

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (03)**

Minutes of a Meeting held on  
Tuesday 11<sup>th</sup> May 2010 in  
The Meeting Room, LMC Offices, 40 New City Road  
Glasgow G4 9JT

<b>PRESENT:</b>	Peter Daniels Professor Joe McKie Mr William Reid Mrs Kay Roberts Mr Kenny Irvine	Chair Lay Member Deputy Lay Member Non Contractor Pharmacist Member Deputy Contractor Pharmacist Member
<b>IN ATTENDANCE:</b>	Trish Cawley Janine Glen  Elaine Ward	Contracts Supervisor - Community Pharmacy Development Contracts Manager – Community Pharmacy Development Development Pharmacist - Community Pharmacy Development

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

**ACTION**

**1. APOLOGIES**

There were no formal apologies.

**2. MINUTES**

The Minutes of the meetings held on Tuesday 9<sup>th</sup> March 2010 PPC[M]2010/01 and Wednesday 31<sup>st</sup> March 2010 PPC[M]2010/02 were approved as a correct record, with the following amendments:

**PPC[M]2010/01 – designation of Dr James Johnson should read Non Contractor Pharmacist Member; and  
PPC[M]2010/02 – designation of Professor H McNulty should read Deputy Non Contractor Pharmacist Member.**

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

**None arising**

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

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

**Case No: PPC/INCL01/2010**

**Lloydspharmacy Ltd – Unit 3a, 6 Hopehill Road, Glasgow G20 7JN**

The Committee was asked to consider an application submitted by Lloydspharmacy Ltd to provide pharmaceutical services from premises situated at Unit 3a, 6 Hopehill Road, Glasgow G20 7JN under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the Applicant's proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Lloydspharmacy Ltd agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Matthew Cox ("the Applicant"), assisted by Ms Elizabeth McLaughlin. None of the interested parties who had submitted written representations during the consultation period had chosen to attend the oral hearing.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Friarton Place, Phoenix Lane, Maryhill Road (at St George's Cross), Hopehill Road, Grovepark Street, Avenuepark Street, Barr Street, Garscube Road, Maryhill Road, Queen Margaret Drive, Great Western Road, Napierhall Street, and North Woodside Road.

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

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the PPC to ask questions. The Applicant was then given the opportunity to sum up.

### The Applicant's Case

**Mr Cox** advised the Committee that this was an application for the change of premises of Lloydspharmacy from 549 Maryhill Road to Unit 3a, 6 Hopehill Road, Glasgow. He was aware the Committee had visited the proposed unit earlier in the day and were aware of its location and position to other local services.

Mr Cox stressed that the application was relocation, although he was aware that the regulations required the Committee to apply the legal test as whether the application was necessary or desirable. He asserted that should the application be granted the Lloydspharmacy at 549 Maryhill Road would close as part of the application. There would therefore not be any increase in the number of pharmacies in the neighbourhood or surrounding area.

He advised that he would start by defining the neighbourhood. He reminded the Committee that as part of the application, a map had been provided with the neighbourhood delineated on it (**Page 53 of papers**). He advised that the north boundary should be the Forth and Clyde canal. This was a realistic boundary, given its limited crossing points and the fact that it was a clear divide between the University of Glasgow Student Village, lying in an elevated position to the north side of the canal. This area to the north of the canal had a very different feel, and could be accessed near the fire station off Maryhill but involved crossing a narrow bridge over the canal. The remaining boundaries were relatively significant geographical boundaries including main roads which provided logical boundaries to the area.

Mr Cox suggested the neighbourhood was a densely populated, multi-cultural and diverse part of Glasgow. This was clearly visible with the large number of maisonettes and flats in the neighbourhood. He advised that he struggled to obtain an exact neighbourhood population. However, he had identified the population of Maryhill to be around 52,000, though accepted that the population of the defined neighbourhood was less than this figure. The area clearly extended beyond the boundaries of the defined neighbourhood and the figure served to illustrate the density of the population within the area. Much of housing within the neighbourhood was housing association run estates. For example, Queens Cross Housing Association had a clear presence on Garscube Road. There were also several new developments along this stretch of road. There was also a significant presence of asylum seekers in the area. There were elements of growth and a degree of renewal. The area also had a high incidence of methadone users.

He advised that the PPC would have observed the shops and services around the proposed site such as Lidl, Iceland and Tesco Express. On Maryhill Road there were newsagents, hairdressers and cafes. There was also the Community Central Hall where services such as podiatry were provided to the community within the hub of the neighbourhood. There was excellent car parking available at the proposed site with off street parking of around 152 spaces directly outside the unit for up to 1.5 hours.

