

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (01)**

Minutes of a Meeting held on  
Thursday 6<sup>th</sup> January 2011 in  
The Premier Inn Glasgow South, 80 Ballater Street  
Glasgow G5 0TW

<b>PRESENT:</b>	Peter Daniels	Chair
	Alan Fraser	Lay Member
	Alex Imrie	Deputy Lay Member
	Councillor Willie O'Rourke	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley	Community Pharmacy Development Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - Community Pharmacy Development

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

**ACTION**

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

**1. APOLOGIES**

Apologies were submitted on behalf of Kenny Irvine.

**Section 1 – Applications Under Regulation 5 (10)**

**2. MINUTES**

The Minutes of the meetings held on Thursday 4<sup>th</sup> November 2010 **PPC[M]2010/08** and Monday 22<sup>nd</sup> November 2010 **PPC[M]2010/09** were approved as correct records.

**3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA**

There were no matters to discuss not already included in Agenda.

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

**Case No: PPC/INCL07/2010**

**Mohammed Ameen & Mohammed Rashid – 460 Ballater Street, Glasgow G5 0**

The Committee was asked to consider an application submitted by Mohammed Ameen and

Mohammed Rashid to provide general pharmaceutical services from premises situated at 460 Ballater Street, Glasgow G5 0QW 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 Mohammed Ameen and Mohammed Rashid 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 Mohammed Rashid ("the Applicant"), and assisted by Mr Mohammed Ameen. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr David Henry (Lloydspharmacy), Ms Lucia Piacentini (Abbey Chemists), assisted by Mr Asgher Mohammed and Mrs Rosie Beaton (Dickson Chemists) ("the Interested Parties").

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 following Ballater Street, Florence Street, Commercial Road, Old Rutherglen Road, Pine Place, Cumberland Street, Crown Street, Ballater Street, King's Drive, James Street, Mackeith Street, Main Street, London Road, Abercromby Street, Gallowgate, Trongate and Saltmarket.

The Committee noted that the premises were constructed and were currently operating as a general convenience store. The pharmacy area was not yet fitted out. The Committee had gained access to, and had toured the premises.

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. The Interested Parties were then asked to make their submissions one by one. After each submission, there followed the opportunity for the Applicant and the PPC to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

**Prior to the Applicant's presentation, the Chair advised those present that he had agreed to the inclusion of an additional piece of information submitted by the Applicant the day before the hearing. This information was in the form of a letter of**

support from the Islamic Centre. The Chair felt that the contents of the letter were such that the inclusion of the information would not be detrimental to the Interested Parties. The Interested Parties had been provided with a copy of the letter and had been given time to digest its contents and incorporate any response into their presentation, prior to the commencement of the hearing.

### The Applicants' Case

**Mr Rashid** thanked the Committee for providing him the opportunity to present his case. He advised that his application was based on several factors including: increased population in the area; an increased requirement for methadone spaces, the level of deprivation within the area, a need for extended hours and a need for a bilingual pharmacist.

Mr Rashid advised the Committee that his defined neighbourhood was:

**North:** River Clyde;

**East:** Shawfield Drive;

**South:** New M74 extension;

**West:** Bridge Street along Eglinton Street (along railway line).

The Applicant considered the River Clyde to be a natural boundary. Beyond Shawfield Drive the land use became more industrial in nature. The M74 was a physical man made boundary. Mr Rashid advised that the area to the west of the railway line was commonly called Tradeston, which was largely industrial in nature. There were increasing pockets of new housing occupied by a higher socio-economic group, compared to the relative deprivation around Gorbals itself. Tradeston residents, with their high car ownership could utilise services on Ballater Street.

To the south east of the neighbourhood lay an area commonly known as Oatlands. This area had no amenities. The residents needed to visit Hutchesontown and Gorbals for their day to day requirements. There was parkland nearby. To the west was the area known as Laurieston, which had minimal amenities, with no leisure facilities, no medical or dental provision and no post-office. These residents would also need to travel east for their day to day requirements.

Mr Rashid advised the Committee that various local organisations, such as Gorbals Healthy Living Network, Glasgow City Council, South-East Community Health Care Partnership and new Gorbals Housing association all considered Gorbals, Laurieston and Oatlands to be one neighbourhood. For this reason and those mentioned above, Mr Rashid felt his defined area, to be an accurate reflection of the neighbourhood.

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 Rashid then went on to advise that the deprivation statistics for the neighbourhood

were staggering and that a new pharmacy contract should be awarded to assist in solving the problems. SIMD (Scottish Index of Multiple Deprivation) figures showed that most of the area was in the 5% most deprived in most domains. A selection of statistics from the Community Health Profile showed that half the households contained single parents; more were out of work and on long term benefit. Nearly half the population smoked, drug related problems were five times higher than average, with alcohol related problems three times higher than average, and teenage pregnancy twice the national average. Life expectancy was lower and the vast majority of residents did not have a car. In the Applicant's opinion this suggested a requirement for additional services.

