

<b>Meeting:</b>	Pharmacy Practice Committee
<b>Date:</b>	Tuesday, 7 December 2004
<b>Paper No:</b>	2004/26
<b>Subject:</b>	Application for Inclusion in the Board's Pharmaceutical List – Semple & Semple, 190 Mosspark Drive, Glasgow G52 1HL.
<b>Presented by:</b>	Kate McGloan - Family Health Services Officer (Medical)
<b>Contact for further information:</b>	Grace Watson 0141 211 3766

## ITEM No. 4 (ii)

<b>Publication:</b> The content of this Paper may be published following the meeting.
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<b>National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as Amended</b>
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<b>Recommendations:</b> The meeting is asked to:-
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1. Consider and determine the application.
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1. **Application**

**PPC/INCL/14/2004**

- 1.1 An application was received by the Board on 8 September 2004, from Semple & Semple, seeking inclusion in the Board's Pharmaceutical List to provide general pharmaceutical services from premises situated at 190 Mosspark Drive, Glasgow G52 1HL. A copy of the application from Semple & Semple is attached (**Appendix 1**), along with a statement in support of the application.
2. **Regulations**
- 2.1 The Regulations relating to applications for inclusion in the Pharmaceutical List are contained in the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended. A copy of the relevant sections of the Regulations has been distributed with the Agenda for ease of reference, and should be referred to for its terms (see also Section 12).
- 2.2 Having regard to the terms of the above Regulations, the Committee is advised that it is entitled to determine the application in such a manner, as it thinks fit.

### 3. **Consultation**

- 3.1 In accordance with the provisions set out in the aforementioned Regulations, the Board consulted the Area Pharmaceutical Committee, the Area Medical Committee, the Local Health Council serving the area of the Board and other pharmaceutical contractors in the neighbourhood of the premises, who, it was considered might be affected by the proposed application.
- 3.2 The application was put out to consultation on 15 September 2004 (5 working days from receipt). The consultation period ended 30 days later on 10 October 2004.
- 3.3 The responses received during the consultation period, which raised no objections to the application, are detailed at **Appendix 2**.
- 3.4 The responses received during the consultation period, which raised objections to the application, are detailed at **Appendix 3**.

### **Background Information**

#### 4. **Existing Pharmacies with NHS Contracts**

- 4.1 Attached to this report at **Appendix 4** is a map indicating:
- i) the location of the proposed pharmacy;
  - ii) the location of the existing pharmacies within a one mile radius of the proposed pharmacy;
  - iii) the range of services currently provided by the existing pharmacies;
  - iv) the hours of service of existing pharmacies.

#### 5. **General Medical Practitioner Information**

- 5.1 There are four GP surgeries situated within the one mile radius circle. The GP surgeries listed at A, B and C on the map have relocated to premises situated at 1831 Paisley Road West, Glasgow, G32 6SS with effect from 22 November 2004.

#### 6. **Development and/or Expansion of the Surrounding Area**

- 6.1 Information was received from Glasgow City Council, Development & Regeneration Services and Land Services and is attached at **Appendix 5**.

#### 7. **Natural Boundaries**

- 7.1 The area surrounding the applicant's proposed premises is bound to the North by the A761 Paisley Road West, to the East and South by the M77 Motorway and to the West by Corkerhill Road.

8. **Future Plans for General Medical Services**

8.1 The GP practices sited at A, B and C of the information sheet relocated to purpose built premises situated at 1831 Paisley Road West, G52 6SS on 22 November 2004 .

9. **Public Transport**

9.1 The following bus services are convenient to the applicant's proposed premises:

**Timetable 17:** Monday to Friday and Saturday

Paisley to Mosspark

**Timetable 23:** Monday to Friday/Saturday and Sunday

High Possil to Govan Bus Station

**Timetable 23a:** Monday to Friday/Saturday and Sunday

Pollok Centre to Govan Bus Station via Linthaugh Road

**Timetable 59:** Monday to Friday and Saturday

Duntocher to Mosspark

**Strathclyde Passenger Transport**

The nearest rail links to the proposed premises run from Mosspark Station.

10. **Demographic Information**

10.1 The population and demographic information for the area surrounding the proposed pharmacy is attached at **Appendix 6**.

11. **Additional Information**

- 11.1
- i) The premises from which the applicant proposes to provide services are constructed.
  - (ii) The premises are not yet in the possession of the applicant, but the Board is sufficiently satisfied that the applicant is pursuing the lease/purchase of the premises.
  - (iii) The premises are not yet registered with the Royal Pharmaceutical Society of Great Britain in the name of Semple & Semple.
  - (iv) Details of Current prescription load for the area is detailed at **Appendix 6**.
  - (v) **Appendix 7** details the applicant's response to the arguments raised by the interested parties.

12. **Regulations**

12.1 The Committee's attention is drawn to the following Regulations: -

5(10) – An application..... shall be granted by the Board/Trust only if it is satisfied that the provision of pharmaceutical services at the premises named in the application is **necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located** by persons whose names are included in the pharmaceutical list ....”