Mr Cox then went on to demonstrate why Lloydspharmacy believed there to be an inadequate provision of pharmaceutical services in the neighbourhood. He advised that the PPC would have seen the current premises (549 Maryhill Road). They were extremely

small and cramped and had very few facilities for customers and staff. Parking for cars was restricted. Parking was only available after 09:30 and before 16:30 and when a parking space was available the time was restricted to ten minutes at a time. This was not ideal for patients wishing to access services. The area was frequently patrolled by traffic wardens, which was not ideal for customers. Parking on side streets was also difficult as many of the spaces were taken up by Dunard Primary and Nursery school users and staff. Mr Cox advised that in his own experience parking throughout the entire area was very difficult. He suggested that many people left their cars in the area and travelled by other means into Glasgow city centre. When he had last visited 549 Maryhill Road, he had had such difficulty in parking that he had left his car outside the proposed premises and finished his journey to the Maryhill Road branch on foot as there were no spaces closer to the pharmacy.

Mr Cox stated that he had previously provided the Committee with a copy of the existing pharmacy's internal layout. He advised that the plan might in fact portray the pharmacy in a better light but as the PPC had previously visited the branch they would have seen that the pharmacy was small and not very accessible. The dispensary was only about 10 square metres; there was no dedicated stock room space, no consultation area and no specific staff area. The back shop area was only three square metres. There was also no back door into the unit partly due to the position of the toilet and lack of rear access. This creates difficulty for staff and necessitates them virtually sitting in the dispensary area when having lunch. Problems also occur when the pharmacy takes daily deliveries of boxes which have to sit in the dispensary area which could possibly pose a hazard to staff.

Mr Cox advised that he had mentioned in the initial application that the pharmacy also had DDA issues. He had in his possession a copy of an independent building surveyor's report, which while it did not provide any new evidence, confirmed the problems already mentioned and the difficulty in making the pharmacy DDA compliant in terms of external access. There was an external step into the pharmacy but it would not be possible to convert this to a ramped entrance as this would extend too far out onto the pavement area. The Applicant was unlikely to obtain planning permission for such an adaptation as it would be hazardous to other pedestrians. The entrance to the pharmacy was also narrow and the width of the door currently could not facilitate a wheelchair. Mr Cox advised that the Maryhill Road branch had a regular customer who was wheelchair bound, but relied on the company's delivery service as she was unable to access the pharmacy as she could not get inside.

**The Committee noted that the Applicant had previously provided the report from the Chartered Surveyor regarding the constraints experienced in 549 Maryhill Road. Board Officers had not made this available to the Committee or Interested Parties prior to the hearing as the report had included a clause inserted by the authors that the report could not be shared with any third party without the express written consent of the company. Lloydspharmacy had provided this consent on 10<sup>th</sup> May 2010, one day before the hearing. The report was not included in the Committee's papers.**

He asserted that the pharmacy did not have space for a private consultation area. To attempt to establish such an area within the current premises would block out most of the light and mean there would be even less space in the pharmacy compounding the problems for wheelchair and pushchair users. The impact of the lack of consultation room meant it limited the pharmacy from providing a full range of services. For example, the

pharmacy could not provide BP, diabetes or screening services which many other Lloyds pharmacy branches provided and which brought benefit to the community. For patients who wanted Emergency Hormonal Contraception (EHC), there was no private space for a consultation. This was similar for the supervision of methadone. For example, a patient had come into the pharmacy for a consultation because they had developed a rash. The patient proceeded to show the rash to the pharmacist for advice. The situation made the patient uncomfortable as there were other customers in close proximity who could overhear the conversation. Such circumstances could lead to an inadequate service.

There had also been security incidents. For example, the pharmacy had two methadone patients who clashed and the police had to be called. While Mr Cox accepted this situation could arise in any pharmacy, he felt the issue was compounded by the restricted space and lack of privacy which could lead other customers not to use the pharmacy. There was also very little space to hold pharmaceutical waste bins. In the case of the needle exchange service, the bins would only be collected when four had been filled. The branch had no space to hold four bins and problems arose as a result.

He advised that the dispensary only had space for one work bench. This could be difficult particularly when having to deal with dosette boxes. The processing of these could take up most of the space and staff did their best in the space available. However, there were concerns over health and safety issues and the incidence of errors due to the space constraints.

The lack of a private consultation room meant it would be very difficult to provide the Chronic Medication Service (CMS) when it was implemented and it also currently restricted the delivery of the Keep Well Project within the pharmacy which ideally required a private space. Mr Cox asserted that the staff did an excellent job with the limited space but the premises did not facilitate an adequate service to patients.

He was aware that questions had been asked as to why the pharmacy did not expand into the unit next door to the current premises or any of the available units within close proximity. He advised that Lloyds had looked at this; however they were unable to secure an agreement on the unit next door. He also advised the Committee that some of the shuttered units weren't available for Let as they were currently being used as storage facilities. In addition, many of the units in the vicinity posed the same issues faced in the current premises in terms of space, DDA issues and parking constraints. Mr Cox advised that it was not always possible to expand into the unit next door to a pharmacy especially where there were different landlords.

He advised that the proposed site had a proposed dispensary area of 44 square metres and a retail area of 83 square metres. There was space for a private care room, disabled access, including a disabled toilet and separate stock and staff areas. The premises would allow the company to deliver a comprehensive and adequate range of pharmaceutical services. The proposed location would not impact on any other contractor and indeed Bannerman's Pharmacy supported the move to better premises. Apple Pharmacy accepted that they would not be affected by the application as they were ostensibly outside the neighbourhood. The pharmacy was not moving significantly closer to a health centre or taking prescriptions from another contractor apart from their own company.

In conclusion, Mr Cox submitted that currently there was a gap in service provision. This could be met via a relocation of the current pharmacy contract on Maryhill Road. The existing pharmacies were all pretty much working at capacity and had little room to expand. This application would help to future proof the neighbourhood and secure the adequate provision and would allow Lloydspharmacy to deliver new services as part of the pharmacy contract. He asked the Committee to look favourable on the application for these reasons.

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

In response to questioning from **Mr Irvine** regarding the source of the population statistic used within his presentation, Mr Cox confirmed that this had been found on a website and was based on census data for the Maryhill area as a whole. He had struggled to find a population figure for the neighbourhood as defined, but felt that the Maryhill statistic illustrated the density of population throughout the entire area.

In response to further questioning from Mr Irvine regarding inadequacy of services throughout the neighbourhood, Mr Cox advised that he felt the services in the south-east of the neighbourhood to be inadequate. Your Local Boots Pharmacy on Queen Margaret Drive lay on the far western boundary of the neighbourhood and served a different population to Maryhill Road. In Mr Cox's opinion, patients would struggle to fit pushchairs and wheelchairs through the entrance to the Queen Margaret Drive pharmacy. In Napiershall Street, the parking outside the Lloydspharmacy branch was not good. The pharmacy was also currently working at capacity and there was no room for them to absorb any additional work. He advised that the level of inadequacy was more around the provision and accessibility of services as a whole.

In response to further questioning from Mr Irvine regarding the size of other units within the vicinity of the branch at 549 Maryhill Road, Mr Cox advised that he did not know the specific sizes of the premises. He reiterated that the company had been unable to secure the lease on the large unit next to the existing premises and that the large unit to the left was being used for storage and therefore not available. There was also no significant advantage to be gained with other available units.

In response to questioning from **Mr Reid** around the population of post-code area G20.7 (in which the proposed premises were situated), Mr Cox confirmed that he would not be surprised to learn that the population was around 6,000.

In response to further questioning from Mr Reid around the proposed premises and where its patients would come from, Mr Cox advised that he didn't think the pharmacy would serve a different clientele to that served from the current premises. He advised that a number of methadone clients already travelled from the area to the south of the existing premises at 549 Maryhill Road. In addition, residents from around the current premises travelled down to the south-east of the Maryhill area already. He advised that the proposed premises would be well placed to pick up patients who would come from the housing growth along Garscube Road, but apart from that he did not anticipate a significant difference in the population served.

In response to further questioning from Mr Reid, Mr Cox confirmed his belief that the

proposed premises lay in the same neighbourhood as the current premises.

In response to final questioning from Mr Reid regarding units adjacent to the current premises being used for storage purposes, Mr Cox confirmed that attempts to secure alternative premises adjacent to the current premises had been unsuccessful. Mr Cox could only repeat the reasons provided to Lloydspharmacy from the landlords of the units; that they were not available to let as they were being used for storage purposes.

