

Pharmacy Practices Committee

Minutes of the meeting held on Friday 10th June 2022 at 0900 hours via Microsoft Teams

PRESENT:

| | |
|---------------------|----------------------------------|
| Mr Charles Vincent | Chair |
| Mrs Beth Diamond | Lay Member |
| Mrs Maura Lynch | Lay Member |
| Mr Josh Miller | Non-Contractor Pharmacist Member |
| Mrs Yvonne Williams | Contractor Pharmacist Member |

IN ATTENDANCE:

| | |
|---------------------|--|
| Mrs Trish Cawley | Contracts Co-ordinator, NHS GGC |
| Mrs Michelle Cooper | Contracts Supervisor, NHS GGC |
| Mrs Janine Glen | Contracts Manager, NHS GGC |
| Mrs Jean Ford | Chair, PPC Ayrshire & Arran (Observing) |
| Mr Michael Stewart | Central Legal Office (to section 3 only) |

| | |
|------------|---|
| 1. | MEETING CONVENED |
| 1.1 | The Pharmacy Practices Committee (PPC) convened at 0900 hours. |
| 1.2 | The Chair asked the members present to confirm that they had no interest in any of the business to be conducted by the PPC. Each member confirmed there were no conflicts of interest. |
| 3. | DETERMINATION OF APPLICATION |
| 3.1 | APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST CASE No: PPC/INCL03/2022 – Eglinton Healthcare Ltd, 433 Eglinton Street, Glasgow G5 9RU |
| 3.2 | <i>The Chair formally convened the open session of the hearing and welcomed the Applicant and Interested Parties.</i> |
| 3.3 | Mr Adeel Asghar, ("the Applicant") (assisted by Ms Michaela Whittle). |
| 3.4 | The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend this hearing, were: |
| 3.5 | <ul style="list-style-type: none"> - Mr Mohammed Adill Sheikh, representing Pollokshields Pharmacy; - Mr Scott Jamieson, representing Boots UK Ltd (assisted by Mr Graeme Livingston); - Mr Tom Arnott representing Lloyds Pharmacy Ltd (assisted by Mr Robin Brownlie); - Mrs Gillian Hunter, representing Rowlands Pharmacy Ltd (assisted by Ms Lucy Corner); - Mr Gerry Hughes, representing Nancy's Chemist, (assisted by Ms Angela Mackie); and |

| | |
|-------------|---|
| | - Mr Muhammad Mahmood, representing Queens Park Pharmacy (assisted by Mr Gavin McLaren); |
| 3.6 | Together these constituted the "Interested Parties". |
| 3.7 | The Chair asked all present if they had any objections to Mr Jean Ford being present at the hearing as an observer? Mrs Ford was a newly appointed Chair of the PPC in a neighbouring Health Board. She was keen to observe a hearing to aid her development. Mrs Ford would take no formal part in the hearing. No objections were raised by any party and Mrs Ford joined the hearing. |
| 3.8 | The Applicant and Interested Parties were advised that the meeting had convened at 0900 hours when all present were invited to state any interest in the application. No interests were declared. |
| 3.9 | The Chair advised all present that due to the current COVID restrictions no group site visit had taken place. Instead members of the PPC had undertaken individual site visits to the proposed premises and surrounding area. |
| 3.10 | The Chair advised all present of the necessary housekeeping and Microsoft Teams functions. |
| 3.11 | This oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended. The PPC was to consider the application submitted by Eglinton Healthcare Ltd to provide general pharmaceutical services from premises to be situated at 433 Eglinton Street, Glasgow G5 9RU ("the Proposed Premises"). |
| 3.12 | The purpose of the meeting was for the PPC 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 would be located. |
| 3.13 | Confirmation was sought by the Chair that the Applicant, the Interested Parties or those assisting were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties confirmed individually that this was the case. |
| 3.14 | The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party. |
| 3.15 | Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All parties individually confirmed agreement. |
| 3.16 | Before inviting the Applicant to present his case, the Chair advised all present that a situation had arisen within the last 24 hours where the Applicant had advised Board Officers that the lease of the proposed premises had lapsed. The Chair would seek Mr Asghar's confirmation that this was the case and in this situation, he would ask Mr Michael Stewart (Central Legal Office) to make comment on the situation. |
| 3.17 | The Chair asked the Applicant to confirm that at this point there was no lease in place, but that the Applicant expected this situation to be rectified relatively |