Schedule 3 Paragraph 2 – (1) in considering an application to which Regulation 5(10) applies, the Board/Trust shall have regard to-

- (a) the pharmaceutical services already provided in the neighbourhood of the premises named in the application by persons whose names are included in a pharmaceutical list;
- (b) pharmaceutical services to be provided in the neighbourhood at these premises by a person whose name is included in the provisional pharmaceutical list;
- (c) any representations received by the Board/Trust under paragraph 1 (statutory consultees); and
- (d) any information available to the Board/Trust which, in its opinion, is relevant to the consideration of the application.

It is open to the Committee (acting for the Trust) to determine the application in such manner as it thinks fit – including receipt of oral representations (para 2(2)).

In applying the Regulations the Committee should be concerned to establish the “neighbourhood” and determine whether existing contractors adequately serve this neighbourhood.

**APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST**

The Board received the undernoted comments and views **raising no objections** to Semple & Semple's application seeking inclusion in the Board's Pharmaceutical List.

- (i) **Dr B A K West, G P Sub Committee, Greater Glasgow Health Board, Area Medical Committee, 40 New City Road, Glasgow, G4 9JT – Received 8 September 2004.**

"The Committee has noted the application from Semple & Semple, Glasgow, to provide pharmaceutical services from the above location.

After discussing the proposal from Semple & Semple, Glasgow, the Committee have agreed to take no exceptions to the proposal."

**APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST**

The Board received the undernoted comments and views **raising objections** to Semple & Semple's application seeking inclusion in the Board's Pharmaceutical List.

- (i) **Elizabeth Watt, Administrative Officer, Greater Glasgow NHS Board, Dalian House, PO Box 15329, 350 St Vincent Street, Glasgow, G3 8YZ – Received 21 September 2004.**

"I write further to your letter of 10 October 2004 in connection with the above application for inclusion. Greater Glasgow Area Pharmaceutical Committee GP Sub-Committee gave consideration to this application at its meeting held on Monday 13 September 2004. On reviewing the one mile radius circle map of the area, which included Dumbreck Road, Paisley Road West and Mosspark Drive, Members noted that there were already three pharmacies in the area. Accordingly, the GP Sub-Committee regarded that there was adequate provision of pharmaceutical services in the area and did not consider this application to be necessary and desirable. I hope you find the GP Sub-Committee's comments helpful".

- (ii) **William S Wilson, Thistle Pharmacy, 1258 Paisley Road West, Glasgow G52 1DP – Received 5 October 2004**

"Thank you for sending me the application for a new pharmacy registration at 190 Mosspark Drive in Glasgow. My pharmacy has served the Mosspark area for more than 100 years, under a succession of owners. It is a very stable area in the sense that many residents have occupied their houses for decades, allowing us to build up long-standing relationships with many people who are now in old age. The service we give is comprehensive and takes account of the declining mobility of some of the elderly and indeed blind people, for whom we collect prescriptions from local GPs and deliver medications when requested.

The district delineated in the application shows a compact area within easy reach of five existing pharmacies. Most dwellings within Mosspark are within one kilometre of a community pharmacy. The application (Additional information, document (b), para. 2A) states that the nearest pharmacy is 1 mile distant from the proposed premises. This is untrue since Thistle Pharmacy is about 5/8<sup>th</sup> of a mile of the most direct route, through the Park. The areas to the south and east of the proposed site are either unpopulated or isolated by the railway line. The area to the north has a much lower population density and is less accessible.

Further dilution of the economic viability of the existing businesses only makes it more difficult for these pharmacies to deliver a first class service. No medical practitioners operate surgeries within the boundaries of Mosspark which the applicants offer to serve. The applicants propose opening hours which do not exceed those of most, and indeed fall short of those offered by some existing pharmacies in the area.

In my opinion this application should be rejected on the grounds that a new service is neither necessary for the adequate provision of pharmaceuticals to the people of Mosspark, nor is it desirable for the stability of the existing pharmacy network in the area".

(iii) **John-Paul Mackie, Superintendent Pharmacist, J P Mackie Pharmacy, 1795 Paisley Road West, Glasgow G52 3SS – Received 6 October 2004**

"I am writing to object in the strongest possible terms to an application for inclusion in the pharmaceutical list made by Semple & Semple at 190 Mosspark Drive, Glasgow G52 1HL.

In my opinion this area is more than well served by current pharmaceutical services. There has not been any significant change in population or demographics to constitute an increase in demand for these services. I would like the Pharmacy Practice Committee to consider the following points:

### **Location and Neighbourhood**

- The site has been deliberately chosen to fall out with the "One mile radius notification rule". This places it at the boundary of the area that it reputedly wants to serve. This means that almost half of this population remain as close to my shop as to the new site.
- Likewise large sections of the remaining population will still be located closer to existing pharmacies as to the new site (see enclosed map - attached at **ANNEX 1**). This means that only 2,000 people may be located closer to this site than existing pharmacies.
- If this site had been in the middle of the population it is reputed to be serving it would be located less than half a mile away from my shop. In effect this population is well served by my and other pharmacies and at the very furthest point is still less than a mile away from my shop.
- This area should not be considered a '**neighbourhood**' in its own right. There are no supermarkets, GP surgeries, post offices, workplaces or colleges to sustain day to day life. There are only several local shops and other sparse facilities (**as mentioned in application**).
- The focal point of this area and hence, central point of the community revolves around all the facilities provided towards the Cardonald end of this ward. The neighbourhood should not be considered in terms of a '**council ward**' but instead as a local community which encompasses South Cardonald & Paisley Road West with all their facilities.
- '**The busy main road and railway**' are far from a '**barrier to pedestrian traffic**' but instead offer an excellent public transport network for people without cars. This network is essential to sustain day to day living in this area due to the absence of basic facilities.

