

**NOT YET ENDORSED AS A CORRECT RECORD****Pharmacy Practices Committee (01)**

Minutes of a Meeting held on  
Tuesday 30<sup>th</sup> January 2007

Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road,  
Glasgow, G12

<b>PRESENT:</b>	Andrew Robertson	Chairman
	Alan Fraser	Lay Member
	Prof J McKie	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member
	Alasdair Macintyre	Contractor Pharmacist Member
<b>IN ATTENDANCE</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Joint Lead – Community Pharmacy Development

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

No declarations of interest were made.

**1. APOLOGIES**

There were no apologies.

**2. MINUTES**

The Minutes of the meeting held on Tuesday 7<sup>th</sup> December 2006 **PPC[M]2006/07** were approved as a correct record, subject to the following amendments:

- Professor W J McKie – should read Professor J McKie.
- Mrs Kay Roberts designation should read “Deputy Non-Contractor Pharmacist Member”.
- Mr Alasdair MacIntyre’s designation should read “Contractor Pharmacist Member”.

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

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

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

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

- i) **Case No: PPC/INCL01/2007  
Dr Saduf Riaz of Premichem Pharmacy Ltd, 343 Nitshill Road, Glasgow G53.7**

The Committee was asked to consider an application submitted by Dr Saduf Riaz of Premichem Pharmacy Ltd, to provide general pharmaceutical services from premises situated at 343 Nitshill Road, Glasgow G53.7 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 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 Chairman, Lay Members and Joint Lead – Community Pharmacy Development had previously received notice of the application, along with associated information including:

- i) The application form and supporting statement;
- ii) The map and information contained at **Appendix 4** of the papers;
- iii) Notification of decisions taken on previous applications received in respect of premises in the same post-code area; and
- iv) Other information the Board felt was relevant to allow them to consider whether the application should be considered by oral hearing.

Having considered the information, the Chairman, Lay Members and Joint Lead – Community Pharmacy Development agreed that it was necessary to consider the application by oral hearing.

The Committee, having previously been circulated with all the papers regarding the application from Premichem Pharmacy Ltd, agreed with the initial decision and reiterated that the application should be considered by oral hearing.

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 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 Dr Saduf Riaz (“the Applicant”), assisted by Mr Perminder Bassi. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Ken Campbell (Pollok Pharmacy), Mr Ian Smyth (PHC Pharmacy) and Mr Fergus Hunter (Parkinson’s of Paisley) (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the site at 343 Nitshill Road, Glasgow G53.7 and the pharmacies and GP surgeries surrounding the applicant’s proposed premises.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties then each made their submission. After their submission there followed the opportunity for the PPC and the Applicant to ask questions. The Interested Parties and the Applicant were then given the opportunity to sum up.

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 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.

The PPC 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;
- b) the Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) the Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered:-

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

- e) Demographic information regarding post code sectors G53.5, G53.6 and G53.7;
- f) Patterns of public transport;
- g) Greater Glasgow NHS Board plans for future development of services; and
- h) Additional information provided by the applicant including a comprehensive supplementary submission to his initial application, and a copy of the petition commissioned by the applicant.

### **The Applicant's Case**

**Dr Riaz** commenced his presentation by thanking the Committee for offering him the opportunity to explain why he felt his application was both necessary and desirable.

Dr Riaz then went on to outline his presentation, providing the Committee with an Agenda. Dr Riaz advised the Committee that Premichem Pharmacy Ltd were seeking to develop community focused pharmacy services that would respond to the future need of the healthcare system in the UK. Their objective was to offer some of the best services currently available in the market, based on commitment to customer service, and shifting focus from dispensing towards supporting every aspect of the patient's medicine needs and providing as wide a diagnostic and treatment service as possible. The company wished to change old ways of practising by grasping the new era that pharmacy was entering and tailoring their service to best meet the demands of patients.

Dr Riaz advised the Committee that pharmacists were an untapped resource and that his company wished to develop an ethos that would see pharmacies being the first point of contact for patients, with pharmacists playing an ever greater role in advising patients on their health. He hoped that there would be opportunities to work more closely with the rest of the multi disciplinary team and hoped that there would be involvement in audit and research. It was these aspirations that had led him to make application to establish a pharmacy in the Nitshill area. Premichem Pharmacy Ltd's main goal was to establish pharmacies that would become models of excellence by continually seeking to develop and implement new processes and practices that would guarantee outstanding care for the communities in which they were situated.