Mr Rashid advised that the provision of some important services was poor in the area. As an example he cited that nearly half the population of the neighbourhood smoked, but current pharmacies had very low numbers of patients on their NRT (nicotine replacement therapy) programmes. He further advised that in an area where 1 in 5 adults died from smoking related illness, low uptake of such a service did not help the health situation. In his opinion, this demonstrated inadequacy in the current level of service.

Some 40% of residents in the area had long term life limiting conditions, yet Boots in Crown Street only offered two of the five long term services; Lloydspharmacy in Crown Street only offered one of the services. He advised that the uptake for the heart failure service was low in both existing pharmacies and both pharmacies were amongst the lowest performers in the South-East CHP (information gained from Heart Failure Team).

Mr Rashid advised that he had conducted a survey which had shown that many people in the area were unaware of MAS (Minor Ailment Service). Those who did know of the service complained that current pharmacies were too busy, the waiting times too long and they felt embarrassed hanging about.

Mr Rashid advised that he intended to provide and actively promote all Health Board approved Long Term services, together with MAS, PHS (Public Health Service) and CMS (Chronic Medication Service).

Mr Rashid then went on to speak about access to services and said, whilst it was incorrect to say the two pharmacies in Crown Street were inaccessible, it was equally unfair to say they were easily accessible. The Pharmacies were not visible from any of the surrounding main roads, and they were located in a residential scheme where no buses travelled. Mr Rashid reminded the Committee of the low level of car ownership and the high level of single parent households and those suffering from long term illness and suggested that this large vulnerable group would certainly have some difficulty accessing the pharmacies in Crown Street. As such, Mr Rashid considered access to be partially poor with some degree of inaccessibility.

Mr Rashid was mindful that a pharmacy contract could not be granted solely on the basis of inaccessibility, but suggested that this factor be taken into consideration along with a range of other factors in the award of a new contract. Mr Rashid went on to speak about the other factors.

Mr Rashid's impression was that that there were some 150 methadone patients between the two current pharmacies in Crown Street, causing public insecurity. As a result the

Health Board had opened a facility at Florence Street Clinic where 30 patients were supervised by a technician five days per week. Mr Rashid suggested that the fact Florence Street was open was in itself a demonstration of the problems with methadone dispensing/supervision in the area.

He further cited that there was a shortage of methadone spaces in the G5 post-code area; a situation which was unique to Glasgow and that a Health Board survey had showed that patients with G5 postcodes had their prescriptions dispensed outwith their neighbourhood. This, in Mr Rashid's opinion proved inadequacy.

He advised that methadone caused social problems. The two pharmacies in Crown Street were situated relatively close to each other on the busiest shopping street in the area. This resulted in a concentration of a high number of clients around one place, leading to drug issues and crime. Mr Rashid felt that the Florence Street clinic had not solved any of the problems on Crown Street. The public remained insecure and it had certainly not solved the problem of shortage of methadone spaces in the area.

He advised that shoppers were intimidated by methadone patients waiting for their daily dose, with some patients not wishing to attend pharmacies in Crown Street as they feared exposure and temptation to illegal drugs which they might be offered there. Other patients didn't want to attend these pharmacies as they feared physical assault from the patients loitering outside.

The Applicant averred that the Police had been involved in this situation for nearly ten years and in response considered that drug dealing was taking place as too many drug users were gathering in one area. The close proximity of the two pharmacies meant more patients were targeted by dealers. He further explained that the current pharmacies restricted their times of methadone dispensing which encouraged loitering and drug dealing, a situation which the police had confirmed added to an already difficult situation.

He advised that Lloyds pharmacy employed a full-time security guard to manage their patients within their premises. The nearby library facilities were abused and used to sell and take drugs, to an extent where the toilets were now under lock and key.

He further advised that residents were cautious in using the ATM (Automated Transaction Machine) where patients lingered. He advised that a fixed CCTV camera had been installed, which mostly covered the area around Boots, however this had a blind spot where patients gathered and so Police operated mobile CCTV units, they regularly dispersed crowds and they employed high visibility and plain clothed officers. In Mr Rashid's opinion these were only temporary measures and couldn't be continued on an indefinite basis as there were just too many patients gathering in one place.

The Applicant advised that both the current pharmacies operated a restricted methadone service. Neither of them provided methadone dispensing at the same times as their other dispensing services. Mr Rashid saw this as being inadequate. He reminded the Committee that the police had cited the restricted timings of methadone dispensing as a contributory factor to the loitering, drug-dealing and insecurity on Crown Street.

The Applicant wished to provide extended opening hours in line with the GP

practices within Gorbals Health Centre. The proposed opening hours were: Monday – 9.00am – 9.00pm; Tuesday & Wednesday - 9.00am – 6.00pm; Thursday – 8.00am – 8.00pm; Friday – 8.00am – 6.00pm; Saturday – 9.00am – 1.00pm; Sunday – Closed. Methadone dispensing would be available during these times without restriction.

He advised that the area of Oatlands had an increasing population. Currently there were 1,212 residents, with a projected increase to 3,178 in the future. In addition the neighbouring area of Laurieston was due to be regenerated with an increase of 800 homes in the foreseeable future. The Applicant advised that the area was one of serious deprivation and the proposed pharmacy's extended hours meant that there would be a high use of MAS, CMS, PHS and other long term services which the Applicant intended to actively promote. The Applicant further advised that they would allow methadone patients who currently travelled outwith the G5 post-code area (approximately 50) to return to their neighbourhood. The proposed pharmacy would be situated on the main road, and would attract patients from the Central Mosque (over 7,000 worshippers worshippers attended weekly) who would require a bilingual pharmacist, which the Applicant intended to provide throughout opening times.

Mr Rashid advised that ISD (Information Statistics Division) had provided statistics showing that in the last ten years there had been a 17% increase in prescription output from GPs in the G5 post-code area. The average number of items dispensed by the pharmacies in G5 was 50% higher than the Glasgow average.

The Applicant concluded that the high prescription load of existing pharmacies meant they would suffer a negligible impact by the opening of a new pharmacy.

The Applicant then went on to address the objections submitted by some of the Interested Parties.

In relation to the objection submitted by Dickson Pharmacy, Mr Rashid pointed out that contrary to Mr Dickson's assertion that the population had been decreasing steadily due to renovation and refurbishment of high rise buildings, the Scottish Neighbourhood Statistics showed a steady increase in population over the long-term. He further advised that he found it difficult to understand Mr Dickson's assertion that the new residents in the area were primarily students and young professionals. Mr Rashid pointed to the SIMD figures for G5 which showed that it was in the 5% most deprived of all data zones in Scotland. Finally, in relation to Mr Dickson's submission, Mr Rashid advised the Committee that it was methadone services within the defined neighbourhood which were under scrutiny and not those within a one mile radius of the proposed premises.

In relation to the objection submitted by Lloydspharmacy, Mr Rashid took exception to their assertion that the area was already well served by existing pharmacies. He pointed to the unmet need for methadone dispensing, and the poor uptake of NRT and MAS. He further advised that the existing network was too busy with dispensing business to attend to the long-term services. Finally, in relation to Lloydspharmacy's objection, Mr Rashid pointed to the lack of access to methadone services and to long-term services which demonstrated that access to services was poor.

Mr Rashid added that in summary, a new pharmacy was necessary now because:

- The area was seriously deprived;
- Current services to vulnerable groups were poor. The area required actively targeted services, by willing participants, with the time available not all taken up by dispensing;
- The Applicant would offer all long-term services which were not currently fully provided by the existing network;
- The Applicant considered there to be partially poor access and some degree of inaccessibility. The proposed pharmacy would be on a main road, with better access, and would improve the distribution of pharmaceutical services in the neighbourhood
- There was inadequate provision of methadone services both in the immediate area and the wider vicinity. A new pharmacy would increase the number of methadone places. Current methadone clients would be dispersed between the three pharmacies, relieving problems around Crown Street. Patients from the G5 post-code area could return to their neighbourhood and the Applicant intended to employ a pharmacist independent prescriber, specialising in substance misuse.
- The Applicant would use a private consultation area with a separate entrance solely for methadone patients;
- There would be savings to the NHS by the closure of Florence Street clinic, if the Health Board so wished;
- A bilingual pharmacist would be available for minority communities;
- There was an increase in housing and population with the current development of Oatlands and further regeneration of Laurieston;
- The increased new housing in Tradeston was also attracting patients to this neighbourhood, as this was the nearest shopping area to them;
- The Applicant intended to open the pharmacy in line with the extended hours of local GPs and provide dispensing services throughout their opening times, without restriction; and
- A new pharmacy would free up time to existing pharmacies to improve their services and help reduce deprivation in the area.

Mr Rashid concluded his presentation.

### **The Interested Parties Questions the Applicant**

In response to questioning from **Mr Henry**, the Applicant clarified that his pharmacy would provide several services not already provided by the existing network, including: an increase in methadone places, no restriction on times of methadone dispensing, extended opening hours in line with GPs, reduction in problems associated with Crown Street, all Long-Term Services not currently provided e.g. Keep Well, Diabetes, Falls, a full-time bi-lingual pharmacist and provision of services to the area of Oatlands.

