Fraser** as to how an additional pharmacy would affect the business of the Boots branch in Crown Street, Mr Tait responded that it would surely decrease the business and would have an impact on numbers

In response to a question from the **Chair**, Mr Tait agreed that pharmacies that had a higher than average number of CMS registrations would make a difference to the ability of the pharmacy to provide services. Mr Tait advised that it really depended on the perception of average.

In response to further questioning from the Chair, Mr Tait advised that anyone wishing to access Crown Street by car would need knowledge of the area to allow them to get in to the street. People not wishing to drive could park their car at the bottom of the street and walk into Crown Street.

Mr Dykes asked Mr Tait if he considered competition to be a good thing. Mr Tait advised that competition could be good. He did not agree with Mr Dykes that being part of a big company could result in complacency within the organisation. Boots UK Ltd had five contracts in the surrounding area and shares in the two health centre pharmacies. In such situations sometimes companies had to work harder to stay still.

In response to further questioning from Mr Dykes regarding the heart failure service, Mr Tait confirmed that the Boots branch in Crown Street had not opted in to the service. They did not feel that participation in the service offered a viable proposition. Mr Tait reminded

the PPC that with the advent of the CMS, patients who would be seen under the heart failure service, could be seen under CMS.

In response to final questioning from Mr Dykes regarding ethnicity and diversity, Mr Tait confirmed that Boots didn't staff their pharmacies depending on the ethnic background of the patient population. Such an issue did not enter into Boots consideration. Mr Tait suggested that any company doing so, might be in breach of racial equalities laws by actively depriving other ethnic types of the opportunity of employment.

There were no questions to Mr Tait from Mr Fergusson, Councillor Rebecchi or Mr Mouat.

The Interested Parties' Case – Mr David Henry (Lloydspharmacy)

Mr Henry thanked the PPC for the opportunity to speak at the hearing.

He advised that his primary comment was that the PPC and the NAP concluded as recently as January and March 2011 that an additional NHS contract at this site was neither necessary nor desirable. With this thorough and robust decision made by both bodies Mr Henry could not see what changes had occurred within the time to suggest that a different decision should be reached on this occasion and therefore believed that the application should once again be refused.

Mr Henry advised that he was happy to agree with the neighbourhood as defined by the PPC and NAP to be:

North: the River Clyde;

East: Shawfield Drive;

South: the railway line following west;

West: Eglinton Street, crossing Norfolk Street to Bridge Street where it meets the River Clyde.

Mr Henry fully accepted that each application should be considered afresh, however there had been no material changes over this short period of time which would cause a different neighbourhood definition to be made.

The neighbourhood as defined followed logical geographical boundaries such as the River Clyde and the railway line and therefore he would maintain this was a sensible definition to uphold.

He advised that the Application was making the same case as he did in 2010. In 2010 the PPC decision summarised Mr Ameen as stating *"He advised that the Community Health Profile for the area showed the population of the neighbourhood to be 8,204 in 2006, with new housing later being built in the Oatlands area. The population of Oatlands currently stood at 1,212 with a potential rise to 3,178 with the new housing. Furthermore additional development would take place in Laurieston with approximately 800 houses being built. The Applicant had seen plans which indicated that these developments would happen in the short term and not far into the future."* Mr Henry suggested that this was the same for the fresh application.

He advised that the Applicant mentioned in his application that core services were not being adequately provided. There was no evidence of this. Uptake of the Minor Ailments Service was adequate for the population. This service was provided by the existing pharmacies and therefore was readily available for the population.

The Applicant stated that existing pharmacies were not geared up for the Chronic Medication Service. Mr Henry thought this to be untrue and doubted whether such a claim could be substantiated by the Applicant. The fact that a pharmacy was well used by the local population was not evidence that an inadequate service was being provided. The Applicant also stated that waiting times were very long, around half an hour. Mr Henry did not understand how the Applicant had arrived at this figure as the branch on Crown Street had continued to deliver their KPI of achieving an average eight minute wait.