In response to questioning from **Professor McKie** regarding the ease of parking in the area, Mr Cox confirmed that in his opinion, parking was an issue throughout the entire neighbourhood which was a relatively congested area. He advised that on visiting Woodside Health Centre he had been unable to park at the Health Centre. In Napiershall Street parking was difficult. There was inadequate parking at three of the pharmacies nearest to the proposed premises. Every available parking space was utilised and parking was therefore difficult.

In response to further questioning from Professor McKie regarding why Lloydspharmacy didn't just close the pharmacy at 549 Maryhill Road and concentrate on developing their other pharmacies in the vicinity, Mr Cox advised that there was little capacity in the other pharmacies to take on additional business. He advised that the pharmacy in Woodside Health Centre was used by most patients purely for dispensing purposes. Most would travel to other pharmacies for pharmaceutical advice and if 549 Maryhill Road was closed this would widen the gap that existed at the moment.

In response to further questioning from Professor McKie around the proposed premises, Mr Cox confirmed that relocating to this facility would meet all of the company's needs. It would allow Lloydspharmacy to deal with their care home business and also methadone clients. It would prove better for walk-in customers as parking would be easier. He advised that at present the number of pharmacies in the neighbourhood was adequate. What wasn't adequate, he felt was what services could be provided and how.

In response to final questioning from Professor McKie, Mr Cox confirmed that Lloydspharmacy would continue to provide a collection and delivery service from the proposed premises.

In response to questioning from **Mrs Roberts**, Mr Cox confirmed that the pharmacy at 549 Maryhill Road was at the lower end of the range of anonymous dispensing figures provided to the Committee with the application papers.

In response to further questioning from Mrs Roberts regarding the possibility of the existing area at 549 Maryhill Road being left inadequately served as a result of a successful application, Mr Cox advised that most of the clients served by the current premises resided to the south of the neighbourhood. The area to the north beyond the canal around the area of student residences was a different area with a different population. Mr Cox did not believe the relocation would leave a gap as most of the patients using 549 Maryhill Road came from the streets between the current premises and the proposed premises. He advised that the majority of methadone clients to 549 Maryhill Road came from the area south of the existing premises and that students residing to the north of the existing premises were in a different neighbourhood and probably did not

access pharmaceutical services from that side of the canal.

He also advised that he did not believe that adequacy could be measured purely on the volume of prescriptions dispensed, but rather around how the service was delivered. There was inadequacy in parking and he believes adequacy encompassed a range of tests including the quality and access to services in the neighbourhood. In his opinion, there were gaps in the quality and delivery of services which couldn't be delivered properly.

In response to questioning from **the Chair**, around the number of pharmacies in the consultation zone and also the wider area, Mr Cox advised that they didn't feel that patients using the current premises would travel to the extremes of the neighbourhood for services. In smaller neighbourhoods, people tended to travel shorter distances for services.

### **Summing Up**

The Applicant was then given the opportunity to sum up.

**Mr Cox** advised that the Committee should look at the adequacy of services within the neighbourhood. In his opinion there was currently a gap in adequacy; parking was an issue. It was limited in the neighbourhood. The pharmacies in Woodside Health Centre and Napiershall Road had little capacity to take on additional services. The pharmacy at Woodside Health Centre was relatively well hidden, with no retail facility and no private consultation area. There was pressure on the limited number of pharmacies. The pharmacy at 549 Maryhill Road was not adequate. There were restrictions on premises. It was a small pharmacy with no private space and no means to develop such a facility. As such the provision of EHC, methadone and screening services was problematic as there was little opportunity for patients to have private conversations with the pharmacist. There were health and safety issues along with DDA issues which would not be easily resolved. Boots the Chemist at Queen Margaret Drive also experienced the same DDA issues.

Mr Cox maintained the provision of services was not adequate. There was a gap. He reminded the Committee that adequacy was not just the volume of prescriptions dispensed but related to a wide range of issues including; access, quality and ability to provide the service. The needs of the population should be paramount and for these reasons he asked the Committee to look favourably and grant the application which would secure adequate pharmacy services within the neighbourhood.

Before the Applicant left the hearing, the Chair asked Mr Cox to confirm that he had had a full and fair hearing. Mr Cox confirmed he had.

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

- a) Neighbourhood;
- b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the

application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

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

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
  - Bannerman's Pharmacy – various addresses;
  - Boots UK Ltd – various addresses; and
  - Apple Pharmacy – 1094 Argyle Street, Glasgow G3.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

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

- d) - The Glaswegian Newspaper (advert run on Wednesday 17<sup>th</sup> February 2010) – No responses received;
- e) - West Glasgow CH(C)P – no response received;
- f) The following community councils:
  - Woodside – no response received;
  - Kelvin North – no response received;
  - Woodlands & Park – no response received;
  - Garnethill – no response received.