In response to further questioning from Mr Henry around the history of the issues experienced in Crown Street, the Applicant was not aware that restrictions on dispensing of methadone had been placed on the existing network as a means of managing the methadone clients to allow their presence in the area to be spread across the day and not concentrated at one time.

In response to further questioning from Mr Henry, regarding the Health Board's methadone facility operating from Florence Street Clinic, the Applicant advised that in his

opinion the facility had not addressed the underlying issues. There had been an increase in methadone clients, which required further pharmaceutical input. Some of the methadone clients were forced to travel outwith the G5 area to have their methadone dispensed. Florence Street had not addressed this issue as it had not created any new spaces, but merely moved stable patients from the pharmacies in Crown Street. The general public continued to raise concerns over the number of methadone users in the area. Mr Rashid wished to work with the existing network to remedy these issues.

In response to further questioning from Mr Henry regarding the weight of public opinion against his application, the Applicant advised that there had been eight objections submitted by the public regarding his application. Two of these had provided no firm reason for their objection and the other six related to methadone. He advised that most of these summarised the public perception of the issues in Crown Street. The Applicant considered these responses to be more about the existing pharmacies' management of their methadone clients and less about the new pharmacy. He considered that the current pharmacies had failed to communicate the message that the methadone programme did benefit clients, but the physicality in Crown Street had its own issues. He considered the objectors/commentators were concerned that the issues of Crown Street could be replicated in Ballater Street; however he felt these concerns were unfounded. The Applicant didn't blame the existing network for not fulfilling their obligations under the programme but did question why methadone clients congregated in front of the pharmacies and not other places in the area, which led to a negative public perception.

In response to final questioning from Mr Henry regarding the regeneration of Laurieston and Tradeston and whether this would be of more benefit to the existing network than the proposed pharmacy, the Applicant advised that it didn't matter where the regeneration took place. The area was defined as one neighbourhood; therefore it was irrelevant how people were dispersed within that neighbourhood.

In response to questioning from **Miss Piacentini**, the Applicant accepted that Abbey Chemists was only a 15 minute walk away from the proposed premises, however he averred that it was the services within the defined neighbourhood that were under scrutiny and this area had excluded Abbey Chemists at Trongate. He further averred that the only reasons patients travelled outwith the area to other pharmacies such as Abbey was due to the current inadequacy of services within the G5 area.

In response to final questioning from Miss Piacentini regarding whether he felt that those visiting the mosque had more need for a bi-lingual pharmacist closer to their place of residence rather than at their place of worship, the Applicant pointed to the CHP Profile for the area which showed that the neighbourhood had a minority ethnic population 43% above the Scottish average. In view of the high number, the Applicant felt they should have access to such services.

In response to questioning from **Mrs Beaton**, the Applicant confirmed that the proposed pharmacy would open in line with the extended opening hours offered by the GPs in Gorbals Health Centre. He further confirmed that methadone dispensing would be available during these opening times without restriction. He did not agree that this was a risky strategy given the client group involved. He advised that the pharmacy was situated on a main road, which would minimise problems and he further pointed out that the police

view was that many of the problems experienced in Crown Street were due to the restrictions placed on dispensing times.

In response to further questioning from Mrs Beaton regarding this issue, the Applicant did not agree that providing extended hours would merely move the problems currently associated with Crown Street to his pharmacy. He believed that many of the problems were due to the physical layout of Crown Street with its amenities being in close proximity to the existing pharmacies. He advised that there would be no opportunities or incentives for methadone clients to linger outside the proposed pharmacy.

In response to final questioning from Mrs Beaton on why he had equated the low uptake of long term condition services to inadequacy, the Applicant advised that 40% of the population of the area suffered from some type of long term condition. As such the existing pharmacies should be working to engage with this element of the population and provide them with services. The low uptake of services suggested this was not being done.

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

In response to questioning from **Mr Fergusson**, the Applicant confirmed that he had not drawn up plans for the proposed pharmacy as yet. He intended to provide a separate entrance for methadone clients. In response to Mr Fergusson's assertion that a representative within the premises had advised the Committee that the premises would be split to accommodate the proposed pharmacy, the Applicant confirmed that he had the option of taking over the entire premises.

In response to further questioning from Mr Fergusson, the Applicant confirmed that he had carried out the survey regarding MAS. He further confirmed that the survey had involved 40 – 50 patients.

In response to further questioning from Mr Fergusson regarding the arrangement for long term condition services and how patients were referred to pharmacies and often didn't attend, the Applicant advised that he would actively engage with the public to ensure a higher uptake of services.

In response to final questioning from Mr Fergusson regarding how he would manage his methadone clients, the Applicant confirmed that there would be two pharmacists in the proposed pharmacy. One of which would be dedicated to the management of methadone services. This along with the separate entrance would allow the Applicant to benefit patients within six months of opening.

In response to questioning from **Councillor O'Rourke** regarding whether he felt a separate entrance for methadone clients would stigmatise them, the Applicant advised that there was documentary evidence to suggest such an arrangement was beneficial.

In response to final questioning from Councillor O'Rourke regarding how he would tackle patients loitering outside his pharmacy, the Applicant advised that he did not think this would be a problem at the proposed pharmacy. He reiterated that the issues on Crown Street were, in his opinion, caused primarily by the physical layout of the area. The

existence of other amenities such as off-license, grocers and library encouraged patients to loiter. The area where the proposed pharmacy would be situated did not have such amenities, and in the Applicant's opinion there would be no incentive for any patient to loiter in the vicinity of the pharmacy after they had availed themselves of the service.

In response to questioning from **Mr Thomson**, the Applicant confirmed that his pharmacists would speak Punjabi, Urdu and Arabic.

In response to further questioning from Mr Thomson regarding whether he had had any interaction with the local community council or Resident's Association, the Applicant advised that he had been in contact with both groups. He had advised them that he would be providing methadone services from the proposed premises if his application were successful. He advised that while the groups might not be entirely welcoming of the situation, they were aware that the services had to be provided. Mr Rashid advised that he envisaged providing approximately 60 methadone spaces and had no maximum number in mind.

In response to questioning from **Mr Fraser**, the Applicant did not agree that those residents living in Tradeston and Laurieston would need to pass the existing pharmacies to get to the proposed pharmacy.

In response to questioning from **Dr Johnson**, the Applicant agreed that there would be no compulsion on the part of the current methadone patients to move from their current pharmacy to the new pharmacy on Ballater Street, if the application were granted. He did not agree that his numbers were based on conjecture and pointed out that once granted the new pharmacy would provide patients with a further choice. Market forces would then come in to play to address the unmet need of methadone patients in the area. A certain proportion of those currently using pharmacies in Crown Street would move to the new pharmacy and thus the fears of the general public would be allayed.

There were no questions to the Applicant from the **Chair** or **Mr Imrie**.

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

**Mr Henry** commenced his presentation by thanking the Committee for allowing Lloydspharmacy to express their opinion regarding the application. He then proceeded to voice Lloydspharmacy's opinion in more detail using the legal test of necessity and desirability.

Mr Henry advised that in the opinion of Lloydspharmacy the neighbourhood as described in the original application already had two existing pharmacies approximately 0.5 miles from the proposed site. Furthermore the adjacent neighbourhood of Bridgeton had two pharmacies again, approximately 0.5 miles away. All four existing contracts provide all the pharmaceutical services available and although Lloydspharmacy in Gorbals did not currently have a consultation area it was included in a refit programme for later this year. After this there would be a consultation/care room. Both Lloydspharmacy and Dickson's provided a collection and delivery service, and both Lloydspharmacy and Boots in Gorbals provided a unique methadone service to the neighbourhood.

Mr Henry advised that any restriction to the times during which methadone could be dispensed in the area was partly outwith the control of the company, this being a previously agreed solution to what was a local and unique issue.

Mr Henry argued therefore that a new pharmacy contract was not necessary in this neighbourhood.

Mr Henry then went on to speak about desirability. He advised that the original application stated that the residents around the Applicant's proposed site did not use the services of the Gorbals and Oatlands. Mr Henry questioned then why these residents would require an additional pharmacy.

Finally Mr Henry advised that the extraordinary weight of public opinion against the granting of a new contract would suggest that it is absolutely not desirable in this neighbourhood.

In conclusion, Mr Henry advised that there were two existing pharmacies in the described neighbourhood which delivered all pharmaceutical services. The Applicant had failed to provide evidence of inadequacy and had failed to demonstrate any need or want for a new contract and therefore Mr Henry asked on behalf of Lloydspharmacy that the application be refused.

### **The Applicant Questions Mr Henry**

In response to questioning by **the Applicant**, Mr Henry confirmed that he was aware why the Florence Street facility had been developed. He did not agree that the facility had fulfilled its aims or allayed the fears of the general public; however he did not feel that this was the fault of the existing pharmacies in the area.

In response to further questioning by the Applicant, Mr Henry advised that he was unaware whether Lloydspharmacy at the Gorbals would not dispense methadone for a patient who presented at the pharmacy at 5.45pm. He further confirmed that Lloydspharmacy employed a security guard in the Gorbals premises to secure stock and staff. He did not feel that this was a situation unique to Gorbals and was aware that other pharmacies employed similar personnel.

In response to further questioning by the Applicant, Mr Henry advised that all long-term condition services were referred services relying on patients being referred by third parties. Community pharmacies relied on the patients engaging with the process to ensure success. He did not know what view the CHP would take to the apparent low uptake of NRT and MAS within the area.

In response to further questioning by the Applicant regarding refit of premises, Mr Henry confirmed that a refit was due for the Gorbals premises later in the year. He did not accept that Lloydspharmacy had continually made such statements in previous applications, with no progress.

In response to final questioning by the Applicant, Mr Henry did not agree that methadone patients were forced to travel outwith the G5 area to access services. Mr Henry

suggested that most of those who travelled outwith the area did so through choice, not wishing to avail themselves of the service in the area of their residence. He did not feel there was any harm in the numbers of methadone patients travelling outwith the area.

There were no questions to Mr Henry from **Ms Piacentini** or **Mrs Beaton**.

### **The PPC Question Mr Henry**

In response to questioning from **Dr Johnson**, Mr Henry advised that he was unaware how many methadone patients lost their daily dose due to non or late attendance at the community pharmacy.

In response to further questioning from Dr Johnson regarding the management of methadone patients, Mr Henry suggested that the practice of restricting the times during which methadone can be dispensed from the Gorbals pharmacies was a historical situation, which perhaps had been introduced to allow structure to the process and ensure patients were attending the pharmacy between set times.

In response to questioning from **Mr Fraser**, Mr Henry advised that Lloydspharmacy do not deliver methadone to clients as it has to be supervised.

In response to questioning from **Mr Thomson**, regarding the restriction on times for dispensing methadone, Mr Henry advised that as far as he was aware these restrictions were still in place. Mr Thomson clarified that these restrictions should have been lifted over a year ago.

In response to questioning from **Mr Imrie**, Mr Henry advised that he was not aware what percentage of methadone patients did not attend for their daily supervised dose.

There were no questions to Mr Henry from **the Chair, Mr Fergusson or Councillor O'Rourke**.

### **The Interested Parties' Case (Ms Lucia Piacentini – Abbey Chemist)**

**Ms Piacentini** advised the Committee that Abbey Chemist had been located in an adjoining neighbourhood in the City Centre approximately 15 minutes walk away, for the past 20 years.

The pharmacy provided a full range of pharmaceutical services including the dispensing of NHS and private prescriptions, Minor Ailment Service, the Chronic Medication Service, Palliative Care, Emergency Hormonal Contraception, C-Card condom provision, Smoke-Free smoking cessation service, weekly dosettes, prescription ordering and delivery, Injection Equipment Provision (needle exchange) and methadone/suboxone dispensing and supervision.

In relation to methadone the pharmacy was not at maximum capacity, operating at approximately 80%. In recognition of the substitution activity the pharmacy was involved in it recently underwent an extensive refurbishment to improve the pharmaceutical care provided and, as a result had improved both methadone supervision and needle exchange

areas within the shop.

Ms Piacentini advised that approximately 10% of Abbey Chemist's customers lived in the G5 area and this included both substitution and non-substitution prescribing. Abbey Chemists' customers chose to use the pharmacy because of its convenient location in the city centre, or in the case of methadone patients, a desire to receive methadone at a pharmacy slightly further afield from their homes.

### **The Applicant Questions Ms Piacentini**

In response to questioning from **the Applicant**, Ms Piacentini advised that it was not relevant to this particular application whether the owner of Abbey Chemist had shown any interest in applying for a pharmacy contract in the G5 area.

There were no questions to Ms Piacentini from **Mr Henry** or **Mrs Beaton**.

### **The PPC Question Ms Piacentini**

In response to questioning from **Dr Johnson**, Ms Piacentini advised that she could not comment on the potential reasons why Boots had not sent a representative to the hearing.

There were no questions to Ms Piacentini from **the Chair, Mr Fraser, Mr Thomson, Mr Imrie, Councillor O'Rourke** or **Mr Fergusson**.

### **The Interested Parties' Case (Mrs Rosie Beaton – Dickson Chemist)**

**Mrs Beaton** commenced her presentation by advising that she would like to concur with the previous speakers and their objections to this application.

She advised that the existing pharmaceutical services were currently well provided by the two pharmacies in close proximity to the proposed site. Gorbals residents did not seem to require any further services.

Pharmacies further afield like Dickson Chemists in Bridgeton also currently provided a comprehensive collection and delivery service to patient of Gorbals Health Centre who lived within the Gorbals or Oatlands area or who lived outwith the immediate area. These services encompassed all aspects of the contract.

Mrs Beaton advised that there seemed to be a suggestion that methadone services were currently not being adequately catered for. She advised that if there proved to be an urgent need, spaces could be very quickly found with a phone round to local existing pharmacies. It was her opinion that a further pharmacy was not needed in order to fulfil the needs of local clients.