Since the previous application was considered Lloydspharmacy had fully refitted the premises and now had fantastic premises from which to provide services to the local population. They had invested significantly in the area. The pharmacy at Gorbals had a dispensary floor area of nearly 30 sq metres and had a private care room and separate treatment area for supervision of daily treatments as required.

He advised that it could be argued that every main road had a transient population and should therefore have a new contract awarded. This was of course not in the spirit of the Regulations. The nearest pharmacies of Boots and Lloydspharmacy were just as readily accessible with safe parking which was not available at the Applicant's site for the reliant and transient populations as evidence by the Applicant's suggestion that they were well used.

The Applicant made reference to the level of deprivation but there were already pharmacies which served these residents. The existing pharmacies already met the specific health needs of this community. The Applicant stated that the existing pharmacies were too busy to target specific vulnerable groups. This again was nonsense and could not be substantiated by the Applicant. Lloydspharmacy in particular provided a wide range of additional services to the community in line with the pharmacy contract including a free prescription collection and delivery service.

The branch had an active and well attended NRT programme and would not turn anyone away. This was the same for EHC, which were both conducted within a private consultation room.

Mr Henry averred that for the above reasons, he would submit that adequate pharmaceutical services were already provided in the neighbourhood and therefore he respectfully asked the Committee to refuse the application as being neither necessary nor desirable.

The Applicant Questions Mr Henry

In response to questioning from the **Applicant** regarding comments made by the CHP that they were keen for an additional offering of MAS and CMS, Mr Henry advised that the two existing pharmacies in Gorbals were providing these services. He advised that the figures the Applicant quoted were inaccurate. The existing pharmacies provided more than the average for MAS and CMS. To say they were not providing these services was inaccurate

The Applicant asked Mr Henry if he had evidence that Lloydspharmacy met the eight minute wait target. He advised that he didn't have evidence with him. He provided the detail on how Lloydspharmacy calculated the wait time. That they had used an electronic tool for four or five years which measured when the prescription was handed in or out. He confirmed that he didn't have evidence with him.

The Interested Parties Question Mr Henry

In response to questioning from **Mr Tait**, Mr Henry advised that he did not believe that the CHP equated directly to the Health Board. He did not think the CHP spoke on behalf of the Health Board.

There were no questions to Mr Henry from Mr Mohammed.

The PPC Question Mr Henry

In response to questioning from **Mr Dykes**, Mr Henry explained that the "green sticker" system within Lloydspharmacy branches meant that the branch was achieving its KPIs. The Gorbals branch had been nominated for branch of the year. He further confirmed that in exceptional circumstances the eight minute target could be manipulated by the members of staff, although this was highly unlikely.

In response to further questioning from Mr Dykes regarding Lloydspharmacy's 9% achievement figure for the heart failure service, Mr Henry advised that the service involved a 3rd party referral. Often once the patient had received a letter from the heart failure pharmacist, the patient chose not to get involved. In addition, funding hadn't been consistent. Funding had stopped and had then been reintroduced at a lower rate. He did not agree with Mr Dykes that it was sad that Lloydspharmacy apparently didn't engage with the service because of financial considerations. He advised that CMS now provided a platform for the management of these patients.

In response to **Mr Mouat** regarding the eight minute waiting time, Mr Henry confirmed that the majority of prescriptions dispensed in Crown Street were repeats, and therefore the waiting time did not apply. This allowed the company to build in an element of time management to their workflow which provided them with capacity to undertake other services.

In response to questioning from **Councillor Rebecchi** regarding the electronic system operated by Lloydspharmacy which measured waiting times, Mr Henry advised that a bar code system was used. The prescription was scanned in and out.

In response to questioning from **Mr Fergusson**, Mr Henry advised that the payments had ceased for the heart failure service approximately four years ago.

Mr Fergusson asked Mr Henry if he felt there was any situation in which waiting time might indicate good clinical input to an intervention. Mr Henry advised that it was important to manage patient's expectations, especially where patients were signed up to CMS. Such patients might need to expect a slightly longer time in the pharmacy in order to get a better service.

In response to questioning from **the Chair** regarding whether Lloydspharmacy measured outliers in terms of waiting times, Mr Henry advised that the company generated a weekly report which showed exceptions to KPI targets. He was not aware of any issues.

There were no questions to Mr Henry from Mr Fraser.

The Interested Parties' Case – Mr Asgher Mohammed (High Street Pharmacy and Abbey Chemist)

Mr Mohammed advised that he was in attendance today because part of the legal test related to the existing pharmaceutical services in the neighbourhood or adjoining neighbourhood. His pharmacies served a significant amount of patients from Gorbals. His pharmacies dispensed below the average number of prescriptions and he was sure that the granting of an additional contract would affect the viability of his pharmacies

He advised that his pharmacies provided many services, including: NRT, Blood Pressure Monitoring, Needle Exchange, EHC and a newly developed erectile dysfunction clinic. He advised that his pharmacies undertook any service the Health Board wanted. He felt that if the Applicant's figures were correct, the low uptake of services such as MAS and CMS could be explained by his pharmacies location in the city centre.

Mr Mohammed suggested that the last three applications for new contracts in this area had focused on the provision of methadone, and now the Applicant had confirmed that it was not his intention to provide this service. With this omission, Mr Mohammed struggled to identify the focus of the application.

He advised that patients in Gorbals could walk to his pharmacies. In addition the number 65 bus operated in the area. Accessibility to services outside the defined neighbourhood was good and walking wasn't difficult.

Mr Mohammed advised that in terms of the mosque, he had never once been given an indication that they needed services for their worshippers. The vast majority of people who went to the mosque went to read their prayers then they left. Mr Mohammed was not sure that the provision of pharmaceutical services was a priority for the mosque. There was an elderly care centre in the mosque, with less than 20 attendees who might need a pharmacy, however his pharmacies were easily accessible across the bridge and patients generally had a choice. He felt sure that if the mosque required a pharmaceutical care service, he would have been approached by this time. He felt the application should be rejected.

The Applicant Questions Mr Mohammed

The Applicant asked Mr Mohammed if he found it strange that the Committee of the mosque had not mentioned to him their need for pharmaceutical services. Mr Mohammed advised that he did not find this strange at all. He disagreed with the letter from the mosque and suggested that it might not be representative of the true needs of the congregation.

In response to further questioning from the Applicant asking if he could characterise why

patients traveled from Gorbals to his pharmacies in the city centre, Mr Mohammed advised that he had been providing services for over 20 years. His pharmacies provided patients with an element of choice. He hoped patients liked the service they provided and that their attendance was testimony to the standard of service he provided

The Applicant asked Mr Mohammed to identify the neighbourhood of Gorbals. He advised that he didn't think those resident in the Laurieston area would expect to go to new pharmacy but would go over to the City Centre. He advised that the majority of people would know where the current pharmacies were. People were well aware. He confirmed that he did not consider that the two pharmacies that he represented were located in the Gorbals neighbourhood.

The Interested Parties Question Mr Mohammed

In response to questioning from **Mr Tait**, Mr Mohammed confirmed that he had lived and worked in Glasgow for more than 50 years. He knew the area reasonably well. Mr Tait put it to Mr Mohammed that if the Gorbals had an entire set of service provision and anyone living there could obtain anything they wished in the area and had their own identity, would they continue to migrate to the city centre to obtain services. Mr Mohammed confirmed that they would.

There were no questions to Mr Mohammed from Mr Henry

The PPC Question Mr Mohammed

In response to questioning from **Mr Mouat**, Mr Mohammed confirmed that he didn't have any special relationship or tie in with the Committee of the mosque. He attended to pray. He also undertook charitable works for the mosque and in addition provided them with camphor for burials and gloves. He felt that he had a fairly good rapport with the mosque Committee and they had not indicated to him that there had been any demand for services

In response to questioning from **the Chair** regarding whether the methadone numbers were capped in either of his two pharmacies, Mr Mohammed confirmed that his numbers weren't capped. He further estimated that approximately 10-20% of his methadone clients were from the Gorbals area.

There were no questions to Mr Mohammed from Mr Fergusson, Councillor Rebecchi, Mr Fraser or Mr Dykes.

The Applicant sought permission from the Chair to ask a supplementary question of Mr Mohammed. The Chair allowed the question after seeking the agreement of all present.

In response to final questioning from the Applicant, Mr Mohammed advised that he did not feel that it was contradictory of him to object to the application even though he had previously applied for a new contract in Eglinton Street which was in the G5 postcode area.

Summing up

Mr Tait advised that he had nothing further to add.

Mr Henry advised that the Applicant had shown no credible evidence of inadequacy. The figures he had provided for MAS and CMS had been inaccurate. Public opinion was against the application. It wasn't necessary or desirable and the PPC should refuse the application accordingly.

Mr Mohammed advised that there was a pharmaceutical service within the neighbourhood and also in adjoining neighbourhoods. The Applicant had changed the focus of their application and was not now willing to provide a supervised methadone service. He further advised that the CHCP didn't represent the Health Board. He felt that the Applicant was not willing to provide the pharmaceutical care which the community needed and which could be accessed elsewhere. The Application should be refused.

The Applicant urged the Committee not to focus on the:

- objections of existing contractors – they had financial interest in preventing another pharmacy opening;
- objections of residents or their elected officials, as their objections were solely concerned with public disorder issues of methadone patients loitering, and elected officials merely echo the wishes of their voters.

The Applicant advised that he was confident that their objections had no relevance as he did not propose to dispense methadone.

He urged the PPC to focus on necessary and desirability. Did the residents in the defined neighbourhood have reasonable access to adequate services?

South Sector Community Health Partnership was responsible for providing health services in Glasgow. In their letter, they supported a pharmacy that focused on MAS, CMS, NRT and services for patients with long term illnesses. That was exactly what he proposed.

The Applicant wished to prove there were deficiencies in services in seven other areas.

There were inadequacies in core services.

Waiting Times – ISD figures showed that items dispensed by pharmacies in G5 were 50% higher than the Glasgow average. Waiting times were high and this affected the quality of all core services. The busier the pharmacy, the less time it could devote to MAS, CMS, NRT and long term services.

Deprivation – Gorbals was seriously deprived. The proposed pharmacy was surrounded by rented high flats; they needed MAS, CMS, NRT and long term services. Deprived areas used pharmacy services more.

Extended Hours – Existing pharmacies did not reflect GP extended hours. The new pharmacy would open in line with GP extended hours. The pharmacy would open at 7.00am on Thursdays.

Transient Population – The Applicant had detailed figures showing there was a minimum

7,000 transient population on Ballater Street which needed a pharmacy. The patients of the 23 GPs and the three dentists in the Health Centre needed another pharmacy.

Increased Housing – New Gorbals was one of the most successful regeneration projects in Europe. It drove the regeneration of adjoining Oatlands, still more houses were to be built there. Laurieston regeneration was a direct extension of the New Gorbals momentum. House construction may have slowed due to the poor economic climate, but the master plan showed that Laurieston was central to linking New Gorbals and Tradeston to the city centre, so regeneration was currently underway at Cumberland Street, where the first phase of 600 homes were being built in a total of 1,700 homes. The SNS clearly showed a slow increase in population from 1996 to 2010 which would increase sharply now.

Poor Access – Crown Street shopping area was intended to serve New Gorbals. It was not meant to be readily accessible by Oatlands or Laurieston. There was no public transport on Crown Street, but there was a bus service on Ballater Street and it had unmetered parking. The Proposed pharmacy was easily visible and easily accessible.