### **Existing provision of Pharmaceutical Services**

- I believe that the current provision of pharmaceutical services is more than adequate in this area. True no pharmacies are located in the '**Mosspark Council Ward**' but this has no bearing on the local community or neighbourhood (as mentioned above). It is a political boundary used by the applicant for their own convenience.
- It may be possible that '**the nearest pharmacy is 1 mile distant from the proposed site**' but again this has been a manipulation of the situation. This site has been deliberately chosen so that this would be the case and places it as an outpost to the population it wants to serve. The majority of people in this area would still be closer to existing pharmacies.
- The '**considerable journey for those residents without access to a car**' would not be improved for these patients as they would still require public transport to

get to the new pharmacy (i.e. most could not walk there – **poor levels of health and mobility**). Furthermore these people would still have to use public transport to go further afield for other day to day living essentials.

- There are no G.P. surgeries in this '**council ward**'. Most G.P. surgeries are located in Cardonald along with the 'G.P. out of hour service' on Berryknowes Road. All of these surgeries are well catered for by existing pharmacies some of which are open 9am to 9pm every day of the year.

#### **Provision of services from my Pharmacy (See Leaflet)**

- We offer all of the applicants '**proposed services**' already from my pharmacy with the exception of '**supplementary pharmacist prescriber sessions**'. This is a questionable claim because how such pharmacists are to be integrated into the community pharmacy setting is not yet clear. This, therefore, questions the validity of the applicants other service claims. (One of our pharmacists is due to complete this course shortly and their experience will be integrated in to this setting if and when it becomes possible).
- We offer a free prescription collection and delivery service to this area five days a week from over 30 local surgeries. All other local pharmacies offer a similar service.
- In addition to the applicants proposed services we also offer:
  - Blood pressure monitoring.
  - Weight Management.
  - Medication Review.
  - 'Health point' information service (cost over £5,000 ex vat) – Patients free to browse computer / video link system and print off independent information on over 3,500 topics.
- NHS trust schemes including:
  - i. 'Starting fresh',
  - ii. 'Head lice management'.
  - iii. 'Compliance Support Initiative'.
  - iv. We have also recently applied to join the 'Medicines Management Project'.
- Furthermore I would like the 'Pharmacy Practice Committee' to be aware that I recently refitted my shop to provide a 'consultation room' and consultation area' both fully equipped with sinks and water heaters. Costs incurred have been over £57,000 with no grant (invoices enclosed). This combined with a consequent reduction in retail sales space demonstrates my commitment to the development of professional services and commitment to the new pharmacy contract.

#### **Potential effect on existing services**

- I consider the commercial impact of this application would be catastrophic to my business. I believe that anywhere up to 50% of my business comes from this population and that I would '**lose a sufficient amount of business to jeopardise viability**'.
- I can submit 'Annual Accounts' as well as daily 'prescription counts' and 'retail sales' information upon request to highlight the current financial plight of the business. I spent a considerable amount of money purchasing the business on 1<sup>st</sup> August 2003 and on top of these repayment loans I now have additional shop fitting loans.

- If this application did not lead directly to the closure of my shop it would definitely reduce the amount of services I would be able to offer e.g. I currently open 9am to 6pm on a Saturday and operate at a loss just to provide the service (compared to applicants 9am to 1pm proposal).

### Local Developments

- Work has started on a new supermarket development (Morrisons formerly Safeway) in this area on Paisley Road West at a junction with Berryknowes Road (see map). There is also a 'Local Health Centre' being built opposite.
- I do not anticipate that a pharmacy trading at the proposed site serving a community of 2,000 people (or even 4,500 as claimed) could ever be viable. I am therefore concerned that the applicant's real intention would be to undergo a 'minor relocation' in the future to either the new 'Super Market' or 'Health Centre' sites. Alternatively, they may be intending to sell the contract on. If this happened it would have an even greater devastating effect on the other pharmacies in the area.
- If another existing contractor did sell their contract to the 'Super Market' or relocated to the 'Health Centre' the impact would not be as great as the existing contractors custom would be split amongst the contractors in the area (i.e. the number of contractors stays the same).
- For the record I would not be selling my contract as I have a 20 year lease and have just invested large sums improving my premises in anticipation of the new contract.

