

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)

Minutes of a Meeting held on
Wednesday 31st March 2010 in
The Kelvin Suite, Hilton Glasgow Grosvenor Hotel,
1-10 Grosvenor Terrace, Great Western Road,
Glasgow G12 0TA

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| PRESENT: | Dr Catherine Benton | Chair |
| | Professor Joe McKie | Lay Member |
| | Mr Alan Fraser | Deputy Lay Member |
| | Professor Howard McNulty | Non Contractor Pharmacist Member |
| | Mr Alasdair MacIntyre | Contractor Pharmacist Member |
| | Mr Colin Fergusson | Deputy Contractor Pharmacist Member |
| IN ATTENDANCE: | Trish Cawley | Community Pharmacy Development Supervisor |
| | Janine Glen | Contracts Manager – Community Pharmacy Development |
| | Robert Gillespie | Lead - Community Pharmacy Development |

Prior to the consideration of business, the Chairperson asked members to indicate if they had an interest in any of the applications to be discussed or if they were associated with a person who had a personal interest in the applications to be considered by the Committee.

ACTION

1. APOLOGIES

There were no formal apologies.

Section 1 – Applications Under Regulation 5 (10)

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

Case No: PPC/INCL07/2009

Mr Neeraj Salwan, Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF

The Committee was asked to consider an application submitted by Mr Neeraj Salwan to provide general pharmaceutical services from premises situated at Level 1, Fraser Building, 65 Hillhead Street, University of Glasgow, Glasgow G12 8QF 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 Salwan agreed 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 is whether "the provision of pharmaceutical services at the premises named in the application is 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 Mr Neeraj Salwan ("the Applicant), assisted by Mr Neil Campbell. 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), and Mr Denis Houlihan (Houlihan Pharmacy Partick) ("the Interested Parties").

The Chair asked Mr Campbell to confirm that he was not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Mr Campbell confirmed that he was not.

The Chair asked Mr Salwan to clarify who the application was made on behalf of. Mr Salwan advised that the application was submitted by himself as an individual. He advised that the references within the supporting documentation to Apple Pharmacy were made for reference purposes only.

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 of: Saltoun Lane, Observatory Road, Byres Road, University Avenue, Oakfield Street, Great George Street, South Park Avenue, Kelvin Way, Bank Street, Great Western Road, Eildon Street, Gibson Street, Hillhead Street, Kersland Street, Vinicombe Street, Cranworth Street, Cresswell Street, Great Western Road, Hyndland Road, Highburgh Road, Hyndland Street, Dumbarton Road, Gardner Street, Byres Road, Downside Road, Crown Road North, Queens Place, Victoria Circus, Horselethill Road and Huntly Road.

The Committee noted that the premises were constructed, although the pharmacy was not yet fitted out. The Committee had gained access to the premises themselves and had toured the wider facility.

The procedure adopted by 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 PPC to ask questions. The Interested Parties would then make their submissions. There followed the opportunity for the Applicant and PPC to ask questions of the Interested Parties in turn. The Interested Parties and the Applicant were then given the opportunity to sum up.

The Applicant's Case

Mr Salwan thanked the Committee for providing him the opportunity to put his case. He advised that in addition to 6,000 members of staff, the University of Glasgow had around 25,000 students; a large percentage of whom came from overseas and a significant percentage were registered with a disability.

Mr Salwan advised that students or young adults had special healthcare needs particular to their age and their lifestyle (both academic and social) He considered that as society's workforce of tomorrow, we all had a responsibility to support and nurture their academic potential by ensuring they enjoyed good physical and mental health and well-being and so develop a positive and responsible attitude to their future health, one developed during this impressionable and important stage in their life.

A campus pharmacy would, in the Applicant's opinion help better inform and support students on specific health issues, and would in turn help improve their health and well-being through a service that was dedicated to their particular needs. In turn Mr Salwan hoped to demonstrate a model for excellence in a responsive community pharmacy setting.

Mr Salwan advised that there was a strong evidence-base in support of a campus pharmacy, including the views of students, the Student Representative Council, the medical professionals of the Barclay Medical Centre, the University, local GPs and the area's local councillor and MSP. He advised the Committee that the original building plans for the site proposed a pharmacy as part of the medical centre, in context to the wider use of The Hub by a high concentration of students, and in a bid to provide exemplary, specialist healthcare.

Mr Salwan then went on to provide what he termed, equally strong quantitative evidence in support of his case. He advised that this was based on two waves of independent market research carried out during 2008 and 2009. The University had carried out an independent survey in 2008, after the outcome of the previous PPC meeting. The benchmark survey showed that:

83% of respondents wanted a pharmacy near the GP in the student services building;
78% would be comfortable about others seeing them collect a prescription from this facility;
The main demand was for a dedicated service which would include a travel advisory clinic, sexual health clinic, contraception advice and a smoking cessation clinic; there was also a demand for over the counter medical supplies or prescriptions.

A follow up survey was repeated over 12 months later at the end of 2009, which both reiterated the original findings and which showed the growing demand and need for a pharmacy, probably compounded by the closure of a pharmacy in the neighbourhood two years previously on Byres Road as well as the successful establishment of medical care on campus. Mr Salwan advised that this had led to a more concentrated body of students using the existing pharmacy facilities on Byres Road thus making it busier, and in turn increasing waiting times.