| | |
|-------------|--|
| | soon. |
| 3.18 | Mr Asghar confirmed that there had been a previous lease, but unfortunately the application had taken so long to come to hearing that the lease had lapsed. Network Rail who were the Landlords of the proposed premises were aware that today's hearing was taking place. The Applicant's solicitors were in contact with them and the Applicant should be able to pick the option up again. |
| 3.19 | Mr Stewart's advice to the PPC was that the Committee could continue to hear the application. There was no requirement for there to be possession of the premises at the time the PPC considered the application. It was quite proper for the Applicant to alert the Board to the fact that information on the application form had changed but the application in Mr Stewart's view remained valid. Mr Stewart's advice was to continue with the hearing. |
| 3.20 | Mr Stewart advised that when the PPC came to consider the legal test later in the hearing and when Interested Parties were asking questions there might be legitimate questions about the likelihood of a lease being put in place in time for the point where the Applicant expected to be able to provide pharmaceutical services, if his application were granted (six months from date of granting). Parties may have questions about this issue and the Applicant might wish to make further comment about this in due course. This would go to the question for the PPC of viability and whether, if there was an unmet need in this neighbourhood, this particular application would secure the provision of services in that area. |
| 3.21 | The Chair thanked Mr Stewart for his advice and sought agreement from the members of the PPC that they were content to proceed. All agreed that the hearing could proceed on the basis of Mr Stewart's advice. Mr Stewart left the hearing at this point, but confirmed that he would be available via telephone if the PPC required legal advice. |
| 3.22 | The Chair confirmed that the PPC had read all the papers submitted so invited Mr Asghar to speak in support of the application, reminding him that the PPC was not in a position to consider any additional written evidence. |
| 4. | <u>THE APPLICANT'S CASE – (below was reproduced from Mr Asghar's pre-prepared statement)</u> |
| 4.1 | Mr Asghar advised that Eglinton Healthcare Ltd would like the PPC to consider their application for an NHS contract to provide pharmaceutical services within their defined neighbourhood. There was an ever changing climate in the south side of Glasgow. The Applicant knew there had been previous applications before. They had gone through all the applications previously. They felt the area was somewhat changed and they hoped Mr Asghar's presentation would cover most of the relevant points for the established neighbourhood that he was looking to present this morning. The neighbourhood was: |
| 4.2 | North: Scotland Street from the junction with Shields Road, West Street, Cook Street, and Bedford Street to the junction with Gorbals Street. (This matched the north border which was proposed by the committee PPC in 2009). East: Gorbals Street from the junction with Bedford Street (lane), continuing to Pollokshaws Road, to the junction with Albert Drive. |

| | |
|------|--|
| | <p>South: Albert Drive across to junction with Darnley Street.</p> <p>West: Darnley Street, continuing to St. Andrews Road following the curvature to the junction with Shields Road.</p> |
| 4.3 | Within this neighbourhood there were no pharmacies although within a one mile radius there were 12 pharmacies. |
| 4.4 | The Applicant advised that it was their understanding from the legal test it had to be desirable to approve the application to secure the adequate provision of NHS pharmaceutical services in the neighbourhood. |
| 4.5 | The Applicant firmly believed the neighbourhood that he had established passed the legal test more so now than ever before. |
| 4.6 | 71% of individuals who took part in the Joint Consultation thought that there were gaps in the existing pharmaceutical services provision. |
| 4.7 | The population of the proposed neighbourhood was 2,921, occupying 1,525 households. |
| 4.8 | When looking at the national average and the Scotland Census the national average of individuals in Very Good or Good health was 85.7%. Whilst using their mapping software which pulled data from the Scotland Census, the general health of the Applicant's neighbourhood was much lower with only 78% of people in good or very good health. In addition, the percentage of individuals identified with bad or very bad health was 8.8% of individuals compared to 5.6% when looking at the national average. As highlighted in the Scottish Census report people living in social rented properties were more likely to report bad health than those who owned their property or lived in a private rented property. 20% of the population in their neighbourhood were living in social rented properties. |
| 4.9 | More than 54% of households (814) living in this neighbourhood were without access to a vehicle. This indicated a need for pharmaceutical services to be within walking distance. What was considered walking distance however was subjective, as the walking distance for a healthy 30 year old would be much greater than that for a 65+ elderly individual (making up 12% of the proposed neighbourhood population) or someone who suffered from a disability or was long-term sick (9% of the population in the neighbourhood fell into that category). There were 12 pharmacies within a 1 mile walking distance from the proposed premises of the proposed pharmacy. With the closest being 500m walking distance. In addition, there was not a pharmacy within the proposed neighbourhood. |
| 4.10 | 36.2% of the households were inhabited by individuals over the age of 65 and living alone. |
| 4.11 | Further to this, approximately 50% of individuals living in the proposed neighbourhood were of an ethnic minority based upon the average in surrounding neighbourhoods published in the 2011 Census. However, the Applicant believed this to be higher for their proposed neighbourhood. |
| 4.12 | It was well known that this proposed neighbourhood was composed of some of the data zones in Glasgow, with high crime and high levels of poverty |