Newer pharmaceutical services such as CMS would undoubtedly be supported well by the local pharmacies in the area and did not seem to feature in the Applicant's reasons for a new contract being issued.

She advised that taking into account the prevalence of diabetes, coronary heart disease

and higher than Scottish average smoking and alcohol related illnesses and hospitalisations, these factors were the real areas for concern in this part of Glasgow and would assuredly have more focus when the full effects of the Chronic Medication Service were realised. Again, the current pharmacies were well positioned to embrace this.

### **The Applicant Questions Mrs Beaton**

In response to questioning from **the Applicant**, Mrs. Beaton agreed that Dickson Chemist was situated outwith the defined neighbourhood. She reiterated however that patients from the neighbourhood travelled to her pharmacy for services.

In response to further questioning from the Applicant, Mrs Beaton did not agree that methadone patients travelling outwith the neighbourhood for services was evidence of an unmet need. She advised that there were many reasons why methadone patients might wish to travel outwith the area to avail themselves of services, including family reasons. She advised that there was a high chance that the methadone patients were exercising choice in leaving the neighbourhood.

In response to final questioning from the Applicant, Mrs Beaton reiterated that she did not feel there was a shortage of methadone spaces in the neighbourhood. She was confident that the CAT (Community Addiction Team) would have no problem placing methadone patients within the neighbourhood or in surrounding neighbourhoods.

There were no questions to Mrs Beaton from **Mr Henry** or **Ms Piacentini**.

### **The PPC Question Mrs Beaton**

In response to questioning from **Dr Johnson** regarding uptake of LTC services in the area where her pharmacy was situated, Mrs Beaton agreed that her pharmacy was situated in an area of comparable deprivation to the proposed premises. She advised that uptake was quite poor. She was not familiar with the reasons for this. Some patients commenced the programme but didn't continue with it, and some didn't want to engage with the process at all.

In response to questioning from **Councillor O'Rourke**, Mrs Beaton agreed that her pharmacy was situated outwith the defined neighbourhood. She advised however that while the effect of any potential pharmacy on her premises may be negligible, she was conscious that any application carried the implication that current services in the area were inadequate. She did not agree with this assertion and wished to present this to the Committee.

There were no questions to Mrs Beaton from **the Chair, Mr Fraser, Mr Thomson, Mr Imrie** or **Mr Fergusson**.

### **Summing Up**

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

**Mrs Beaton** advised that she objected to the application.

**Ms Piacentini** advised that she objected to the application.

**Mr Henry** advised that the Applicant had failed to provide any evidence to show the current services were inadequate. He had therefore failed to meet the legal test. In addition, he had ignored the weight of public opinion against the application. The application should therefore be refused.

**The Applicant** advised that he had evidence to suggest that people were in support of his application. He wished to make it clear that the objections received by the Board were not to a new pharmacy but to the existing management of methadone patients. He advised that the general public were normally in support of new applications. While he was not blaming the existing pharmaceutical network for the issues, he advised that they might not be engaging with the community as well as could be expected.

He advised that his application was based on a number of issues, notably:

- An increase in housing – 1,200 in Oatlands and 800 in Laurieston;
- Deprivation was not being tackled;
- Access to current services was poor;
- Service provision in the area was poor. Not enough services were being provided and the uptake was poor for those services as the existing pharmacies were too busy dispensing;
- There had been unmet methadone need in the area for more than ten years;
- His application would improve services by providing extended hours;
- There was a high BME population in the area including approximately 7,000 who visit the Mosque and who didn't already visit the pharmacies in Crown Street;
- The NHS would save money by closing the Florence Street facility and allowing the issues to be addressed.

Before the applicant and interested parties left the hearing, the Chair asked Mr Rashid, Mr Henry, Ms Piacentini and Mrs Beaton to confirm that they had had a full and fair hearing. All confirmed individually that 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 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:
  - High Street Pharmacy - 128 High Street, G1 1PQ;
  - Boots UK Ltd – various addresses;
  - Abbey Chemist – 144 Trongate, G1 5EN;
  - Dickson Chemist – 21 Main Street, G40 1QA;
  - Bridgeton Health Centre Pharmacy – 201 Abercromby Street, G40 2DA
  - Lloydspharmacy – various addresses;
  - Govanhill Pharmacy Ltd – 233 Calder Street G42 7DR; and
  - David L L Robertson Chemist – 558 Cathcart Road, G42 8YG.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

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

- d) - The Glaswegian (advert run on Wednesday 28<sup>th</sup> April 2010) – eight responses received;
- e) - South-East Glasgow CH(C)P – response received;
- f) The following community councils:
  - Calton & Bridgeton - no response received;
  - Crosshill & Govanhill – no response received;
  - Hutchesontown – response received;
  - Laurieston – 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) Information from Glasgow City Council's Land and Environmental Services and Development & Regeneration Services regarding future plans for development within the area;
- 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; and
- j) Additional information submitted by the Applicant.

## **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 APC Community Pharmacy Subcommittee in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

**North: the River Clyde;**  
**East: Shawfield Drive;**  
**South: the railway line following west; and**  
**West: Eglinton Street, crossing Norfolk Street to Bridge Street where it met the River Clyde.**

The committee agreed that the River Clyde was a major physical and natural boundary. Shawfield Drive marked delineation between new residential housing and an area more industrial in nature. The railway line formed a major physical boundary and Eglinton Street marked a boundary beyond which was an area of industrial land.

## **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.

The Committee noted that both pharmacies provided all core services required under the Pharmacy Contract, along with some of the supplementary services such as methadone supervision, domiciliary oxygen and needle exchange.

The Committee noted the particular problems which had been experienced in this area over a period of time and how this had impacted on the existing pharmaceutical network and also the residents in the area. The Committee were aware that Board Officer's were actively engaged with community representatives on a regular basis on these issues. Taking the Applicant's presentation into consideration, the Committee did not agree that a new pharmacy contract would alleviate the current issues. The Applicant in his own statement had described the root of the issue as being the layout of Crown Street. The Committee did not see how an additional pharmacy some way distant from this area would provide an incentive for methadone patients to move their current arrangements. The Committee agreed that the application relied very heavily on the perceived inadequacies of the current methadone supervision programme within the area, and while they were mindful that issues existed, they were satisfied that a workable solution in the form of the

Florence Street facility, had been put in place.

The Committee considered the Applicant's various reasons for granting the application and while they agreed they were commendable, did not feel they led to a conclusion that the current service in the area was inadequate. They were mindful of the Applicant's assertions regarding a bi-lingual pharmacist and agreed that the Board's strategy in this area was one of integration, with robust arrangements being made available for translation and interpreting services.

The Committee looked at the Applicant's proposed population statistics and while they agreed that additional housing was proposed in Oatlands, they were mindful that this area had previously had a number of residential units, which had been demolished and the residents decanted to other areas. The new housing therefore merely replaced what had been there previously and did not represent a significant new population.

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 Member of the Committee Colin Fergusson 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 majority decision of the PPC that the application be refused.

**Contractor  
Services  
Supervisor**

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

**5. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2011/02 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following application should be considered by means of an oral hearing:

- Sinclair Shops Ltd, 300 Rotherwood Avenue, Blairdardie, Glasgow G13 2AY
- Rowlands Pharmacy, Unit 2 Greenlaw Village, Newton Mearns, Glasgow G77

**6. MATTERS CONSIDERED BY THE CHAIR SINCE THE LAST MEETING**

The Committee having previously been circulated with Paper 2011/03 noted the contents

which gave details of applications considered by the Chair since the date of the last meeting. The Committee noted the action taken:

### **Change of Ownership**

#### **Case No: PPC/CO11/2010 – LG Pharmacy, 119 Cleveden Road, Glasgow G12 0JU**

The Board had received an application from L G Pharmacy for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Right Medicines Pharmacy at the above address. The change of ownership was effective from 1<sup>st</sup> November 2010.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

#### ***NOTED/-***

#### **Case No: PPC/CO11/2010 – Moodiesburn Pharmacy, 16 Blackwoods Crescent, Moodiesburn, Glasgow G69 0EN**

The Board had received an application from J P Mackie & Co for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Blackwoods Pharmacy at the above address. The change of ownership was effective from 1<sup>st</sup> January 2011.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

#### ***NOTED/-***

#### **Case No: PPC/CO12/2010 – J P Mackie Pharmacy, 63 Glenmanor Avenue, Moodiesburn, Glasgow G69 0LB**

The Board had received an application from J P Mackie & Co for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as William Wood Ltd Pharmacy at the above address. The change of ownership was effective from 1<sup>st</sup> January 2011.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the General Pharmaceutical Council.

The Committee noted that the Chairman had granted the application, having been satisfied that the application fulfilled the requirements laid down in the Pharmaceutical Regulations.

**NOTED/-**

**7. NATIONAL APPEALS PANEL**

The Committee having previously been circulated with paper 2010/04 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:

**Boots UK Ltd – Unit 1B, Strathkelvin Retail Park, Bishopbriggs, Glasgow G64 2TS  
(PPC/INCL04/2010)**

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to grant Boots UK Ltd's application to establish a pharmacy at the above address. As such Boots UK's name was not included in the Board's Provisional Pharmaceutical List and the file regarding this application was closed.

**NOTED/-**

**8. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**9. DATE OF NEXT MEETING**

The next meeting of the Committee will take place on 20<sup>th</sup> January 2011.