The Applicant then went on to describe the demographic composition of the Greater Pollok area, advising the Committee that the area was one of multiple deprivation, with 80% of its enumeration districts in the worst 10% of all Scottish enumeration districts. The area was designated deprivation category 7. Currently within the area there were five

pharmacies. The Applicant suggested that this was amongst the least saturated areas of similar size to greater Pollok, in the United Kingdom and that according to the population statistics there should be at least 10 pharmacies (9.77) to meet the needs of the 43,000 population.

Dr Riaz went on to propose that Premichem Pharmacy Ltd's proposed pharmacy would serve the following neighbourhood:

- North: Barrhead Road
- West: Hurlet/City boundary
- East: Kennishead Farm
- South: Aurs Road

This neighbourhood was, the Applicant suggested, commonly known as the Levern District. Dr Riaz advised the Committee that the population of the Levern District was 12533 in the 2003/2004 population census and this level was predicted to rise during the 2006/2007 census. The population figures did not include those that were not registered to vote and the Applicant advised that the local council estimated that as much as 50% of people in the area were not registered to vote. This could put the current population at over 18,000 which would, the Applicant claimed, support four pharmacies solely to serve the Levern District. Currently there was only one pharmacy within the neighbourhood defined by the Applicant as the Levern District.

The Applicant then went on to describe current pharmacy services available to the area. There were three pharmacies within a one mile radius of the Applicant's proposed premises: Parkinson (Paisley) Ltd, PHC (Pharmacy) Ltd, and Pollok Pharmacy. The Applicant claimed that Pollok Pharmacy was due to close in the near future which would present an immediate need. The Applicant contended that of these pharmacies, only Parkinson (Paisley) Ltd exclusively served the Levern district.

Dr Riaz then went on to detail what he felt were inadequacies in the current service. He pointed to lack of delivery service within the area. If granted, Premichem Pharmacy Ltd intended to provide a comprehensive collection and delivery service, which the Applicant felt was necessary in an area which had an above average number of elderly residents. The Applicant then went on to illustrate that none of the current pharmacies took part in the frail elderly falls project. The Applicant contended that this was necessary in the area as 39 referrals had been made to the falls prevention team since May 2006, from the G53 area. He went on to advise that none of the pharmacies in the area took part in the palliative dispensing service. He felt this service was needed given the cancer rates in G53.6 – Nitshill were 75% higher than the Scottish average. Nitshill also had a higher rate of hospital admissions due to cancer compared to the Scottish average.

The Applicant then went on to describe how none of the current pharmacies took part in the mental health project. The Applicant quoted

statistics from the Scottish Executive's initiative Delivering for Mental Health, and suggested that provision of the service in the area was necessary due to the close proximity to Leverndale hospital which therefore meant there was higher than average proportion of patients with mental health difficulties. The Applicant also suggested that in G53.6 first hospital admissions for psychiatric issues were 57% higher than the Scottish average, while antidepressant prescriptions were 20% higher than the Scottish average.

The Applicant suggested that none of the current pharmacies took part in the Board's needle exchange scheme. According to the Applicant a pharmacy taking part in this service was necessary as G53.5, G53.6 and G53.7 all had drugs related deaths 125% higher than the Scottish average. The Applicant also suggested that NHS Greater Glasgow had been ranked fifth in prevalence rates of needle/syringe sharing in Scotland, with approximately 15,000 IV drug users in Glasgow. Dr Riaz advised the Committee that while the existing pharmacies took part in the Board's supervised methadone administration scheme, additional spaces were necessary. The Applicant suggested that the current methadone lists were full with patients from Nitshill and Pollok having to travel to Crookston to access services. This need would increase, according to the Applicant, with the closure of Pollok Pharmacy.

In addition, additional spaces were required in the Board's nicotine replacement service within the area. Currently only one pharmacy in the immediate vicinity and two pharmacies in the G53 post-code area took part in the service. The Applicant suggested that in G53.6 – Nitshill, the estimated smokers make up 53.8% of the population which was 55% higher than the Scottish average, with smoking attributable deaths 69% above the Scottish average. The Applicant also advised the Committee that 50.2% of women in the G53.6 post-code area smoked during their pregnancy, which was 85% higher than the Scottish average.

In terms of the Compliance aid service, the Applicant suggested that increased capacity was required in the area as the lists of current providers were full. This was not adequate for an area where 15.6% of the population was over 60. The Applicant suggested that Nitshill had a significant psychiatric population who would benefit from the use of compliance aids.