| | |
|-------------|--|
| | (particularly child poverty with an average of 38.3% of children living in poverty in this area). Furthermore, there was a higher than the national average of unemployment (6.3% vs 4.6%). In various longitudinal studies, it had been shown that people with higher incomes were in better health. This relationship was largely causal. This indicated that there was a greater need in their proposed neighbourhood for pharmaceutical services. |
| 4.13 | The number of planning applications in the area for future housing developments etc. was available from the Glasgow City Council website. There was also a big commercial zone there along with some churches, charities. It was a very changing climate in that neighbourhood. The Applicant advised that future developments should be taken into consideration based upon maintaining the adequate provision of pharmaceutical services in the proposed neighbourhood not only for the present but also for the future. Referring to the legal test, this could be debated as to whether the term "secure" referring to adequate provisional services in the neighbourhood both currently and inevitably. By definition, the word secure meant " <i>free from risk and the threat of change for the worst</i> ". |
| 4.14 | Therefore, with the new developments in construction (Offices, Flats, Housing, and businesses) in the proposed neighbourhood, there was an indication that the level of adequacy of pharmaceutical services would change over time further. It was a probable reality that these developments would further support the Applicant's application for the improvement of pharmaceutical services and increase the unmet need for the current and future residents of this neighbourhood and also those working in the neighbourhood as there was an industrial element to the area. In addition, many businesses were being developed in this area further. There was a large Turkish community in the area who occupied various factories etc. Various small individual units which were occupied by e-Bay type businesses where they were doing mail order type of distribution. |
| 4.15 | In the neighbourhood which the Applicant had proposed there were many new developments. This included but was not exclusive to 39 flats which had been applied for on Maxwell Road. Further to this there were 140 units being built at 129 Maxwell Street. |
| 4.16 | The Applicant advised that placement of a pharmacy in this area would improve local services by providing a wide range of services as listed above including Harm Reduction services and Minor Ailment Services. |
| 4.17 | There were also several social support and medical services surrounding the area which would benefit from a pharmacy in this location such as, Eglinton Medical Centre and Dr. Akber, Dr. S & Kham Dr. M medical office. Having a pharmacy in this area would benefit patients who relied on these services to supply their prescriptions and support individuals who may need minor services with an alternative option. Thereby alleviating the pressure placed on doctors' surgeries with an overload of patient appointments. |
| 4.18 | The location benefitted from street parking on both sides as well as double-sided parking on the adjacent Turriff Street. This location also benefitted from being located one minute and five minutes (walking) from the Devon Street bus stops providing bus access to every major bus line which runs through the |

| | |
|--------------|---|
| | proposed neighbourhood. It was a very busy bus stop. |
| 4.19 | Greater access for individuals who did not speak English as their first language. The Applicants had found that there were large communities who speak Punjabi, Urdu, Arabic, Romanian and Turkish. They would work to place individuals in the pharmacy who could better communicate with these individuals. Mr Asghar advised that Eglinton Healthcare Ltd would also employ a driver for deliveries within this area. However, he felt that the neighbourhood might not be ready for a delivery service due to the age element. |
| 4.20 | Opening a pharmacy in Eglinton Toll would benefit the nearby dental practice, Eglinton Dental Practice. This could be supported by the fact that in 2014, 40% of individuals with emergency dental issues who visited emergency departments could have been managed by other services such as pharmacies. |
| 4.21 | Having a local neighbourhood pharmacy allowed pharmacists to offer patients dental advice for pain relief for acute problems, identify ways to improve basic oral hygiene, and provide further support once the problem was resolved. |
| 4.22 | <p>From their joint public consultation, it was evident that access to NHS services was difficult in this proposed neighbourhood. Not outside where there was another 12 pharmacies. The Applicant planned to offer the following services:</p> <ul style="list-style-type: none"> • Minor Ailment Service (MAS) • Public Health Service. (PHS) • Acute Medication Service (AMS) • Chronic Medication Service (CMS) • Harm Reduction (opioid substitution) • Unscheduled Care • Palliative Care • Gluten-Free Foodservice • Support for patients with Hepatitis C and HIV • Multi-Compartment Compliance Aids (MCA) |
| 4.23 | <i>This concluded the Applicant's submission and the Chair invited the Interested Parties to question the Applicant</i> |
| 5. | QUESTIONS FROM INTERESTED PARTIES TO THE APPLICANT |
| 5.1 | <u>Questions from Mr Adill Sheikh (Pollokshields Pharmacy)</u> |
| 5.1.1 | In response to questioning from Mr Sheikh, Mr Asghar advised that if you Googled the local GP practice you would be able to see reviews at Eglinton Medical Healthcare where unfortunately they only enjoyed a two star rating at the moment. |

| | |
|---------------|---|
| 5.1.2 | Mr Sheikh clarified that he was seeking information on official complaints made to the Health Board suggesting that there was any difficulty with the provision of pharmaceutical services in the area. Mr Asghar advised that he was not aware of any official complaints that had been made. |
| 5.1.3 | Mr Sheikh asked the Applicant if he was aware of the NHS Attend Anywhere platform and how this worked. Mr Asghar confirmed that he was not. |
| 5.1.4 | In response to questioning from Mr Sheikh about the lease situation of the proposed premises and the Applicant's proposed back up plan to secure premises for the application, Mr Asghar advised that initial Heads of Terms had been drawn up, which had lapsed due to the time taken for the application to come to hearing. Network Rail had indicated that they were 99.9% happy to proceed. The rent was nominal. This wasn't a very affluent area, therefore this wasn't a competitive property with lots of applications and had been on the market for a long time. