

Meeting:	Trust Management Team (02)
Date:	Thursday, 4th April 2002
Paper No:	2002/29
Subject:	Pharmacy Practices Committee of 21st March 2002
Presented by:	Charles Scott, Committee Chairman

ITEM No. 12

PPC[M]2002/02

Minutes of the Meeting of the Pharmacy Practices Committee
held on Thursday 21st March 2002 at 1.00pm
in Meeting Room 2, Trust Headquarters,
Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow

PRESENT:

Charles Scott	Chairman
Mrs Susan Robertson	Lay Member
Mrs Patricia Cox	Lay Member
Alan Fraser	Lay Member
Mrs Kay Roberts	Non-contractor Pharmacist Member
Mrs Carol Anderson	Contractor Pharmacist Member
Gordon Dykes	Contractor Pharmacist Member

IN ATTENDANCE:

David Thomson	Director of Pharmacy
Mrs Janine Glen	Family Health Services Officer (Pharmaceutical/Ophthalmic)
Mrs Kate McGloan	Family Health Services Officer (Medical)

Prior to the consideration of business, the Chairman asked members if they had an interest in any of the applications to be discussed.

No declaration of interest was made.

1. APOLOGIES

There were no apologies.

2. MINUTES

The Minutes of the Pharmacy Practices Committee meetings held on Thursday 24th January 2002 [PPC(M)2002/1] were approved as a correct record.

3. **MATTERS ARISING**

There were no matters arising from the previous minutes.

4. **APPLICATION FOR INCLUSION IN THE PRIMARY CARE TRUST'S PHARMACEUTICAL LIST**

Case No: PPC/INCL01/04 – Messrs Deveney & McFarlane, 30 Alexandra Street, Glasgow G81.

Application by Messrs Deveney and McFarlane (“the applicants”) seeking inclusion in the Trust’s Pharmaceutical List at 30 Alexander Street, Glasgow G81 (“the premises”).

- I) On 21st March 2002 the Pharmacy Practices Committee (“the PPC”) heard the application by the Applicants seeking inclusion in the Trust’s Pharmaceutical List to provide pharmaceutical services from the Premises.
- II) The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such 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.”
- III) The Applicants appeared in person. Objectors who were entitled to and did attend the hearing were Mr John McLaren on behalf of Clan Chemists. Mr McLaren was assisted by Mr Michael McLaren.
- IV) The procedure adopted by the PPC was that the Chairman asked the Applicants and the Interested Parties’ speakers to each make a submission to the Panel. Each submission was followed by the opportunity for other parties and the PPC to ask questions. The parties were then given an opportunity to sum up. Before the parties left the hearing, the Chair of the Committee asked them if they felt they had a full and fair hearing. All confirmed that they had, and they had nothing further to add to their submissions.
- V) The PPC was required and did take into account all relevant factors concerning the issues of:-
 - (a) Neighbourhood;
 - (b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services in the neighbourhood in which the premises were located.
- VI) The PPC took into account all written representations and supporting documents submitted by the Applicants, the Interested Parties and those who were entitled to make representations to the PPC. Namely:
 - (a) Pharmacy contractors within the vicinity of the Applicants’ proposed premises;
 - (b) the Area Medical Committee (General Practitioner Sub-Committee);

- (c) the Greater Glasgow Area Pharmaceutical (General Practitioner Sub-Committee);

The Committee also considered:-

- (d) the location of the nearest existing pharmaceutical services and the level of NHS dispensing carried out during the preceding 12 months;
- (e) the location and level of general medical services in the area;
- (f) demographic information regarding post-code sectors G81.1 and G81.2;
- (g) patterns of public transport;
- (h) Primary Care Trust plans for the future development of services;
- (j) Representations received from interested parties in the Renfrewshire and Inverclyde Primary Care Trust area, who were consulted on the basis that the Trust's boundary was within 2 kilometres of the applicant's proposed premises; and
- (k) Unsolicited responses from:

Clydebank Housing Association
Barclay & Spowart Solicitors
Linnvale/Drumry Community Council

Applicants' Case

- VII) Mr Deveney speaking on behalf of the applicants commenced his presentation by informing the PPC why he considered the granting of the contract to be necessary. He pointed to the increased demand for methadone across the city of Glasgow in general. Within this he considered that Clydebank had currently 90 people having methadone. He considered that there could be as many as 300 drug misusers requiring this service in Clydebank. This represented a shortfall of more than 200 places. From a population of 50,000 this represented a ratio of 6 in every 1,000 who needed methadone. The Applicants considered that the current population was not being served by the current pharmaceutical network in the area.