The 2009 survey showed that:

91% of students support and wanted a campus pharmacy;

78.5% would use a campus pharmacy on a regular basis compared to a non-campus pharmacy;

86% students said that a campus pharmacy would better meet their specific healthcare needs;

91% would be more likely to register with a GP if there was a campus pharmacy;

80% felt that the University had a responsibility to provide a campus pharmacy;

75% of students were not signed up to the Minor Ailment Service (MAS) – Mr Salwan pointed this out as being evidence that the existing pharmacies were failing in their Public Health remit, in terms of information and support to young adults and suggested it was an inadequacy of the current service;

45% of respondents said that there were not aware that the morning after pill, nicotine replacement therapy and Chlamydia testing (and treatment) were available from local pharmacies; and

45% of students would have more trust in a campus pharmacy than a non-campus pharmacy.

In short, Mr Salwan said this densely populated neighbourhood remained one pharmacy short than had historically been the case and this was having an increasingly negative effect on the student population; the knock on effect of closure had led to inadequacies in the existing services, and so provided evidence to support the case for the necessity and desirability for an additional pharmacy, ideally situated on the campus.

Mr Salwan then went on to show video clips providing comments of support from: **a selection of students, Laura Laws (President – Student Representative Council) and Dr Des Spence.**

Mr Salwan urged the Committee to agree that the comments made in the clips provided compelling and important points and urged that they be taken into consideration.

Mr Salwan then moved on to focus on the desirability for a campus pharmacy:

- a campus pharmacy would be in line with the ethos encouraged by the Health Board to move student GP services from Murano Street in Maryhill to the Barclay Medical Centre at the heart of the campus so there was maximum uptake of healthcare services as alluded to in an earlier clip by the students. It would also meet a growing demand by students; the site ensured full accessibility; it would deliver an integrated and specialist healthcare; it would alleviate pressure on other local pharmacies in turn, which would benefit local residents through improved service;

- it was desirable to help overcome barriers and the pharmacy would greatly benefit those with a disability; it would deliver a much improved minor ailments service, support and advice to overseas students and an enhanced public health remit compared to what was available at the moment;

- there was much unified support for a campus pharmacy;

- In terms of neighbourhood, the existing service in the area was fragmented and not adequately meeting the needs of students. It was desirable to overcome this if possible.

In terms of the application, Mr Salwan went on to define the neighbourhood:

- Gilmorehill campus was a distinct community of over 20,000 students and staff, with distinct healthcare needs, albeit within a wider community, but he equally appreciated that this could be considered to be located within a wider boundary;
- It was extremely difficult to clearly define a neighbourhood within this type of location, however as the university's student population was a highly transient one, he did not believe it to be straightforward to define clear boundaries;
- he was encouraged to note that the PPC previously tested various definitions including a narrower neighbourhood comprising only the Gilmorehill campus;
- in addition to his views, he acknowledged that the PPC previously agreed to define this area in line with the Applicant's proposition, as follows:

North: Great Western Road to Kelvin Bridge;
East: Kelvinbridge following the River Kelvin South;
South: River Kelvin travelling westwards following Dumbarton Road to Byres Road; and
West: Byres Road to its meeting with Great Western Road.

Mr Salwan then went on to describe the four main inadequacies he saw in the existing service provision:

Poor Accessibility and Floor Area:

- the closure of a previous local pharmacy, on cost grounds, included a withdrawal of the licence and this had had a negative impact on students and possibly on local residents;
- the closure led to a significant increase in waiting times and patients were regularly told to come back, sometimes on more than on occasion; there had been a reduction in staff and there was less staff on duty over lunchtimes when it was most convenient for students to visit a pharmacy;
- with the establishment of the Barclay Medical Centre on campus which carried out 500 consultations per week, this had led to even further pressure on the pharmacy network which a campus pharmacy would alleviate;
- the shop layout was inadequate and customer organisation poor, with regular queues and congestion, with inadequate seating or provision for private consultation, all hindered by pillars in between shopping bays;
- there was no toilet or baby change facilities;
- there was no disabled or dedicated parking;
- there were no dropped kerbs for those with impaired mobility or a disability, with uneven paving and road surfaces;

- the weight and positioning of the automatic doors were inadequate and there was restricted access with a large bus shelter in front of the disabled access doors and bins; and
- There was traffic congestion and traffic hazard.

Mr Salwan then went on to show a video clip featuring **Shona Robertson, Senior Disability Advisor** who provide comments in support of the application.

Mr Salwan advised that a campus pharmacy would provide a solution to these issues:

- the proposed pharmacy site was fully compliant with the regulations of the Disability Discrimination Act (DDA) and the new, purpose-built Fraser Building offered disabled access through special doors and lifts, and dedicated off-road parking spaces adjacent to the medical centre, as well as provision of toilets and baby change facilities;
- it would offer better access to patients as the building was a central hub for a range of key student services;
- the proposed pharmacy would be a part of the Barclay Medical Centre and offer integrated healthcare with adjoining GP services and private consultation rooms;
- it would offer dignified patient care and dedicated support and advice for young adults on specific health issues and physical and mental well-being; and
- It would also reduce pressure on local pharmacies, so improve service to local residents.