Bilingual Pharmacist - The Mosque worshippers came to live in the Gorbals in the 1960s. Most attended Dr Allan Berkeley's surgery on Oxford Street, as it was near the old Mosque on the same street. He passed the surgery onto his son Dr Peter Berkeley in Gorbals Health Centre. Asians moved to adjoining areas when Gorbals was demolished, but a sizable proportion still visited their traditional GP in Gorbals Health Centre. It was these patients that needed Urdu and Punjabi services.

To recap, he would promote MAS, CMS, NRT, EHC, long term services, public health services and a free collection and delivery by practice leaflets to G5 residents, attending meetings, and advertisement in the local press. He advised that he would offer keep-well health checks to vulnerable groups including BME groups and asylum seekers. He would collaborate with local services to tackle the serious alcohol issues in the area.

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:

Abbey Chemist – 144 Trongate, Glasgow G1 5EN;
Boots UK Ltd – various addresses; and
Lloydspharmacy – various addresses.

The Committee noted that:

All had recorded their objections to the application.

The Committee noted that:

Bridgeton H C Pharmacy Ltd – 201 Abercromby Street, Glasgow G40 2DA
Dickson Chemist – 40 Main Street, Glasgow G40 1QA
Govanhill Pharmacy Ltd – 233 Calder Street, Glasgow G42 7DR
High Street Pharmacy – 128 High Street, Glasgow G1 1PQ
David L L Robertson Chemist – 558 Cathcart Road, Glasgow G42 8YG

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

- b) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee) did not respond;
- c) The Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Sub-Committee – did not recommend approval of the application;

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

- d) - Glasgow City CHP – South Sector Public Involvement Group – had no objections to the Applicant's proposals;
- e) The following Community Councils:
 - Hutchesontown Community Council – response received objecting to application;
 - Laurieston Community Council – response received objecting to application;
 - Crosshill/Govanhill Community Council – no response received;
 - Toryglen Community Council – no response received; and
 - Carlton Community Council – no response received.

- f) The following elected representatives:

Mr Anas Sarwar MSP - no response received;
Ms Nicola Sturgeon MSP - no response received;
Councillor Danny Alderslowe - response received objecting to application;
Councillor Jahangir Hanif - response received objecting to application;
Councillor Anne Marie Miller - response received objecting to application;
Baillie James Scanlon - response received objecting to application; and
Councillor Shaukat Butt - no response received.

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;

- i) Demographic information regarding post code sectors G5.0, G5.9 and G40.1;
- j) Report from Glasgow City Council Planning Services Development and Regeneration Services;
- k) NHS Greater Glasgow and Clyde plans for future development of services;
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises;
- m) Information regarding the number of prescription items and Minor Ailment Service activity undertaken by pharmacies within the consultation zone;
- n) Applications considered previously by the PPC for premises within the vicinity; and
- o) The Pharmaceutical Care Services Plan.

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 that the neighbourhood should be defined as follows:

North: the River Clyde;

East: Shawfield Drive;

South: the railway line following west;

West: Eglinton Street, crossing Norfolk Street to Bridge Street where it meets the River Clyde.

The River Clyde was a boundary separating the area commonly known as "the south side" from the city centre. The Committee agreed that the River did not now constitute a physical barrier as there was more than one route of access across it. Shawfield Drive separated the area of Gorbals from Rutherglen. The railway line was both a physical barrier and a boundary delineating residential land from commercial land. Eglinton Street constituted a natural break beyond which lay the predominately commercial area commonly known as Tradeston. The Committee agreed that the area as defined contained many amenities consistent with the normal definition of a neighbourhood. These included places of worship, shopping facilities, places of employment, a library, and schools. The area also included public places where a community would meet and interact, such as leisure facilities (the Adelphi Centre), theatres (Citizen's) and public houses. There was a public transport network into and out of the area.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the

application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined by the PPC there were currently two pharmacies.

The Committee noted that the pharmacies offered all core contract services along with a comprehensive range of additional services.

In addition there were five further pharmacies situated within the general city centre location. All pharmacies met the needs of the different elements of the neighbourhood including the transient population and the resident population.

The Committee considered this existing network provided comprehensive service provision to the neighbourhood with extended opening hours and all services required by the pharmacy contract, along with additional services. The Committee considered that access to services was readily achievable in a variety of ways either by foot, public transport or by car. A collection and delivery service was available for any resident finding access to services problematic.

The PPC considered the comments made by the Applicant citing the support of the South Sector CHCP for further provision of core pharmaceutical services in the area. The PPC gave consideration to Pages 81 and 82 of the papers for consideration. This was a letter from the Public Partnership Forum (PPF) and not from the CHCP Executive Group. The PPC recognised that the PPF could not speak on behalf of the CHCP in terms of health policy and pointed out that while the PPF mentioned that they would broadly be supportive of a pharmacy application which did not include provision of methadone prescribing, this was purely aspirational and did not reflect the views of the CHCP themselves. The PPC noted that the overall focus of the letter was in objection to the application.

The PPC further noted that the Applicant did not intend to take part in the supervised methadone scheme and had in fact stated that he would not dispense any prescription presented for methadone. The PPC had reservations that such a stance would be detrimental to the service requirements of a vulnerable element of the population.

The Committee considered separately each of the seven points highlighted by the Applicant.

Waiting times – the PPC had observed both pharmacies on Crown Street and seen no evidence of pressure. The PPC concluded that waiting times could be high on specific occasions because pharmacists were engaged in the provision of other services. The Applicant had provided no evidence to show that the waiting times referred to by him as experienced by patients were anything other than isolated incidents or specifically related to the level of dispensing. The PPC had looked at prescription load figures and had not found these to be excessive. On the contrary they were regarded as easily manageable.

Deprivation – the Applicant had not provided any evidence that the current network was not providing adequate services to the neighbourhood population. While the PPC recognised that the area was one of relative deprivation, it believed that services currently available were provided with the population in mind.

Need for Extended Hours – the PPC recognised that the Health Board had not received any complaints from members of the public suggesting that the current hours operated by pharmacies in the area was limiting. The PPC was confident that the existing network of pharmacies would address the issue of extended opening hours if there had been specific request for this from the local population. The Applicant had not provided any evidence to suggest that extended opening hours were required in the area.

Transient Population – the PPC recognised that the transient population would utilise services in their resident area. There was no evidence that anyone had communicated to the Health Board that they required services in this area and therefore it was believed that existing services could cope with any demand emanating from the transient population.

Housing – the PPC considered that there was spare capacity within the existing services that would allow these to cope with any expected increase in population. The PPC noted that most of the residential developments were at Oatlands and not Ballater Street. The PPC did not consider these developments to be relevant to the application.

Access – the PPC recognised that the bus stop on Laurieston Road provided easy access to Crown Street. The local population could access the existing pharmaceutical services from any part of the identified neighbourhood.

Bilingual Pharmacists - the Committee discussed the Applicant's assertion that there was a need for a bilingual pharmacist in the neighbourhood. The Committee was aware that NHS GG&C had recently brought their translation service "in house" and that this service was facilitated through a concept called "Language Line". Community Pharmacies like other independent contractors could utilise this service which provided access to a full range of languages facilitated via a telephone consultation. In addition to this, the committee was aware of a pilot project available from Govanhill Health Centre which provided services on a face to face basis.

In accordance with the statutory procedure the Pharmacist Members of the Committee, Gordon Dykes, Colin Fergusson and Ian Mouat left the room during the decision process:

DECIDED/-

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

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

**Contractor
Services
Supervisor**

The Chemist Contractor Members of the Committee, Gordon Dykes, Colin Fergusson and Ian Mouat rejoined the meeting at this stage.

5, ANY OTHER COMPETENT BUSINESS

There was no other competent business.

6. DATE OF NEXT MEETING

The next meeting of the Committee would take place on 11th December 2012.

The meeting ended at 3.00pm