### In Conclusion

- Nearer 2,000 people than **4,500** people would be located closer to the new site.
- The '**council ward**' can not be considered a '**neighbourhood**' due to lack of basic facilities. Any 'neighbourhood' should be considered as encompassing South Cardonald where many pharmacies service this population. These pharmacies have extensive collection and delivery services for this area as well as extended opening hours.
- The closest pharmacy to the applicant's site is '**one mile away**' because of the applicant's deliberate choice of site. This places the applicant's site at the outskirts of the population it wants to serve and does nothing to improve the patient's journey. Furthermore patients would have to travel outwith this 'council ward' to see their GP and to access other essential services anyway.
- The financial impact on other pharmacies in the area would be substantial. It is an aged population with high demand for prescription collection, delivery and Monitored Dosage Systems. This combined with negligible counter sales means low profit margins. The detrimental effect of awarding a new contract on other pharmacies would jeopardise their viability and restrict their service provisions (which are currently excellent).
- If the new contract was relocated in the near future to the new 'Health Centre' or 'Supermarket' it would have a disastrous effect on all other pharmacies in the area. I believe that this is a very real possibility due to the lack of feasibility that a new pharmacy could survive at the proposed site".

(iv) **Jim Rae, Munro Pharmacy, 10 Stroud Road, Kelvin Industria Estate, East Kilbride G75 0YA – Received 7 October 2004**

“With reference to the above application I would be obliged if you would place the following submission before the Pharmacy Practices Committee.

The Neighbourhood

Although it may appear possible to define a neighbourhood on a map by delineating an area surrounded by minor dual carriageway roads, this does not take into account the minimum area required, and chosen, by the population accessing and using on a daily basis, as part of the fabric of their everyday life, common and shared amenity. The neighbourhood proposed by the applicant is not a complete neighbourhood. It is part of a neighbourhood.

By necessity, to access daily amenities such as primary schools, secondary schools, doctors, chapels, post office, sport and recreational facilities, dentists, banks and nursery schools, the population travels out-with the extremely limited area bounded by the applicant. By choice, to access daily amenities such as shopping, the population **choose** to use facilities out-with the applicants’ narrow area. This can be demonstrated by the fact that about 50% of the units at the applicants proposed site are vacant as the facilities at nearby Paisley Road West are readily accessible and the preferred **choice** of the population.

In fact, as the applicants proposed site is on the farthest outer periphery of the Mosspark housing development, the facilities on Paisley Road West are closer and more accessible to a large part of the population within the area delineated by the applicants. The population in this neighbourhood have a high level of employment and car ownership higher than the Glasgow average.

I would consider the neighbourhood boundaries to be:

- Northern boundary is the A761 Paisley Road West and amenity on both sides of the road
- Eastern boundary is the B768 Dumbreck Road
- Southern boundary is the railway line running through Corkerhill and Mosspark Station
- Western boundary is the A736 Crookston Road

Necessary or Desirable

There are 5 existing contractors within a one-mile radius of the applicants proposed site and 6 within the neighbourhood.

- There is adequate provision of pharmaceutical services provided by the pharmacies located in the neighbourhood and immediate vicinity.
- There is a good collection and delivery service for the neighbourhood, together with adequate methadone and oxygen dispensing
- There is no dissatisfaction with the present pharmaceutical provision to the neighbourhood
- The services currently provided by the pharmacies in the neighbourhood include all those required under the NHS contract
- There is clear evidence that existing contractors are providing additional services over and above the basic NHS services which they are contracted to provide.

- There is seven day and late night pharmaceutical provision in the area.
- There is sufficient evidence that the existing provision of pharmaceutical services in the neighbourhood is more than adequate to secure pharmaceutical services.

The business plan for this pharmacy is to actively promote extensive prescription and delivery services to the greater area and adjoining neighbourhoods. This is the only way it would be viable and is consistent with existing service provision models of the applicant. This would bring no additional benefits. It is not necessary. If this model of application was successful you may expect applications for every housing development and settlement in Glasgow, taking no cognisance of existing provision in the greater neighbourhood. Although this may introduce an element of convenience it would provide unnecessary dilution and be to the detriment of the stability and the totality of pharmaceutical care provided. This would be inconsistent with the Scottish Executive strategy document '*The Right Medicine*' and the reasoning for rejection of the OFT proposals. It is therefore not desirable.

A previous application at 1462 Paisley Road West, just over half a mile from the applicants proposed site, was refused and considered neither necessary nor desirable in order to secure adequate provision. There has been no changes or increases in population in the area. There are six NHS contractor pharmacies within the area of the applicants proposed site providing full pharmaceutical provision. The applicant has provided no evidence to suggest that existing provision is less than adequate.

The application is neither necessary nor desirable

The application fails the legal test of Regulation 5 (10).

Accordingly, I ask that the application be rejected".

(v) **David L L Robertson, David L. L. Robertson (GLW) Ltd Pharmacy, 10 Braidcraft Terrace, Glasgow G53 7EB – Received – 8 October 2004**

"Further to your letter of 28<sup>th</sup> May regarding the inclusion of the above Pharmaceutical list, I would to make the following points.