Lack of specialist pharmaceutical support

- The student population required specialist healthcare support and service. This group had a higher disposition to specific illnesses, both physical and mental, and they required a more tailored service, which was both educational and preventative. Effective interventions were important, as was a consistent and trusting relationship with healthcare professionals. Local pharmacies were unable to provide this level of care and support, primarily as they were not focused on the specific needs of this population group;
- The area had a high concentration of students; it was evident from the university's research that current pharmacies were struggling to provide an adequate service. This, in turn, compounded the effective management of public health, and so added pressure to the healthcare system;
- specific support and information on diet, obesity, alcohol and related services was currently lacking from existing pharmacies; the pharmacy would provide all of this support;
- there was a lack of appropriate vaccines at pharmacies and poor service; advice and guidance aimed at students, particularly international students. Through joint working with the Barclay Medical Centre the pharmacy would look to improve these services;

- students had a sense of immediacy, and could often be anxious, and so, needed to be reassured, especially if parents/family were not around; an integrated GP and pharmacy service would help meet the needs of students;

- The management of sexual health issues was often difficult for local pharmacies, especially relating to an appropriate level of confidentiality. The pharmacy would offer this and, as required, they would work in conjunction with the Sandyford Clinic, given the correlation between its work and the student population and the low uptake level of the C-Card Scheme; and

- There were pressures on use of the consultation room, due to demand by general public and its small capacity.

The campus pharmacy would provide a solution to all of this:

- The proposed campus pharmacy would overcome all of these current inadequacies and would offer a dedicated, bespoke service to students, from NRT to tailored sexual health awareness. Based on the Applicant's discussions with the GP service there would be careful consideration given to how the pharmacy could complement the service, for example offering screening tests, bacteria check for throat infections, and influenza diagnostic kits and diabetes checks, with serious cases being referred to the Barclay Medical Centre.

- the Applicant would ensure provision of dedicated support around sexual health and screening – this was a very important area of healthcare as students did not always visit a GP, as such issues could appear on their medical records. The pharmacy would offer sexual health screening, within the context of NHS health promotion, and so, provide a discrete and anonymous service to that of a GP;

- a dedicated consultation room and immediate response to acute illness i.e. provision of a room for group sessions around smoking cessation and other healthcare;

- the new pharmacy contract stipulated a consultation room must be available in each pharmacy and the pharmacy would offer two dedicated consultation rooms;

- the pharmacy would provide a private travel clinic, and others, in line with student demand;

- The pharmacy would deliver a smoking cessation programme, supported by a counselling service for up to 12 weeks. The pharmacy would host group support events; it was well documented that group support led to better results for those wishing to stop smoking.

In short, Mr Salwan advised that the pharmacy would offer a specialist service to meet the needs of students. It was anticipated that there may be an initial footprint of 7,000 students using the GP service, which was expected to double over the next three years, and so, the desirability of and the necessity for a campus based pharmacy would remain a significant factor in future due in part to the closure of a local pharmacy plus the establishment of and demand for medical healthcare on campus. The effect of these

factors being an increase in pressure on existing services in the area.

The proposed pharmacy would mirror the opening times of the GP surgery and would operate from 8.30am – 6.00pm – Monday-Friday. The pharmacy could also offer Hep B vaccinations to students as part of its travel health clinic service, which the existing GPs would prefer the pharmacy to manage. The pharmacy would work closely with the Medical School allowing potential medics an insight into modern day pharmacy, which it was hoped, would lead to a better understanding and closer working relationship.

The pharmacy would offer over the counter preparations, self management and self testing. The pharmacy would also offer services for students with mental health issues. The pharmacist could also refer patients to the University Counselling Service.

Mr Salwan advised that if required, the pharmacy would help foreign nationals and their partners on essential medical treatment and help mitigate health related emergencies. Due to its location in the Fraser Building the pharmacy would tap into the International Student Support Service, representative of 120 countries, to help students, many of whom were not registered with a GP and lacked an awareness of the NHS, patients rights, pharmacy prescriptions and practice.

The pharmacy would foster a close working relationship with the Barclay Medical Centre which had two to three GPs, a psychologist and a nurse. It would run health promotion events, promoted through media such as the university's plasma screens sited across the campus. There was also agreement that the pharmacy, medical centre and university websites would be used consistently as vehicles to ensure such messages reached as many people as possible. This information would be provided at no charge. There were similar, successful campus models at Edinburgh and Stirling.

The pharmacy would also provide a large consultation area. It would also allow all of the elements of the pharmacy contract to be offered. The pharmacy at Stirling University had a good uptake of the minor ailment service and it was considered that the uptake would be similar at the proposed premises.

Poor co-ordination and dissemination of public health

Mr Salwan advised that there was a lack of rapid response via the main local pharmacy and there was a lack of uniform health promotion activity, in line with one of the four core elements set out as part of the new pharmacy contract.

There was a lack of bespoke health promotion initiatives aimed at health issues such as smoking cessation and sexual health. There was also a poor risk minimisation and management around major public health issues i.e. swine flu. This was particularly the case with first and second year students who may be particularly susceptible to viral illness; as such, there was poor public health management of illness such as meningococcal disease. There was also a lack of multi-cultural staff or translation support or guidance, particularly given the high percentage of international students and the pharmacy could tap into translation services within the Fraser Building.