Mr Deveney stated that the Applicants were not looking for current business, but from a projected increase in the number of prescriptions that would occur as the Glasgow Drug Problem Service sought to persuade the local GPs to take on more patients. Mr Deveney further contended that the needle exchange provision was inadequate across Greater Glasgow Health Board area and that the applicants would be willing to provide this service.

Mr Deveney clarified what he considered to be ambiguities caused by the Applicants' letter of support, and stated that they were applying for a full pharmaceutical contract, although it was not their intention to establish a retail outlet. He suggested that 30% of pharmacies in GGHB had no further capacity to take on more methadone patients, and that the facility proposed by the Applicants would provide a community based methadone programme with input from GPs. Furthermore none of the existing pharmacies in the Clydebank area took part in the needle exchange programme, and by becoming participants in this service, the Applicants would be able to provide everything for the drug misuse population.

Mr Deveney indicated that the GGHB and Drug Action Team document advocated shared care schemes and suggested that the Applicants' facility would fit in with this concept by providing a multi functional room that could be used by different disciplines and for different activities e.g. oral fluid testing. The Applicants' intention

was to provide a facility that would be socially inclusive and could provide a holistic approach to caring for this particular element of the population.

On questioning by the Interested Parties Mr Deveney confirmed that going on present figures there did not appear to be a shortage of provision for methadone patients in Clydebank, rather the problem lay in the current pharmaceutical network being able to deal with projected increases in these numbers. Mr Deveney stated that he had attended a contractors meeting held by the Glasgow Drug Problem Service where the problem had been discussed, and it was from there that the Applicants had formed their idea for a facility dedicated to the treatment of the drug abusing population.

Mr Deveney also confirmed that the Applicants had no intention of branching out into providing services to the general public. While they would not turn anyone away who presented a prescription at their facility, they would not actively invite use of the facility by non drug dependents i.e. there would be no shop front. Through time it was the Applicants' intention to stock all prescription items; however this would be for the sole purpose of providing holistic care to the methadone population. On questioning from the PPC Mr Deveney described the facility as offering a full specialist service for drug misusers.

On questioning from the PPC, Mr Deveney suggested that the Applicants' facility could cope with approximately 250-350 methadone patients. Both Applicants had a track record in dealing with methadone, and he was confident that the volume of patients could be managed.

On further questioning from the PPC Mr Deveney confirmed that the Applicants had first refusal on the lease of the premises, and that these particular premises had been chosen because the Applicants considered them to be easily adaptable, and situated in a central place. He considered that the facility proposed by the Applicants may not be considered an ideal solution to the current problem in Clydebank, but was of the view that if existing pharmacists could not deal with the demand for the service, the facility would be the only place where the drug misuse population could access the services required by them.

Mr Deveney in answering questions from the PPC accepted that the figures used by the Applicants may be an overestimation of the situation in Clydebank; however these figures were the only ones available.

The Interested Parties Case

- VIII) Mr McLaren stated that the current pharmaceutical network in the Clydebank area gave good value. They provided a comprehensive service including collection and delivery services and monitored dosage systems. If there were any gaps in the provision the current contractors would be only too happy to discuss this with the Trust, however he felt that to grant another contract would be dilute the service, and put existing services in jeopardy. Mr McLaren further stated that he had never personally refused a request from a GP to provide methadone to a patient.

On questioning from the Applicants Mr McLaren stated that the proposed facility would not represent a threat if it was restricted to provide services only to methadone users, however he couldn't see how the service could be restricted given the Applicants were applying for a full dispensing contract. Mr McLaren stated that the current provision within Clydebank was evolving and flexible and contractors were aware of the problems and were developing in such a way as to address the issue.

On questioning from the PPC Mr McLaren confirmed that while he had not refused a request from a GP he had only the day before refused a request from a client. Mr McLaren explained that the client had presented the prescription out of hours, and

that he had been unable to contact the GP to authenticate the prescription. Furthermore the client normally used another pharmacy, and did not live within the vicinity of Clydebank. Being unable to confirm the veracity of the prescription Mr McLaren had declined to fill the prescription. Mr McLaren suggested that the current contractors should be allowed to tackle the problem on their own, perhaps through the establishment of a consortium where one pharmacy provides a pharmacist to run the facility. The only barrier he could see to this was the apparent policy being advanced that drug misusers access their care in a community pharmacy setting. In response to the question of whether a consortium could cope with the large level of demand that the Applicants' figures seemed to suggest would exist, Mr McLaren stated that he was not aware of this level of demand. He had been a contractor within the area for some 30 years, and was not aware of the problem having reached this scale. He suggested that the Applicants had offered no evidence that this demand currently existed. Mr McLaren was unaware that the Glasgow Drug Problem Service was in constant contact with the Trust to secure places for their clients in Clydebank. Mr McLaren reiterated that he had never personally turned anyone away.

On further questioning from the PPC Mr McLaren suggested that services to drug misusers were best provided in a community pharmacy setting and not in a specialised environment. He stated that if the increased number of patients was to materialise and their needs weren't being met by the current contractors, he would support the expansion of the current service, however this would need to be within the current constraints as some contractors were reluctant to take on more clients. He confirmed that almost without exception his current methadone clients were referred by GPs in Clydebank or from the Glasgow Drug Problem Service.

Summing Up

- IX) **The Interested Parties** were invited by the Chair to sum up. Mr McLaren stated that he couldn't say much more other than what had already been said; that the current contractors in Clydebank provided a good service and that there was no need for an additional contract in the area.

The Applicants felt the granting of the contract was necessary and desirable for the reasons already given. They considered that methadone clients should not be going outside the Clydebank area to get their services. They contended that their facility would be socially inclusive, and that the projected increases in the methadone population would require increased service. They were applying for a full contract because that was all that was available to them under the constraints of the Regulations; however they considered their facility to be a new concept in pharmaceutical care.

Decision

Neighbourhood

- X) Having considered the evidence presented to it, and the PPC's observations from their site visit, the PPC had to decide first the question of the neighbourhood in which the premises, to which the application related, were located.

The Panel considered that the neighbourhood should be defined as follows: on the northern boundary by Great Western Road; on the southern boundary by the River Clyde; on the western boundary by the area generally known as Dalmuir and then following the city boundary line down to the River Clyde; on the eastern boundary Kelso Street.

- XI) The reasons for the PPC's decision were that this area formed what was generally known as Clydebank. This was a natural neighbourhood well served by public transport and was distinguished by natural boundaries, including major roads, and

the River Clyde.

Adequacy of existing provision of pharmaceutical services and necessity or desirability

- XII) Having reached that conclusion, the PPC was then required to consider the adequacy of existing services in 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.
- XIII) Within the neighbourhood as defined by the PPC, there was adequate provision of pharmaceutical services provided by the numerous pharmacies located in the neighbourhood. There was no evidence that the granting of an additional NHS contract would make the pharmaceutical services to the neighbourhood more adequate. The PPC were satisfied that the current pharmaceutical network provided an adequate service to meet the current demand for pharmaceutical care in the area, the PPC therefore did not consider the granting of the application to be necessary.
- XIV) The PPC considered that a facility such as that proposed by the Applicants would not be desirable as it would concentrate high numbers of methadone users in one location. This would have implications for the police, the Royal Pharmaceutical Society etc. Furthermore the PPC were concerned that the service proposed by the Applicants was contrary to current thinking that drug misusers be integrating them into society. The granting of the application was therefore not in the PPC's opinion desirable.
- XV) For the reasons set out above, the PPC considered that the existing pharmaceutical service in the neighbourhood was adequate. Accordingly, the PPC was not satisfied that the provision of pharmaceutical services at the premises of the Applicants was either 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.

In accordance with the statutory procedure, the chemist contractor members of the Committee, Mr Dykes and Mrs Anderson were excluded from the decision process.

DECIDED/-

- XVI) In the circumstances, it was the unanimous decision of the PPC that the application be refused.
- XVII) Notwithstanding the above decision, the PPC wished to record that they felt the Applicant's proposal represented a worthwhile concept. The PPC were encouraged that pharmacists were thinking innovatively in the development of care for vulnerable groups.

FHS Officer
(Pharmaceutical
& Ophthalmic)

The chemist contractor members of the Committee rejoined the meeting at this stage.

5. PROGRAMME OF MEETINGS

The Committee having previously been presented with Paper 2002/07 considered the rescheduled programme of meetings for the coming year.

AGREED/-

6. ANY OTHER COMPETENT BUSINESS

There was no other competent business.

7. NEXT MEETING

The next meeting of the Committee was arranged for Wednesday 22nd May 2002

The Meeting ended at 3.30pm