There was also a need for another pharmacy providing medicine management services, as only one of the current pharmacies took part in this important service. The Applicant advised the Committee that an increase in the provision of this service was important as it helped reduce rates of re-admission, while reducing errors with discharge medication and improves the pharmacist relationship with the patient.

Dr Riaz then went on to describe other services that he felt were lacking in the area including services for diabetics, cholesterol testing and blood pressure monitoring. These were necessary as deaths in the G53.6 area due to heart disease were 40% higher than the Scottish average.

The Applicant also intended to provide services for those suffering from alcohol related problems. In G53.6 alcohol/attribution hospital admissions numbered 233 a year, which was 90% higher than the Scottish average. The Applicant intended to provide public awareness campaigns and provide community detoxification and supervised disulfiram clinics.

Dr Riaz then went on to describe the public health services that would be provided from his pharmacy and what forms these would take e.g. leaflets, videos, touch screen health information and internet access.

Dr Riaz advised the Committee that if granted, his pharmacy would provide extended hours, which was needed within the area as none of the current pharmacies provided such hours. The Glasgow Emergency Medical Service (GEMS) received 1204 referrals in December 2006 from the G53 post-code area, while the community police had advised the Applicant that there was a need for an out of hours service in the area. The Applicant pointed out that 53.2% of the Nitshill population did not have access to a car and would therefore benefit from extended hours being provided in the locality. As a supplement to this, the Applicant intended to open on a Sunday, which was not currently provided from any of the current pharmacies.

Currently the owner of Parkinson (Paisley) Ltd also owned Pollok Pharmacy and had shares in PHC Pharmacy. This situation, claimed the Applicant, had led to the existence of a local monopoly and placed no competitive pressures on the current pharmaceutical network to improve their services.

Dr Riaz then went on to detail the individual pilot schemes that would be provided from Premichem's premises, if the application were granted. These included: pharmacist led clinics, community addiction team clinics, drug monitoring clinics, working with local schools and blood laboratories. The Applicant also described how the proposed pharmacy would attract passing trade as it was located on a very busy main road which provided access to Paisley, Glasgow airport and the south side of Glasgow. This positioning would allow the pharmacy to provide services to commuters as well as the local community. It would also attract people from outwith the area to shop in Nitshill improving the local economy.

The Applicant then went on to describe the proposed redevelopment in the area. He advised the Committee that over 2,000 new homes were being constructed or were already constructed. The local area was benefiting from increased business investment which would lead to a boost in the economy and a growth in population. The Applicant then directed the Committee's attention to a large scale map which showed the level of redevelopment within the area. This redevelopment was, according to the Applicant, sufficient to sustain an additional pharmacy in the area. The Applicant advised the Committee that his application was supported by Mr Ian Davidson MP for Glasgow South West.

The Applicant also directed the Committee's attention to the 603 signature petition and the results of the survey commissioned by a 3<sup>rd</sup> party and carried out in the area. 162 people had been surveyed. 45 to 60% of those surveyed thought that their current pharmacy offered trusted advice. 60 to 80% of those surveyed did not know that their pharmacy had a consulting room. 75 to 95% had never used the consulting room. 87 to 96% did not know about the minor ailment service and 76% of those surveyed felt Nitshill needed a further pharmacy.

Dr Riaz then went on describe the range of services that would be provided from Premichem's proposed pharmacy immediately on opening. These included: repeat collection and delivery, medicine manager, unwanted medication, disposal, advice on medication, complaints service, first aid, inhaler technique, medication compliance, over the counter medication and the full range of pharmaceutical retail products.

The Applicant then went on describe what he considered as weaknesses in the current pharmaceutical provision. He advised the Committee that there were significant positives in the current network, however by necessity and in order to illustrate why an additional pharmacy was necessary he would focus on the weaknesses. The Applicant described what he perceived as weaknesses in each of the existing pharmacies within a one mile radius of the proposed premises. Parkinson (Paisley) Ltd had no waiting area, no treatment room, minimal information leaflets, no information videos; DVDs touch screen information or internet access. There was a 2 day wait to obtain a repeat prescription and there was limited retail space. Pollok Pharmacy was due to close, and would not exclusively serve the Levern District. There was no waiting area, or treatment room. There were minimal information leaflets and no health information, videos, DVDs, touch screen or internet access. The Applicant suggested that Pollok Pharmacy was a busy pharmacy which provided little time for providing advice to patients. PHC Pharmacy did not exclusively serve the Levern District; it was a very dispensing intensive location which provided little opportunity for giving advice to patients. There was no consultation area, and the pharmacist was behind a sheet of glass. There was no retail space or treatment room. The pharmacy did have a consultation room, but this was rarely used.