A campus pharmacy would provide a solution to this:

- it would initiate health promotion initiatives such as smoking cessation, the Paths to Health walking initiative and Diabetes Awareness Week;
- it would establish a rapid response system i.e. email alerts to students via the Student Representative Council and information on in situ plasma monitors across campus, allowing uniform and effective health promotion activity; and
- It would manage a dedicated pharmacy website aimed at students, with specific health information and advice.

Lack of immediacy around access to pharmacy services

Mr Salwan advised that waiting times in the existing pharmacy provision were too long and unacceptable by student patients. They had a very limited amount of time when on campus to leave and when did they could not afford the time to wait in queues;

There was also a lack of tailored services and specialist knowledge relevant to the student population, particularly those from overseas and from black and minority ethnic backgrounds. There was also a lack of dedicated services such as C-Card scheme and generally a lack of integrated services with local GPs. In Mr Salwan's opinion the healthcare was fragmented and pharmacies were not engaging new pharmacy contract services with the student population such as the Minor Ailment Service and this was backed up by the survey's findings.

A campus pharmacy would provide a solution to this, by:

- seeing any student population on an immediate basis providing ease of access;
- seeing patients without appointment and being able to manage minor ailments;
- providing a highly beneficial structure around issues such as the morning after pill and offering a responsive C-Card scheme. The pharmacy would also take over much of the travel service, as agreed with the GPs;
- offering a highly tailored and dedicated service and specialist knowledge relevant to student population, particularly overseas students and others with specific needs;
- offering much shorter waiting times due to lack of pressures of the wider population; this would mean an enhanced service and convenience around prescription collection;
- offering integrated and bespoke healthcare with the Barclay Medical Centre and overcome the existing fragmented service; and
- offering better engagement of new pharmacy contract services such as emergency contraception, Minor Ailment Service and NRT.

Mr Salwan concluded his presentation by playing a video clip with comments of support from **Mr Neill Campbell, Director of Student Services**.

The Interested Parties Questions the Applicant

In response to questioning from **Mr Tait** around the numbers of disabled students or those with a chronic illness, Mr Salwan advised that there around 2,000 students within the university who were registered as disabled. Many of these students also suffered from chronic conditions like Crohn's disease, diabetes and asthma. He confirmed that the 2,000 stated included all those with a disability and not only those with a chronic condition.

In response to further questioning from Mr Tait, Mr Salwan confirmed that in his opinion 90% of the total student population, including those with a disability, used the Gilmorehill campus.

In response to questioning from Mr Tait around the comments made by students during the video clips embedded into the Applicant's presentation, Mr Salwan accepted that many had mentioned how convenient it would be to have a pharmacy within the Fraser Building. He countered this by saying that these comments were made in the context of the lack of access to existing service with long waiting times and the inadequate services.

In response to further questioning from Mr Tait, Mr Salwan confirmed that comments had been made by many of the students around difficulty in accessing existing services within the Boots pharmacy on Byres Road. This difficulty in access was particularly relevant for those students with a disability. An increase in the number of students using the GP services within the building had increased demand for services provided by the existing network and access became more difficult.

In response to final questioning from Mr Tait, Mr Salwan confirmed that for able bodied students there was a pharmacy within a ten minute walk in any direction from the Fraser Building.

In response to questioning from **Mr Houlihan**, Mr Salwan confirmed that the pharmacy would predominately serve the student population, however access for the general public would not be restricted. He reiterated that while the pharmacy would not be specifically set-up to serve the general public it would not turn anyone away; however he accepted that the general public would probably access another pharmacy in the area.

In response to further questioning from Mr Houlihan, Mr Salwan clarified that he had not quantified his expected over the counter sales at 5%. He considered these sales would be a higher percentage than this. Mr Salwan further clarified that he was sure the pharmacy would be viable.

In response to further questioning from Mr Houlihan, Mr Salwan confirmed that he had a lease in place with the University.

In response to final questioning from Mr Houlihan, Mr Salwan confirmed that his comments around the existing pharmacies being understaffed and disorganised at lunchtimes weren't directed specifically to Mr Houlihan's pharmacy.

Mr Tait respectfully requested that he be allowed to ask a follow up question, to which the

Chair agreed.

In response to Mr Tait's question as to how this application differed from the Applicant's initial application, Mr Salwan responded that the differences lay in the raft of evidence and support from key stakeholders including the lead GP of the practice within the facility and Neil Campbell, Director of Student Services. In addition the survey conducted after the previous PPC hearing supported the views of the stakeholders. Mr Tait asked if Mr Salwan agreed that information was not the same as evidence to which Mr Salwan countered that the information gathered provided evidence of a poor uptake on new contract services.

In response to a final follow up question from Mr Tait, Mr Salwan disagreed that the needs of the students could be met by simply referring them to one of the existing pharmacies. He advised that students would be able to register for the minor ailment service at the new pharmacy which would be more beneficial for them as this would be located in an area to which they would normally be. Mr Salwan advised that the pharmacy would maximise the uptake of this service and when asked by Mr Tait if he was aware that pharmacies were not allowed to advertise the service, he clarified that he would advise students of the existence of the service.