The Committee also considered;-

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

## **DECISION**

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

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

**North: starting at Bilsland Drive, following the Forth and Clyde canal west;**  
**East: the Forth and Clyde canal travelling south to its meeting with the A81;**  
**South: the A81, crossing onto Great Western Road, travelling west to Kelvin Way and it's meeting with the River Kelvin;**  
**West: the River Kelvin to Queen Margaret Drive, following Queen Margaret Drive north crossing Maryhill Road, to join with canal at Bilsland Drive.**

The Committee agreed that Forth and Clyde Canal to the north was a boundary, both in terms of crossing and also because it marked the difference in housing types. The area to the north mainly comprised of student accommodation. The boundary of the canal continued to the east of the neighbourhood. Great Western Road was a main trunk road, which separated the area from the main shopping area of the city centre. The River Kelvin was a physical barrier in that only two crossing points existed at Kelvinbridge and at Queen Margaret Drive.

#### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

The Committee noted that within the neighbourhood as defined by the PPC there were five pharmacies. These pharmacies provided pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments around how a relocation of premises would not increase the number of contracts in the neighbourhood. They were, however, mindful that their first consideration was the application of the legal test. In so doing, they noted that the existing pharmaceutical network (even excluding 549 Maryhill Road) provided adequate services.

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

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, the number of prescriptions dispensed by those contractors in the preceding 12 months, and the level of service provided by those contractors to the neighbourhood, the committee agreed that the neighbourhood was currently adequately served.

**In accordance with the statutory procedure the Chemist Contractor Members of the Committee Mr Kenny Irvine and Board Officers were excluded from the decision process:**

**DECIDED/-**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

**Contracts  
Supervisor**

**The Chemist Contractor Members of the Committee Mr Kenny Irvine and Board Officers rejoined the meeting at this stage.**

**5. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2010/12 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- Carol Ann Burns – 1399 London Road, Glasgow G31 4PF

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

**MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING**

The Committee having previously been circulated with Paper 2010/13 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

**6. Change of Ownership**

**Case No: PPC/CO02/2010 – M&D Green Dispensing Chemist Ltd – 167 Auchinairn Road, Bishopbriggs, Glasgow G64 1NG**

The Board had received an application from M&D Green Dispensing Chemist Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Auchinairn Pharmacy at the address given above. The change of ownership was effective from 31<sup>st</sup> March 2010.

The Committee was advised that the level of service was not reduced by the new contractor

and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

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

**Case No: PPC/CO03/2010 – CMAM Ltd – 8 High Street, Dumbarton G82 1LL**

The Board had received an application from CMAM Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Kemp Pharmacy at the address given above. The change of ownership was effective from 4<sup>th</sup> May 2010.

The Committee was advised that the level of service was not reduced by the new contractor and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

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

**NOTED/-**

**7. Minor Relocation of Existing Pharmaceutical Services**

**Case No: PPC/MRELOC01/2010 – Lloydspharmacy ltd – 776 Dumbarton Road, Dalmuir G81 4BY**

The Committee considered the action taken by the Chairman on an application for a minor relocation of a NHS Dispensing contract currently held by Lloydspharmacy Ltd, at the above address.

The Committee noted that the application fulfilled the criteria for a minor relocation under Regulation 5 (4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

**NOTED/-**

**8. NATIONAL APPEALS PANEL**

The Committee having previously been circulated with paper 2010/15 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

**Mr Denis Houlihan, Unit 2 Greenlaw Village, Glasgow G77 6NP (PPC/INCL03/2009)**

The Committee noted that the National Appeals Panel had upheld the Appeals submitted against the PPC's decision to grant Mr Houlihan's application to establish a pharmacy at

the above address. As such Mr Houlihan's name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

**NOTED/-**

**9. ANY OTHER COMPETENT BUSINESS**

The Chair advised that he wished a special meeting of the PPC arranged to allow the Committee to discuss the draft response to the Consultation on Control of Entry Arrangements relating to NHS Pharmaceutical Services.

The Contracts Manager undertook to arrange this prior to the closing date for the consultation exercise.

**Contracts  
Manager**

**AGREED/-**

**10. DATE OF NEXT MEETING**

Thursday 27<sup>th</sup> May 2010.