The Applicant concluded his presentation by advising that Premichem's proposed pharmacy would be designed to be able to implement all four stages of the new contract and would also be able to take part in voluntary and pilot schemes. The Applicant advised that for all the reasons given in the presentation, an additional pharmacy in the area was necessary.

#### **The Interested Parties Question the Applicant**

In response to questioning from Mr Ken Campbell (Pollok Pharmacy) the

Applicant advised that he was unaware that two applications had recently been granted for additional pharmacy contracts in the area surrounding his proposed premises. The Applicant also confirmed that he was unaware that either of these new pharmacies could provide needle exchange services to the G53 post-code area.

In response to further questioning from Mr Campbell the Applicant advised that in his opinion any pharmacy dispensing less than 1,000 items per month would be considered unviable.

He also confirmed that he had obtained his information about Pollok Pharmacy closing from the local Community Council.

In response to questioning from Mr Ian Smyth (PHC Pharmacy), the Applicant confirmed that he had developed a business plan and that the viability of the proposed pharmacy within the business plan was based on an activity of 2,000 items per month. The Applicant did not agree that he was being hypocritical by criticising the owners of the current pharmacies for running their premises as businesses and not as health care providers. He advised that his intention was to move the core business away from dispensing as much as possible and to reinvest in improving services provided from the pharmacy.

In response to questioning from Mr Fergus Hunter (Parkinson (Paisley) Ltd) the Applicant clarified his comments around viability and the number of items a pharmacy would need to dispense on a monthly basis to be viable.

In response to further questioning from Mr Hunter, the Applicant confirmed that the premises were owned by his business partner's father, who also owned most of the premises in the parade of shops.

The Applicant further confirmed that he hoped that the new pharmacy, if granted, would not divert a large number of prescriptions away from the existing pharmacies in the area. He advised the Interested Parties that he felt there would be enough business generated by the new development within the area, to sustain a further pharmacy in the area.

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

In response to questioning from Professor McKie, the Applicant confirmed that although the premises had not been his first choice, he now considered them to be ideal for a pharmacy. He confirmed that as this was the first time he had made such an application, he was learning about different issues as they arose.

In response to further questioning from Professor McKie, the Applicant confirmed that he was keen to explore different ways of bringing diagnostics into pharmacy, hence his desire to provide radiology services. He envisaged providing services akin to those provided from a Health Centre. It was his intention to provide capacity which would free

the GPs up to deal with more complex cases.

The Applicant also confirmed that the only evidence he had that a monopoly situation existed within the area was anecdotal and obtained from comments made in the survey.

The Applicant responded to questioning from Mrs Kay Roberts by reiterating that the premises had been made available as they were owned by his business partner's father. He recognised that siting a pharmacy 150 yards away from an already established pharmacy was not ideal; however these were the first premises that had become available.

In response to further questioning from Mrs Roberts, the Applicant confirmed that he had not yet spoken to the CHP or the Health Board in relation to some of the services he wished to provide from the new premises. He advised that many of the pilot projects would initially be funded from private resources until the benefits could be evaluated and Health Board or CHP funding sought.

In response to questioning from Mr Gordon Dykes, the Applicant clarified that the existing pharmacies were able to dispense palliative prescriptions e.g. diamorphine, however none of the existing pharmacies were currently participating in the formal Palliative Care Network.

The Applicant also confirmed that some of the new housing development would be built on brown field sites, and some on green field sites.

At this point Mr Ian Smyth offered to show the Committee the various new developments on the large scale map provided by the Applicant, and to explain what had been in these locations previously. He advised that the development marked in red was in an area called South Nitshill. Previously these had been high density housing, which had been demolished approximately three years ago. It would be replaced by low density housing. The development marked in blue was an area called Priesthill. Previously this had been tenement housing.

In response to further questioning from Mr Dykes, the Applicant confirmed that he had no evidence to prove that the provision of compliance aids reduced errors.

In response to questioning from Mr Alasdair MacIntyre the Applicant confirmed that he would provide all the services listed as "routine" in his submission from the outset. Services listed as "additional" and "future" were aspirational and would be provided once the pharmacy was established.

In response to further questioning from Mr MacIntyre, the Applicant confirmed that he would be willing to offer 24hr dispensing if there was a demand. He further confirmed that he did not know how patients currently accessed out of hours services.

In response to questioning from Mr David Thomson, the Applicant advised the Committee that he had plans to ensure the pharmacists were appropriately trained to provide all services at an early stage of the pharmacy's development.

The Applicant responded to questioning from Mr Alan Fraser by providing a summary of his background and how this would allow him to develop a model of pharmaceutical excellence.

In response to further questioning from Mr Fraser, the Applicant confirmed that approximately 300 residences were still to be built in the area.

The Applicant reiterated that while the premises had become available due to business connection rather than chosen for location, he confirmed that he now felt the premises were ideal for a pharmacy.

The Chairman asked the Applicant to clarify which of the services listed would be provided and at what points in the pharmacy's development. The Applicant confirmed that all the services listed as "routine" would be provided at the outset. The services listed as "additional" and "future" would be provided once the pharmacy was established. The provision of these aspirational services would not be dependent on a wider resource from other areas of the company's proposed chain of pharmacies.

In response to a follow-up question from Professor McKie, the Applicant confirmed that all of the services listed were able to be provided from the pharmacy in its own right. None of the services would be dependent upon other areas of the chain.

#### **The Interested Parties Case – Mr Ken Campbell (Pollok Pharmacy)**

Mr Campbell advised the hearing that Pollok Pharmacy had been established in 1979. It provided a wide range of pharmacy based services. Mr Campbell advised the hearing that during the 1980s there had been instances of leap frogging and relocation to better sites which had resulted in the clustering of pharmacies around GP practices and other desirable sites. In 1987, Control of Entry Regulations were introduced which had produced a more rational distribution of pharmacies.

There were no questions to Mr Campbell from the Applicant

In response to a question from Mr Smyth, Mr Campbell confirmed that he believed the Applicant to be leapfrogging into a desirable location within his application.

#### **The PPC Question Mr Campbell**

In response to questioning from Mr Dykes, Mr Campbell confirmed that

Pollok Shopping Centre was established in 1979. At that time, Boots the Chemist had not chosen to open within the Centre, believing that it was not a viable option. Mr Campbell did not feel that Pollok Centre was at present located in a desirable site, given that it was in fact currently in the middle of a building site. He considered that the development work had caused Pollok Pharmacy to lose approximately 30-40% in business. Mr Campbell was confident that this business would return once the development work was complete.

In response to questioning from Mr MacIntyre, Mr Campbell confirmed that no final decision had been taken as to whether Pollok Pharmacy would relocate into the new Silverburn Shopping Centre. Much of the decision depended on commercial pressures and the availability of appropriate accommodation. It was more likely that the pharmacy would relocate to a site at the entrance of the Centre.

Mr Campbell responded to a question from Mr Thomson, that there were two full time pharmacists in Pollok Pharmacy. This comprised 1 full time pharmacist, 1 pharmacist working 3 days per week, and 1 pharmacist working 2 days per week. The pharmacist working 2 days per week had recently left and had not been replaced due to the loss of business. Once the development work was complete, the pharmacist would be replaced.

In response to questioning from Mr Fraser, Mr Campbell advised the hearing that the development work would be completed on a phased basis, with some work being completed in the Autumn of 2007. The final date for completion was estimated at February 2008.

There were no questions to Mr Campbell from Professor McKie, Mrs Kay Roberts, Mr David Thomson or the Chair.

**The Interested Parties Case – Mr Ian Smyth (PHC Pharmacy)**

Mr Smyth advised the hearing that he wished to use this opportunity to clarify some of the comments made by the Applicant in his submission. In particular he advised that there had been a previous pharmacy at 402 Nitshill Road. This pharmacy was owned by Fraser Stuart, who was a GP and an oncologist. Dr Stuart's pharmacy operated 365 days per year from 8.00am to 10.00pm. Eventually the pharmacy closed due to lack of business and despite being put up for sale there was little interest with no-one purchasing the pharmacy. Mr Smyth suggested that there had been a larger population at the time of the closure of the pharmacy.

Mr Smyth also advised the hearing that any new pharmacy would take away prescriptions from the existing network. Mr Smyth was dubious that any pharmacy could survive by dispensing only 1,000 items per month and suggested the additional pharmacy would be unviable.

In terms of the services provided by the existing pharmacies, Mr Smyth confirmed that there was spare capacity within the network to take on

additional methadone patients. Nicotine replacement therapy was provided from pharmacies in the area, as was compliance aids, with scope for additional patients to be taken on. Mr Smyth further questioned the scientific basis of the Applicant's survey and suggested that placing the survey in the hairdressers which was owned by the father of Dr Riaz's business partner would produce a biased result.

Mr Smyth concluded by advising the hearing that there were numerous consulting rooms within Pollok Health Centre.

#### **The Applicant Questions Mr Smyth**

In response to questioning from the Applicant, Mr Smyth confirmed that the Board's Pharmaceutical List was not accurate in that it did not yet reflect that PHC Pharmacy provided services such as NRT. This service had commenced in July 2006.

#### **The PPC question Mr Smyth**

In response to questioning from Mr Dykes, Mr Smyth confirmed that there were currently 2 full time pharmacists operating in PHC Pharmacy. This was not a response to the new contract, but had been the situation for at least 5 years.

In response to a question from Mr Thomson, Mr Smyth confirmed that when referring to "the existing pharmacy" in his submission, he was meaning Parkinson (Paisley) Ltd on Nitshill Road.

There were no questions to Mr Smyth from Professor J McKie, Mrs Kay Roberts, Mr Alasdair MacIntyre, Mr Fraser or the Chair.

#### **The Interested Parties Case – Mr Fergus Hunter (Parkinson (Paisley) Ltd)**

Mr Hunter thanked the Committee for providing him with the opportunity to address the hearing. He advised the Committee that an additional contract had been granted by the National Appeals Panel to Mr Denis Houlihan for premises situated at 911 Darnley Mains Road, Glasgow G53. This location was outwith the neighbourhood suggested by the Applicant.

He suggested the application was not necessary as the Applicant's proposed premises were located only 150 yards from Parkinson (Paisley) Ltd on Nitshill Road. It would therefore serve the same area. Mr Hunter's pharmacy had recently undergone a refit to modern standards and it was unlikely that the area would generate sufficient business to sustain two pharmacies so close to each other.

Mr Hunter advised the hearing that the new pharmacy in Darnley Mains Road proposed providing extended hours of service. This additional pharmacy would take the number of pharmacies within a one mile radius

of the Applicant's proposed premises to 4. All were providing services similar to those proposed by the Applicant. His own pharmacy provided domiciliary oxygen services to the area, and there was spare capacity within this service to address any increase in demand.

Mr Hunter suggested that the application was not desirable pointing to the National Appeal Panel's acceptance of the railway bridge as the north boundary to the neighbourhood to be served by the new pharmacy on Darnley Mains Road. This left North Nitshill and Priesthill as the areas to be served by the Applicant's premises. Mr Hunter questioned whether there would be sufficient demand advising that over 50% of the prescriptions dispensed in his own pharmacy were collected from GP surgeries. A delivery service was provided from his pharmacy on Nitshill Road, although this was not widely advertised.

#### **The Applicant Questions Mr Hunter**

In response to questioning from the Applicant, Mr Hunter confirmed that a collection and delivery service had been provided from the Nitshill premises for some time. He also confirmed that the pharmacy was ready for the requirements of the new contract.

Mr Hunter advised the Applicant that he disagreed his pharmacy was lagging behind in the provision of public health campaigns. Rather it was the Health Board who was not providing pharmacies with the necessary resources and information.

#### **The PPC question Mr Hunter**

In response to questioning from Professor McKie, Mr Hunter confirmed that there was one pharmacist in the Nitshill Road pharmacy. This was all that was required.

In response to a question from Mrs Roberts, Mr Hunter confirmed that if a new contract was granted, and the result was a loss of 1,000 prescriptions per month, he would struggle to maintain the viability of his pharmacy in Nitshill Road.

In response to questioning from Mr MacIntyre, Mr Hunter confirmed that his pharmacy had been refitted in November and was now better equipped to accommodate methadone patients. Previously the layout of the pharmacy had posed problems in monitoring shoplifters. This issue was resolved, and the pharmacy was confident that they could cope with a maximum of 10 methadone patients. The number of patients currently receiving supervised methadone from the premises was less than this, and Mr Hunter was keen that this number did not increase until the pharmacy had developed expertise in handling increased numbers.

In response to questioning from David Thomson, Mr Hunter confirmed that when he mentioned that needle exchange services were being provided in the area, he meant by one of the new pharmacies that had

been approved. The other needle exchange provider was in Thornliebank. Mr Hunter accepted that the provision of needle exchange services from the newly granted pharmacy could not be taken into consideration as the pharmacy was not yet operational, and the pharmacy had not yet received Health Board approval to participate in the needle exchange scheme.

In responding to a question from Mr Fraser, Mr Hunter confirmed that if there was demand, he would increase the number of pharmacists operating from his premises. He further confirmed that the number of deliveries made from his pharmacy varied from four to ten per day.

There were no questions to Mr Hunter from Mr Dykes, or the Chair.

### **The Interest Parties Sum Up**

Mr Campbell reiterated that the Applicant's proposed premises were situated 150 yards away from an existing pharmacy which provided similar services to those proposed by the Applicant. Mr Campbell's pharmacy was situated within a civic realm providing community health services to the neighbourhood. He considered that the Applicant's offer of the provision of treatment rooms etc was a red herring and that the application constituted a leap-frogging tactic. For these reasons the application was not necessary or desirable.

Mr Smyth advised that PHC Pharmacy was situated in an area that had benefited from additional investment from the Health Board. £3m had been spent on the upgrading of Pollok Health Centre and the pharmacy within this facility provided the entire range of community pharmacy services. The Applicant's proposal would constitute a duplication of services already provided.

Mr Smyth advised that there was a limit to how many pharmacies could be sustained within the one area. This limit had already been reached with the granting of two additional contracts in Darnley Mains Road, and Lyoncross Road. The existing pharmacies provided services to a high standard and there was spare capacity. If the quietest pharmacy lost prescriptions its viability would be compromised. The application was neither necessary nor desirable.

### **The Applicant Sums Up**

The Applicant advised that there were gaps in the current service provision within the area. The local community council had confirmed that they were keen to have a further pharmacy within the area and this had been borne out by the results of the independently commissioned survey undertaken in the area.

The Applicant contended that the new pharmacy on Darnley Mains Road would not serve the local population of Pollok, but rather would attract customers from outwith the area. This would also be true for any

pharmacy in the new Silverburn Shopping Centre. He further contended that PHC Pharmacy was a very busy, intensive dispensing facility which had little capacity to offer extended services including the provision of advice. He advised the hearing that needle exchange services were not provided by any of the existing pharmacies which would require patients from the neighbourhood to travel outwith the area.

The Applicant concluded by reiterating that pharmacy services were changing with a move away from dispensing to an extended role focussed on minor ailments and chronic medication. For these reasons the application was both necessary and desirable.

## **DECISION**

### **Neighbourhood**

Having considered the evidence presented to it, and the PPC's observation from the site visits, the PPC had to decide first the question of the neighbourhood in which the premises, to which the application related, were located.

The Committee considered the competing views of the Applicant and the Interested Party and noted that initially the neighbourhood proposed by the Applicant had differed to that presented to the Committee at the oral hearing. The Committee gave consideration to the boundaries within the area and the facilities and services provided within the area.

The Committee considered that the neighbourhood should be defined as follows:

North: Barrhead Road, east to the B762 Barrhead Road to its junction with the motorway.

West: A736 trunk road (Glasgow Road) north to junction of Hurlet Road and Barrhead Road.

South: B773 trunk road. Nitshill Road, Parkhouse Road to Darnley Road to the A736 trunk road.

East: M77 motorway. This was a definite boundary as a motorway

The Committee considered this to be a neighbourhood due to the physical boundaries of main trunk roads, and the motorway. The neighbourhood contained all services the Committee would expect for residents within the area to utilise as part of their every day life.

### **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 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.

Within the neighbourhood as defined by the PPC, the Committee considered that there was already an adequate provision of pharmaceutical services provided by the existing contractors located immediately within the neighbourhood.

The Committee noted the Applicant's evidence of significant development in the area which would lead to an increase in population. While the Committee recognised that major development had taken place in the area, it was mindful that a significant proportion of the new residences were replacing high density housing that had been demolished some time ago.

The Committee recognised that the existing pharmaceutical network was looking at all opportunities to improve the provision of services to their catchment areas. They were now well equipped to meet the requirements of the new pharmacy contract. For this reason the Committee did not consider the granting of the application to be necessary.

In addition, the Committee did not feel that the Applicant's case had been based on a firm needs assessment of the area. While the Applicant had submitted a comprehensive application, there was nevertheless a lack of clarity around the needs of the target population. The services to be provided were non-specific and the future proposals appeared aspirational and did not seem to be based on a robust needs assessment of the neighbourhood nor on discussion with the local CHCP.

While the Committee were mindful that the issue of viability should not figure in their decision making process, they were nevertheless mindful that a further two applications had been granted for premises within the area. This would take the number of pharmacies operating within the G53 post-code area to 6. The granting of a further contract could have significant consequences for the viability of the overall network, and this could threaten the balance of service provision to the detriment of the neighbourhood. For this reason, the Committee did not consider the granting of the application to be desirable.

In summary, the Committee concluded that the existing pharmaceutical network provided adequate services to the neighbourhood population. The application was therefore not necessary. In addition, the balance of the overall distribution of services could be adversely affected if a further pharmacy contract were granted. For this reason the Committee agreed that the application was not desirable.

**In accordance with the statutory procedure the Chemist Contractor members of the Committee Alasdair Macintyre and Gordon Dykes 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 neither necessary or desirable in order to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

**The chemist contractor members of the Committee and Board officers rejoined the meeting at this stage.**

Before the parties left the hearing, the Chair of the PPC asked if they had had a full and fair hearing. Each confirmed that they had, and that they had nothing further to add to their submissions.

**5. MATTERS CONSIDERED BY THE CHAIRMAN SINCE THE LAST MEETING**

**Transfer of NHS Dispensing Contract Where a Change of Ownership has Taken Place**

**Case No: PPC/CO02/2007 – Merkland Pharmacy, 75 Merkland Drive, Kirkintilloch, Glasgow G66 3SJ**

The Board received an application from Apple Healthcare Group for inclusion in the Board's Pharmaceutical List at the pharmacy previously listed as Mr R Gay, T/A Merkland Pharmacy, at the address given above with effect from 1<sup>st</sup> December 2006. The trading name of the pharmacy will be Merkland Pharmacy.

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 Royal Pharmaceutical Society of Great Britain.

Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

**Case No: PPC/CO03/2007 – J Davidson Pharmacy, 1566 Dumbarton Road, Glasgow, G14 9DB**

The Board received an application from H & K Willis Ltd T/A Willis Pharmacy for inclusion in the Board's Pharmaceutical List at pharmacies previously listed as J Davidson Pharmacy at the address given above with effect from 5<sup>th</sup> January 2007.

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 Royal Pharmaceutical Society of Great Britain.

Given the above, the Chairman agreed that the criteria required by the

Regulations were fulfilled, and accordingly approved the application.

Case No: PPC/CO04/2007 – F S Healthcare Ltd, 14 Glasgow Road, Glasgow, G76 0JQ

The Board received an application from Harvest Healthcare Ltd T/A Eaglesham Pharmacy for inclusion in the Board's Pharmaceutical List at pharmacies previously owned by F S Healthcare Ltd T/A Eaglesham Pharmacy at the address given above with effect from 8<sup>th</sup> December 2006.

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 Royal Pharmaceutical Society of Great Britain.

Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled, and accordingly approved the application.

***DECIDED/-***

**That the Chairman's action in approving the above applications in accordance with Regulation 5(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended be homologated.**

**6. NATIONAL APPEALS PANEL DETERMINATIONS**

The Committee having previously been circulated with Paper 2007/03 noted the contents which gave details of the National Appeal Panel's determination of appeals lodged against the Committee's decision in the following cases.

**Apple Healthcare Group – 258 Faifley Road, Faifley, Glasgow G81.5**

The Committee noted that the National Appeals Panel had rejected the appeal submitted against the PPC's decision to refuse Apple Healthcare Group's application to establish a pharmacy at the above address. As such Apple Healthcare Group's name had not been included in the Board's Provisional Pharmaceutical List, and the file relating to this application was now closed.

**Mr N Salwan – 6 Lamlash Crescent, Cranhill, Glasgow G33.3**

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

**Lloydspharmacy Ltd – Unit 2A, Drumsagard Village, Hallside,**

**Cambuslang, Glasgow G72.7**

The Committee noted that the National Appeals Panel had upheld the appeal submitted against the PPC's decision to refuse Lloydspharmacy Ltd's application to establish a pharmacy at the above address. As such Lloydspharmacy Ltd's name was included in the Board's Provisional Pharmaceutical List, and general pharmaceutical services would commence later this year.

***NOTED/-***

**7. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**8. DATE OF NEXT MEETING**

Scheduled for Tuesday 6<sup>th</sup> February 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.10p.m.