The PPC Question the Applicant

In response to questioning from **Professor McNulty**, the Applicant clarified his hours of opening as Monday – Friday: 8.00am – 6.00pm; Saturday & Sunday: closed. He advised that the pharmacy might open at the weekend depending on demand for services.

In response to further questioning from Professor McNulty regarding differences between the initial and the most recent application, the Applicant advised the main difference was that the Centre was now open and operational. He advised that he had not asked the question whether the students felt the current services to be inadequate. He did not agree that if asked, most people would say they would like a pharmacy within easy reach and he disagreed that this was not the same as inadequacy.

In response to further questioning from Professor McNulty regarding evidence of inadequacy, the Applicant pointed to the long waiting times experienced within the nearest pharmacy to the university. He pointed further to the benchmark survey carried out after the previous PPC.

In response to further questioning from Professor McNulty, the Applicant accepted that many of the students did not live on the campus. He advised that 4,000 lived on campus and within the G12 post-code area. He further accepted that there were campus buildings adjacent to the defined neighbourhood.

In response to final questioning from Professor McNulty, the Applicant advised that the pharmacy would be unable to provide services to those students studying outwith the campus i.e. those studying at the Vet School. He was minded that these students could access the services already provided.

In response to questioning from **Professor McKie**, the Applicant advised that he had included students in his statistics who studied off the Gilmorehill Campus including those

at the Vet School. He further advised that approximately 1/3 of the total students were present on the Gilmorehill Campus. This equated to 12 – 15,000 students. He advised that he had not included the School of Education or the campus on Garscube Road as he felt these were too far away.

In response to further questioning from Professor McKie regarding his concern that some residential elements at Great Western Road had been included in his neighbourhood, the Applicant advised he was aware that the university had buildings outwith the campus. He advised that he had excluded these from his neighbourhood, but had included the residential elements on Great Western Road as many students were known to live in this area.

In response to further questioning from Professor McKie, the Applicant estimated the residential population within his defined neighbourhood to be in the region of 6,000.

In response to further questioning from Professor McKie around complaints made to the Health Board, the Applicant confirmed that it was two years since the initial application. He was not aware how many complaints had been made to the Health Board regarding the inadequacy of services in the area. He did know via the benchmark survey that patients didn't very often put complaints in writing to the Health Board.

In response to further questioning from Professor McKie, the Applicant advised that overseas students would be eligible for services, if they were registered with a GP. The pharmacy would ensure that students were aware what they were entitled to.

In response to final questioning from Professor McKie around staffing levels within the new pharmacy, the Applicant advised that he would open the pharmacy with part-time staff that would be organised with some overlap to ensure continuity of service throughout the day. Once the pharmacy became busier staffing levels would be adjusted accordingly.

In response to questioning from **Mr Fraser**, the Applicant confirmed that the main focus of the pharmacy would be on health products. He would stock over the counter medication if students requested it.

In response to further questioning from Mr Fraser regarding numbers of students going down to Byres Road at lunchtimes, the Applicant accepted that many of these students would be travelling to Byres Road for items/services other than pharmaceutical services. He did however advise that the Fraser Building had food outlets and therefore the number of students travelling to Byres Road for this purpose would reduce. More students would be staying on campus and therefore access to pharmaceutical services would be necessary for these students.

In response to questioning from **Mr MacIntyre**, the Applicant advised that in his opinion it would take around 10 minutes to walk from the Fraser Building to Byres Road.

In response to further questioning from Mr MacIntyre around the apparent inadequacy of existing services, the Applicant advised that the inadequacy lay in the new contract services i.e. MAS where there was a lack of uptake. He accepted that the service was being provided by the existing network, but that students were being put off utilising the

services on Byres Road due to the long waiting times.

In response to further questioning from Mr MacIntyre around how the existing network could better promote such services; the Applicant advised that they were unable to do this. The pharmacy within the Fraser Building would work with the GP within the building to ensure students were aware of services. He considered that this message was currently not getting through.

In response to further questioning from Mr MacIntyre, the Applicant accepted that additional services such as smoking cessation and emergency hormonal contraception, but countered that information regarding these services was not getting through to students. There was no promotion of services.

In response to further questioning from Mr MacIntyre around what other core services the pharmacy would provide, the Applicant advised that he would take part in the C-Card Scheme. Mr MacIntyre reminded the Applicant that this was not a core service. Mr Salwan accepted this but advised that it was an important service in the particular environment in which the Applicant wished to serve. He accepted that there was nothing stopping the existing network from providing this service, but countered that at present this service was not available in the area.

In response to a series of questions from Mr MacIntyre around the premises, the Applicant advised that the pharmacy would have a dropped counter which would accommodate wheelchair users. He advised that there would be two consultation rooms; one would be a room towards the rear of the pharmacy, the other would be a booth adjacent to the dispensary, both would be wheelchair accessible. He advised that there was a lack of privacy within the consultation points within Boots branch in Byres Road due to the other services being provided. At present consultations were being conducted over the counter which was not adequate. The consultation room was not easily accessible, and there was no element of discretion with conversations being overheard by other customers. Mr Salwan advised that a consultation room was required by the new pharmacy contract; a view which was disputed by Mr MacIntyre.

In response to further questioning from Mr MacIntyre, the Applicant advised that the pharmacy would provide services to students experiencing mental health issues, such as referral to counselling services within the university and signposting to other services.