The site of the proposed pharmacy is on a 'tail' of houses at the extreme east of the Mossbank neighbourhood and is not in a position that is used by a minority of the Mossbank residents. This is indicated by the fact that 50% of the outlets in the small shopping precinct are vacant, the majority of the residents are choosing to use retail outlets and pharmacies on Paisley Road West which are easily accessed by them. I would think it more realistic to say that only one third of the population of Mossbank would be drawn to this position.

The comment that the area has high unemployment levels and limited car ownership is quite incorrect. The house quality is high and much sought after, most houses having large gardens and the percentage of house ownership and car ownership is high. The area is not, as claimed, to be compared with parts of the city where severe deprivation can be seen. Mossbank is well established with no recent increase in population and there is no requirement for a further pharmacy on that basis.

Mossbank is at present well served by five pharmacies in the area, providing an excellent, comprehensive and stable pharmaceutical service to the community. This service is adequately providing all the services required by the NHS contract and in addition providing

services over and above those required by the NHS contract. There is a seven-day service and a late night service provided in the area.

I believe that the fragmentation of the current pharmaceutical service to the community by the addition of a further pharmacy is neither necessary nor desirable and could result in having a deleterious effect on the overall distribution and service to the community.”

**APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST**

The Board has received the undernoted comments regarding future developments within the locality of the applicant's proposed pharmacy at 190 Mossspark Drive, Glasgow G52 1HL.

- (i) **George Gillespie, Head of Lighting and Traffic Operations, Glasgow City Council, Land Services, Richmond Exchange, 20 Cadogan Street, Glasgow G2 7AD – Received 21 September 2004**

"I refer to your letter, dated 10 September 2004, on the above subject.

I can confirm that there are no major road developments being planned, by Glasgow City Council, within a one mile radius of the site of the proposed pharmacy.

- (ii) **Phil Murray, Principal Development Plans Team, Glasgow City Council, Development & Regeneration Services, 229 George Street, Glasgow G1 1QU – Received 4 October 2004**

"I refer to your letter of 10 September requesting information regarding proposed residential developments within a one mile radius of the above location. In response I attach a spreadsheet listing the addresses of relevant developments.

I trust this meets with your requirements should you require further clarification regarding these proposals please contact my colleague Alistair Doig on 0141-287-8656 in the first instance".

**APPLICATION FOR INCLUSION IN THE PHARMACEUTICAL LIST**

The proposed pharmacy will be situated in post-code sector G52 1HL – Mosspark . The three nearest pharmacies are:

- (i) Thistle Pharmacy, 1258 Paisley Road West, Glasgow G52 1DP
- (ii) Munro Pharmacy, Unit 9, 1604 Paisley Road West, Glasgow G52 3QN
- (iii) J P Mackie Pharmacy, 1785 Paisley Road West, Glasgow G52 3SS

The demographic information regarding the post-code area of the nearest pharmacies, is as follows:

Post-Code Sector	Carstairs Deprivation Category	Population Figures 1991	Population Figures 2001	Percentage Change
G52 1*	6	8,260	7,534	-8.8
G52 3	4	8,732	8,441	-3.3

Post-Code Sector	Number of GPs	Population Per GP
G52 1*	3	2511
G52 3	7	1201
Total	0	
Average for GGHB		1433

Post-Code Sector	Number of Pharmacies	Population per Pharmacy
G52 1*	1	7534
G52 3	2	4205
Total	3	11,739
Average for GGHB		4076

Post-Code Sector	Total Persons	% of 0-4 years	% of 75+ years	% of population 16-74 perm sick	% of males unemployed	% of females unemployed
G52 1*	7534	4.33	13.92	13.09	11.78	5.74
G52 3	4205	5.38	9.48	9.71	8.91	3.23
Average for GGHB		5.5	6.99	10.5	10.5	5.2

Post-code sector	% Ethnic Minority	% of persons born outside U.K.	% of owner occupied housing	% of households with no car
G52 1*	1.99	2.71	59.72	56.59
G52 3	1.07	2.20	68.51	47.15
Average for GGHB	4.53	4.86	56.02	47.89

Information extracted from 2001 Census information.

\* Postcode sector in which proposed premises are situated.

\*\* The Committee is asked to note that the census figures only show details of main practices, branch surgeries are not taken into account.



The Applicants response to the arguments raised by the interested parties.

**“Application for Inclusion in the Pharmaceutical List of the Greater Glasgow Primary Care NHS Trust in respect of premises at 190 Mosspark Drive, Glasgow G52 1HL**

**Document (c): Response to representations from interested parties.**

**1. GGHB Area Medical Committee (GP Subcommittee)**

We were pleased to note that the AMC (GP Subcommittee) take no exception to the proposal.

**2. GGHB Area Pharmaceutical Committee (GP Subcommittee)**

*“On reviewing the one mile radius circle map of the area, which included Dumbreck Road, Paisley Road West and Mosspark Drive, Members noted that there were already three pharmacies in the area.*

*Accordingly, the GP Subcommittee regarded that there was adequate provision of pharmaceutical services in the area and did not consider this application to be necessary and desirable”.*

The APC (GP-sub) have defined a neighbourhood by simply drawing a circle with a radius of 1 mile round the proposed premises.

This is not a neighbourhood.

We have described a clearly defined neighbourhood, and there are no pharmaceutical services in this neighbourhood.

Furthermore, distances ‘as the crow flies’ are irrelevant - the distance from the proposed premises to the nearest existing pharmacy by the shortest vehicular route is 1 mile.

**As the APC (GP-Sub) have not defined a real neighbourhood, we contend that their application of the legal test is fundamentally flawed, and their conclusion erroneous.**

**3. Dr William S. Wilson, Thistle Pharmacy**

*“The district delineated in the application shows a compact area within easy reach of five existing pharmacies... “*

Whilst we would agree that the neighbourhood is **surrounded** by five existing pharmacies, we would dispute that they are “within easy reach”.

*Most dwellings within Mosspark are within one kilometre of a community pharmacy”.*

We would dispute this. The majority of residents live approximately one mile from the nearest community pharmacy, the nearest of which (Thistle Pharmacy and Munro Pharmacy) are on the wrong side of one of Glasgow’s busiest main roads.

*“...Thistle Pharmacy is about 5/8th of a mile by the most direct route, through the Park.”*

It is a sad fact of modern life, but the major user-group of Community Pharmacy - the elderly, disabled and young mothers - cannot be expected to access pharmaceutical services by walking over half a mile through Bellahouston Park - especially in winter.

*This distance is, for the purposes of this application - completely irrelevant.  
“Further dilution of the economic viability of the existing businesses only makes it more difficult for these pharmacies to deliver a first class service”.*

On the contrary, we would expect that a new entrant in the wider area will increase competition in a stagnant marketplace and lead to **increased service levels**.

#### **4. David L. L. Robertson, David L. L. Robertson (GLW) Ltd**

*“The site of the proposed pharmacy is on the ‘tail’ of houses at the extreme east of the Mosspark neighbourhood and is not in a position that is used by a minority (sic) of the Mosspark residents. This is indicated by the fact that 50% of the outlets in the small shopping precinct are vacant...”.*

The proposed site is close to the population centre of the Mosspark scheme within a **thriving** shopping precinct.

The precinct contains:

- A beautician
- A tea-room
- A driving-test centre
- A gents barbers
- A hairdresser
- A newsagent (198 Mosspark Drive)
- A takeaway restaurant (192 Mosspark Drive)
- A general store (182-188 Mosspark Drive)

There is one vacant unit on Airth Place and two vacant units on Mosspark Drive (196 & 194). According to the landlord these were under offer for some time, but negotiations have fallen through and all three are back on the market with a closing date of 8 December.

According to the landlord (the Housing Association), retail property at this location is

much in demand, and they fully expect to have the vacant units let in the near future.

There is also a post box and a public telephone located next to the shops.

*“I would think it more realistic that only one third of the population of Mossspark would be drawn to this position”.*

Whilst we dispute this fact, we find it difficult to relate this statement to Mr Robertson’s subsequent claim that “fragmentation of the current pharmaceutical service to the community by the addition of a further pharmacy... could result in having a deleterious effect on the overall distribution and service to the community...”.

This would suggest that Mr Robertson is simply listing as many possible reasons he can think of to object to a new pharmacy, with little regard for the fact that many of them are contradictory.

*“The comment that the area has high unemployment levels and limited car ownership is quite incorrect... the area is not, as claimed, to be compared with parts of the city where severe deprivation can be seen’.*

Our actual comments were that “the population resident in the neighbourhood suffer a level of health well below the national average”; “Unemployment levels are high, and car ownership is low”; and “The population has poor levels of health and mobility, in comparison to the national average”.

These comparisons come from 2001 census data and specifically refer to differences between the defined neighbourhood and the national average. At no time did we, as claimed, make comparisons between Mossspark and the more deprived areas of Glasgow.

*“Mossspark is well established with no recent increase in population and there is no requirement for a further pharmacy on that basis”.*

We believe we have identified a neighbourhood where it is necessary and desirable to grant a new contract in order to secure adequate provision of pharmaceutical services. This was as much the case twenty years ago as it is today. The fact that no-one has previously identified the need does not imply that the need didn’t exist!

## **5. John-Paul Mackie, J. P. Mackie Pharmacy**

*“The site has been deliberately chosen to fall outwith the ‘One mile radius notification rule”*

There is no such thing as a ‘One mile radius notification rule’.

The site was chosen because an empty unit became available in the shopping precinct which we consider to be the focal point of the Mossspark neighbourhood.

*“Half of this population remain as close to my shop as to the new site... large sections of the remaining population will still be located closer to existing pharmacies... only nearer 2000 people may be located closer to this site than existing pharmacies”.*

In our opinion, residents in the Mossspark neighbourhood would be keen to access pharmaceutical services conveniently located **in their own neighbourhood**.

In our experience, a simplistic model of pharmacy usage that draws circles on maps and works out which pharmacy is closest from any particular household is of little value – and will remain so until the day we all start travelling around using jet-packs.

*“This area should not be considered a ‘neighbourhood’... there are no supermarkets, GP surgeries, post offices, workplaces or colleges to sustain day to day life”.*

None of these services are required to ‘sustain day to day life’, nor indeed to constitute a neighbourhood. A neighbourhood, as defined by Regulation 5(10), is not a place which necessarily contains a set list of facilities.

**“[Neighbourhood] is not defined in the Regulations and must therefore be given the meaning which would normally be attributed to it as an ordinary word of the English language. As the word is ordinarily understood, it has connotations of vicinity or nearness... the word “neighbourhood” in regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes”.**

-Lord Nimmo-Smith, Judicial Review Petition of Boots the Chemist Ltd 1199

“Neighbourhood for all purposes” is an oft-misquoted term. It means that a neighbourhood is a neighbourhood in any context, **not that it contains all the amenities residents would require to live their lives.**

A neighbourhood should not be confused with a catchment area.

For example, a supermarket may have a catchment area with a large radius - perhaps a 5 mile radius. A pharmacy at the same location may only have a catchment area of perhaps 1 mile.

Nevertheless, both premises are in the same neighbourhood.

**It is a neighbourhood for all purposes - the context in which you define a neighbourhood has no material effect on the size or boundaries of that neighbourhood.**

*“The focal point of this area and hence, central point of the community revolves around all the facilities provided towards the Cardonald end of this ward... The*

*neighbourhood... (is) a local community which encompasses South Cardonald & Paisley Road West with all their facilities.”*

We would dispute this fact. The focal point of the Mossspark neighbourhood is the shopping arcade in which the proposed premises are situated.

A neighbourhood which includes the whole of Mossspark and South Cardonald, in the context of an urban environment, is far too large to be considered a neighbourhood – as “an ordinary word of the English language”.

*“The busy main road and railway are far from a ‘barrier to pedestrian traffic’ but instead offer an excellent public transport network for people without cars.*

It is not acceptable for people in an urban setting to be required to use public transport in order to access pharmaceutical services. A community pharmacy - where viable - should be an integral and easily accessible part of every neighbourhood.

*“It may be possible that ‘the nearest pharmacy’ is 1 mile distant from the proposed site...”*

Correct. The nearest pharmacy is indeed 1 mile distant.

*“... but again this has been a manipulation of the situation. This site has been deliberately chosen so that this would be the case and places it as an outpost to the population it wants to serve...”*

This is nonsense.

The site was chosen because it is the focal point of the Mossspark neighbourhood, and because there was an available unit.

The ‘focal point’ of a neighbourhood need not be in the **geographic** centre of the neighbourhood.

*“The ‘considerable journey for those residents without access to a car’ would not be improved for these patients as they would still require public transport to get to the new pharmacy (i.e. most could not walk there ...). Furthermore these people would still have to use public transport to go further a field (sic) for other day to day living essentials”.*

We are pleased to note that Mr Mackie agrees with us that existing pharmacies are not easily accessible to the neighbourhood population!

However, we would utterly dispute the contention that the proposed premises are difficult to access.

*“There are no GP surgeries in this ‘council ward’...”*

Community pharmacy is a primary care service independent of GP services.

The lack of a GP surgery adds to the need for a community pharmacy.

*“We offer a free prescription collection and delivery service to this area five days a week...”*

Mr Mackie would be perfectly free to continue to offer this service in the event of a new pharmacy contract being granted. However, home delivery by a non-pharmacist is **no substitute for a comprehensive pharmaceutical service.**

*“I consider the commercial impact of this application would be catastrophic to my business. I believe that anywhere up to 50% of my business comes from this population and that I would lose a sufficient amount of business to jeopardise viability”*

We are **extremely** sceptical of Mr Mackie’s claim that a new entrant at this location would jeopardise the viability of his pharmacy on Paisley Road West, particularly given his previous claim that the majority of residents in the defined neighbourhood are closer to his pharmacy and unlikely to access pharmaceutical services from the proposed premises; the high level of services his pharmacy provides; and - most importantly – the fact that his pharmacy is close to GP surgeries and located in a **different neighbourhood.**

*“I can submit... accounts... upon request to highlight the current financial plight of the business. I spent a considerable amount of money purchasing the business on the 1<sup>st</sup> August 2003 and on top of these repayment loans I now have additional shop fitting loans...”*

Whilst we have no desire to see Mr Mackie’s business fail, we must point out that his comments above have less to do with the viability of a pharmacy at his location than with his particular situation, where he appears to have overextended his credit.

The purposes of the regulations are to protect the interests of the public by securing the pharmacy network - not by securing the investments of individual pharmacy owners.

These comments are therefore irrelevant.

*“If this application did not lead directly to the closure of my shop it would definitely reduce the amount of services I would be able to offer...”*

In our experience, the level of service offered by individual contractors is directly related to the amount of local competition - not, as Mr Mackie claims, indirectly.

*“I do not anticipate that a pharmacy trading at the proposed site serving a community of 2000 people (or even 45000 as claimed) could ever be viable...”*

Mr Mackie firstly claims that the proposed pharmacy will have a “**catastrophic**” effect on his business, and then claims that it will not be viable. He cannot have it both ways!

*“I am therefore concerned that the applicants real intension (sic) would be to undergo a ‘minor relocation’ in the near future to either the new ‘Super Market’ or ‘Health Centre’ sites.*

We can reassure Mr Mackie that If a new contract were granted on the basis of our defined neighbourhood being accepted, any relocation outwith the neighbourhood would not be minor, and would be unlikely to be granted as such.

## **6. Jim Rae, Donald Munro Ltd**

*“The neighbourhood proposed by the applicant is not a complete neighbourhood. It is part of a neighbourhood... By necessity, to access daily amenities such as primary schools, etc... the population travels outwith the extremely limited area bounded by the applicant...”*

We would refer Mr Rae to Lord Nimmo-Smith’s comments previously stated.

Mr Rae has a history of defining neighbourhoods in terms of a large area containing every facility and service as would be required to sustain a community at any time, e.g. doctors, chapels, dentists, nursery schools, etc...

This is due to his misinterpretation of Lord Nimmo-Smith’s phrase ‘ **a neighbourhood for all purposes**’.

Mr Rae mistakenly infers from this that ‘for all purposes’ means ‘containing all facilities’.

He is wrong.

The correct interpretation is that a neighbourhood is a neighbourhood **regardless of the context**. Therefore, the only way it can be defined is by “**(the) meaning which would normally be attributed to it as an ordinary word of the English language**”.

Such a meaning is different in a rural context than in an urban context. However, in an urban context, given the density of population, it is fair to assume that a neighbourhood will be a much smaller geographic area than in a rural setting and may have a limited range of services and facilities.

Subsequently, we cannot accept a neighbourhood as stated by Mr Rae.

Incidentally, we are aware of no recent neighbourhoods as defined by Mr Rae (and there are many) which have been accepted by either a PPC or by the National Appeals Panel.

*“Northern boundary is the A761 Paisley Road West and amenity on both sides of the road”.*

A neighbourhood must have a definite boundary. Mr Rae cannot use the A761 as a boundary if he includes both sides of the road. Such a division is irrational, as it implies that the boundary with the adjoining neighbourhood is an indistinct street behind the shops on the north side of Paisley Road West.

*“The population in this neighbourhood have a level of employment and car ownership higher than the Glasgow average”.*

This is disingenuous. We have stated that employment, health and car ownership are significantly lower than the **National** average. Respondents have referred to the **Glasgow** average. Given Glasgow’s unenviable position as the ‘sick man of Europe’ it is unimpressive that the neighbourhood boasts slightly better health and employment than some of its more deprived neighbours.

*“There is no dissatisfaction with the present pharmaceutical provision to the neighbourhood”.*

Either Mr Rae has asked all the residents, or he is making unfounded assumptions.

Whilst we do not doubt that there have been few, if any, complaints to GGHB, we would contend that the number of residents of the Mossspark neighbourhood who are aware that the provision of pharmaceutical services is governed by the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995, and that complaints might influence provision, must surely approach zero. Absence of complaints is very rarely evidence of absence of need.

*“The business plan for this pharmacy is to actively promote extensive prescription delivery services to the greater area and adjoining neighbourhoods. This is the only way it would be viable...”*

We can assure the PPC that Mr Rae has not had access to our business plans. Our business model is to provide a comprehensive prescription collection service from GP surgeries outwith the neighbourhood. Deliveries are only promoted to housebound patients - the ideal being that patients collect their prescriptions from the pharmacy, giving them regular face-to-face contact with a pharmacist.

This service, combined with a healthcare-orientated retail side and a wide range of additional services, will create an attractive healthcare facility for local residents, and will generate more than enough business to guarantee viability.

*“If this model of application was successful you may expect applications for every housing development and settlement in Glasgow, taking no cognisance of existing provision in the greater neighbourhood”.*

We have carried out detailed research into the distribution of pharmacy services in the GGHB area, and identified only four neighbourhoods with no pharmacy present.

Of these four, two (Eastwood & Milton of Campsie) have had applications granted, one (Faifley/Duntocher) was granted by the PPC but rejected by NAP, and the fourth is Mossbank.

**This (Mossbank) application is, in our opinion, justified under the existing rules and in no way sets a precedent which will lead to a flood of applications.**

*“(Granting this application)... would be inconsistent with the Scottish Executive strategy document ‘The Right Medicine’ and the reasoning for rejection of the OFT proposals”.*

Mr Rae has completely misunderstood the reasons behind the Scottish Executive’s rejection of the OFT recommendation.

Deregulation was rejected because it would lead to clustering of pharmacies around GP surgeries (and in out of town supermarkets). Such was the situation prior to 1987, and interestingly the reason that so many pharmacies are clustered around GP surgeries on Paisley Road West - within a short distance of each other.

As long as Health Boards retain control of entry, they have the ability to protect existing pharmacies in ‘less attractive’ locations whilst remaining free to grant new NHS contracts in such locations.

In our opinion this is just such an application - an attempt to site pharmaceutical services in the local community, easily accessible to those most in need.

Accordingly, we would state that granting this application would be **fully consistent with the aims of ‘The Right Medicine’ and the rejection of OFT.’”**