In response to further questioning from Mr MacIntyre, the Applicant advised that the pharmacy would have immediate access to the translation service within the university. This would be invaluable for students whose first language wasn't English. He accepted that this service was like the translation service offered by the Health Board, but with more immediacy.

In response to further questioning from Mr MacIntyre regarding the Applicant's comments around students having an increased disposition to certain conditions, Mr Salwan clarified that he was not talking about disease, but about certain conditions which were more prevalent amongst the student population. He advised that stress and anxiety and sexual health issues were more prevalent within this population. He was not saying that students experienced more illness.

In response to final questioning from Mr MacIntyre, the Applicant confirmed his assertion that the existing service was fragmented. Students would be better served by a pharmacy on-sit within the Fraser Building.

In response to questioning from **Mr Fergusson**, the Applicant advised that approximately 70-80% of students would be eligible for the Minor Ailment Service.

In response to questioning from **the Chair**, the Applicant advised that his comments around lack of discretion within the existing network were not a general comment aimed at all existing pharmacies, but rather targeted at one pharmacy in particular.

In response to further questioning from the Chair around the Healthy Living seminar mentioned in his presentation, the Applicant advised that this was not a real event; however the pharmacy would have access to such events. He pointed to the food outlets within the Fraser Building which offered healthy options, endorsed by the Vegan Society.

In response to questioning from **Mr Gillespie**, the Applicant advised that in his opinion a reasonable distance to walk to a pharmacy would differ depending on the type of person. A reasonable distance for an elderly person would be different to that for a healthy student. He did not offer a reasonable distance for the population in general.

In response to further questioning from Mr Gillespie, the Applicant advised that he was not aware whether Shona Robinson (Senior Disability Adviser) had contacted the contractors or Glasgow City Council with her concerns over the access to the pharmacy and the adjacent area on Byres Road.

The Interested Party's Case – Mr Charles Tait (Boots Pharmacy)

Mr Tait advised the Committee that this was a repeat of an application heard previously. The National Appeals Panel had thereafter thrown the appeal out. He advised that there was no difference between the two applications. The Applicant had provided no new evidence. What had been provided was hearsay and support from people at the university. There was no evidence of inadequacy in the pharmaceutical services provided within the neighbourhood. The Applicant had advised that there were 4,000 students in the G12 post-code area, but Mr Tait reminded the Committee that this area extended well outwith the boundaries of the neighbourhood to Anniesland.

Mr Tait advised that all pharmaceutical services were being offered by the existing pharmaceutical network. The Boots branch on Byres Road had an automated door. The company was not in a position to influence where bus stops were situated. He confirmed that staff within the branch did not take their lunch at the normal lunch times.

Mr Tait reminded the Committee that the proposed pharmacy was situated within an affluent area. The population to be served by the pharmacy was young and relatively healthy. While communicable diseases spread relatively quickly through the student population, they were known to recover quicker than other elements of the population. There was little chronic disease.

Mr Tait advised that there was no reason for the PPC to change their previous decision. There was no inadequacy and therefore the application should fail.

The Applicant Questions Mr Tait

In response to questioning from **the Applicant**, Mr Tait confirmed that a consultation room was not a requirement under the pharmacy contract. The branch in Byres Road had a room which was suitable for one to one consultations and could hold a wheelchair.

In response to further questioning from the Applicant, Mr Tait disagreed that a campus pharmacy could better address the public health remit of pharmacy. He advised that Boots could advertise on the University's web site or plasma system, but was not given the opportunity to. When asked by the Applicant where the public health poster was situated in the Byres Road branch, Mr Tait advised that it was situated in the window, but in his opinion the poster was not a significant part of the service.

The PPC Question Mr Tait

In response to questioning from **Mr MacIntyre**, Mr Tait advised that his neighbourhood would be defined as:

North: the River Kelvin;

East: the River Kelvin, travelling south to Dumbarton Road;

South: Dumbarton Road; and

West: Byres Road.

In response to further questioning from Mr MacIntyre, Mr Tait confirmed that the Boots branch on Byres Road did not take part in the C-Card Scheme; however this service was available at the Central Station branch, where the uptake was not significant.

In response to questioning from **Mr Gillespie** regarding the closure of the Boots branch on Byres Road several years ago and whether this had caused immense pressure on the existing pharmacy network, Mr Tait advised that this was not the case. He advised that this branch had not been fully utilised. He further confirmed that the closure had not resulted in longer waiting times in the remaining Byres Road branch.

In response to questioning from **Mr Fraser**, Mr Tait accepted that on some occasions conversations may be overheard, but all staff were trained in the areas of sensitivity and discretion. The company's commitment to such values was discussed during management meetings, and via initiatives such as the secret customer.

In response to questioning from **Professor McKie**, Mr Tait advised that it was usual in city centre branches and railway station branches for staff not to take their lunch over the busy lunch time periods, or rush hour periods.

In response to questioning from **Professor McNulty**, Mr Tait accepted that students did have different health needs to the general population. He qualified this by saying that this was because students were young, healthy and due to their lifestyle they engaged in activities which required intervention. Within this population there was an increased

demand for sexual health, but less prevalence of hypertension; there was therefore a balance. In general terms students were articulate and well aware of their rights and so could access services appropriate for their condition relatively easily.

In response to further questioning from Professor McNulty, Mr Tait advised that the Boots branches in Byres Road and 693 Great Western Road did not provide specific services solely for students, however they did attract a lot of students due to their location.

In response to further questioning from Professor McNulty, Mr Tait confirmed that the branches ordered in travel vaccinations. He was not aware of any pharmacy who would keep such vaccinations in stock. Most would order and then arrange administration.

In response to final questioning from Professor McNulty, Mr Tait advised that Boots had no personal contact with the GP practice within the Fraser Building, but would contact them if required as part of patient care like any other GP practice.

In response to questioning from **the Chair**, Mr Tait confirmed that Boots were equipped to deal with students whose first language was not English. This was done via the interpretation service offered by the Health Board. In addition, because of the size of the company, Boots had access to many multilingual staff. Mr Tait advised that in his experience, even if someone was unable to speak English, they could read or write in English.

In response to further questioning from the Chair, Mr Tait confirmed that Boots had an internal complaints system and no complaints had been received regarding the branch on Byres Road.

In response to further questioning from the Chair, Mr Tait confirmed that the Boots branch at 693 Great Westerns Road was not DDA compliant. He advised that the company were looking to move from these premises. He further confirmed that the layout at Byres Road was not ideal, but wheelchairs could freely move around the branch.

In response to final questioning from the Chair, Mr Tait confirmed that Boots as a company could monitor uptake of services. This was done through the company's cash register system. The system however could not extract the figures for the student population.

There were no questions to Mr Tait from Mr Fergusson.

The Interested Parties' Case – Mr Denis Houlihan (Houlihan Pharmacy)

Mr Houlihan advised the Committee he would like to object to the application on the grounds that it was neither necessary nor desirable.

The proposed pharmacy application at 65 Hillhead Street did not sit within a distinct neighbourhood but an area or part of the West End of Glasgow. The population either resident or transient to this site would have ready and easy access to a number of pharmacies.

He advised that a large number of students and staff either studying or working at the

university would be registered at their GP near where they lived. They would not be accessing medical services at the hub complex and would most likely use pharmaceutical services near their permanent residence.

Mr Houlihan advised that figures from the Scottish Neighbourhood statistics showed the walking times to existing community pharmacies to be between 8 and 12 minutes; the average drive time to be 0.6 minutes.

He advised that the university campus was a sprawling complex of campus buildings over a widespread area which means that at any time students could actually be much closer to an existing pharmacy than the proposed site.

He advised that the existing pharmacies were able to access interpreting services if this was needed. The pharmacy provided extended opening hours. The uptake of services was good amongst the student population with many of the emergency hormonal contraception consultations being for students. The pharmacy attracted more foreign students since relocation and was now stocking Vichy products which were popular on the continent. During the summer months the pharmacy dispensed a large volume of travel vaccines and anti-malarial prescriptions. Historically the previous owner of the pharmacy had a large stock of vaccines and surgeries in the area tended to direct patients to the pharmacy.

In Mr Houlihan's opinion the application was neither necessary nor desirable.

The Applicant Questions Mr Houlihan

In response to questioning from **the Applicant**, Mr Houlihan advised that if there was a requirement for the provision of pharmaceutical services from the hub complex, this could be provided by the existing pharmaceutical network.

In response to further questioning from the Applicant, Mr Houlihan advised that in his opinion neither Boots or Lloydspharmacy had applied for a contract in the Fraser Building as they were conscious that it would be unlikely to succeed as the existing network provided adequate services to the neighbourhood.

There were no questions to Mr Houlihan from Mr Tait

The PPC Question Mr Houlihan

In response to questioning from **Professor McNulty**, Mr Houlihan defined his neighbourhood as:

**North: Great Western Road;
West: Byres Road;
South: Argyll Street; and
East: M8**

In response to further questioning from Professor McNulty, Mr Houlihan advised that his pharmacy had no personal contact with the GP practice in the Fraser Building. He was

interested to learn that students needed more information on health services and said he would be happy to work with the university to provide this. He did not agree that a pharmacy situated on site would be in a better position to serve the student population. He accepted that it would be easier and more convenient, but that it would detract from existing services in the neighbourhood and adjacent to it.

In response to further questioning from Professor McNulty, Mr Houlihan confirmed that all pharmacies were currently experiencing problems with supplies of some drugs. This could result in patients having to return to the pharmacy for the balance of a prescription. Quotas had been introduced by wholesalers and manufacturers which were having an effect on supply and this would be experienced by a new pharmacy as well.

In response to questioning from **Professor McNulty**, Mr Houlihan confirmed that the previous owner of his pharmacy had stocked large amounts of vaccines.

In response to questioning from **Mr Fraser**, Mr Houlihan confirmed that parking could be an issue along Dumbarton Road; however there was one disabled parking space in Gardner Street which could be utilised.

There were no questions to Mr Houlihan from Mr MacIntyre, Mr Gillespie, Mr Fergusson or the Chair.

Summing Up

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

Mr Tait advised that the Applicant had provided no evidence of inadequacy in the area, therefore the application should not be granted.

Mr Houlihan had nothing further to add to his presentation.

Mr Salwan suggested that Boots could specialise in sandwiches. Discretion was a problem in the Boots branch on Byres Road. The Public Health agenda was not being addressed within the student population. There were 2,000 disabled students; a percentage of whom were blind and deaf or had mobility problems. Distance was therefore an issue. Everyone was in agreement that there was a barrier to the availability of services while on campus.

He advised that within the existing pharmaceutical network there was only one disabled parking space, whereas there was more than ten within easy reach of the Fraser building.

Mr Salwan said in summary that he hoped he had shown the magnitude of support for the proposed pharmacy. It was a crucial service that would greatly benefit students. The desirability and the necessity for a campus pharmacy were clearly evident particularly in relation to the inadequacy of existing provision.

He advised there was one less pharmacy in the area than two years ago and in terms of neighbourhood boundary he would state the case that this was the core campus area, particularly as a high proportion of students were transient and were coming into university

from all sides of the city.

A campus pharmacy would overcome the issue of immediacy around access to services. There were other models of university pharmacy. Edinburgh University was situated in a city centre location. The model worked and confirmed an increase in the uptake of services. Approving the contract would give the opportunity to give the message around what pharmacy could offer.

He thanked the Committee for their attention and hoped that they would take into account the range of support and the strength of evidence when coming to their decision. He advised that students deserved a service that would improve their health and well-being during what can be a confusing, lonely and stressful stage in one's life.

Before the Applicant and Interested Party left the hearing, the Chair asked each to confirm that he had had a full and fair hearing. All parties confirmed they had.

The PPC was required and did take into account all relevant factors concerning the issue of:-

- a) Neighbourhood;
- b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Party and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
 - Boots UK Ltd – various addresses;
 - Lloydspharmacy – various addresses;
 - LG Pharmacy Ltd – 476 St Vincent Street, Glasgow G3;
 - Gilbride Pharmacy – 37 Hyndland Street, Glasgow G12; and
 - Houlihan Pharmacy Partick – 312 Dumbarton Road, Glasgow G12
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee);

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) The location of the nearest existing medical services;

- f) Demographic information regarding post code sectors G3.8, G4.9 and G12.8;
- g) Information from Glasgow City Council's Department of Development and Regeneration and Land & Environmental Services regarding future plans for development within the area;
- h) NHS Greater Glasgow and Clyde plans for future development of services; and
- j) A pattern of public transport in the area surrounding the Applicant's proposed premises.

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, the Interested Parties, and the Community Pharmacy Subcommittee in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

North: Great Western Road to Kelvin Bridge;

East: Kelvin Bridge following the River Kelvin south;

South: the River Kelvin travelling westwards following Dumbarton Road to Byres Road; and

West: Byres Road to its meeting with Great Western Road.

The Committee agreed that Great Western Road, was a boundary, not in terms of any difficulty in crossing the road, but because the area beyond this was of a different topography being mainly taken by the Botanic Gardens. The residential element to the north of Great Western Road was affluent flatted accommodation as opposed to student accommodation. The River Kelvin was a both a physical boundary and marked the edge of a different neighbourhood. Dumbarton Road was a major trunk road dissecting the city from the centre above the River Clyde. Byres Road was a busy shopping thorough fair. The main university buildings lay on one side of the street, with the other bounding an area of flatted accommodation, beyond which was residential accommodation at the more affluent end of the scale.

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 two pharmacies. These pharmacies provided a comprehensive range of pharmaceutical

services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments regarding the requirement for students to travel to Byres Road to access services and how this was inconvenient for them. While the Committee acknowledged that such a journey may be inconvenient to those studying within the Fraser Building, or accessing the GP practice within the building, they were conscious that Byres Road was a busy shopping thoroughfare to which students would travel for many other services. The Applicant had provided no evidence to suggest that the services provided by the existing network were inadequate and had accepted that they provided all core services required by the pharmacy contract, albeit not to the extent that the Applicant felt was adequate for the element of the population that his proposed pharmacy intended to serve.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were 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 was currently adequately served.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson & Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was 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 was the unanimous decision of the PPC that the application be refused.

**Contractor
Services
Supervisor**

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

5. APPLICATIONS STILL TO BE CONSIDERED

The Committee having previously been circulated with Paper 2010/08 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- Mr Sanjay Majhu – Unit F, Lomond Drive, Bishopbriggs, Glasgow G64 3BY

- Salwan Pharmacy Ltd – The Village Store, 27 Main Street, Howwood PA9 1AW

6. NATIONAL APPEALS PANEL

The Committee having previously been circulated with paper 2010/09 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

Mr Iain Robert Mouat, 11 Kennedy Path, Townhead, Glasgow G4 0PP (INCL05/2009)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to refuse Mr Mouat's application to establish a pharmacy at the above address. As such Mr Mouat's name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

NOTED/-

7. CONSULTATION ON CONTROL OF ENTRY ARRANGEMENTS FOR INCLUSION ON THE PHARMACEUTICAL LIST

The Committee having previously been circulated with Paper 2010/10 noted the contents which provided discussion around the above.

The Committee agreed they would consider the submission being prepared by the Community Pharmacy Development Team on behalf of the Health Board prior to making any decision on whether a separate submission should be made on behalf of the Committee.

AGREED/-

8. ANY OTHER COMPETENT BUSINESS

None.

9. DATE OF NEXT MEETING

To be arranged.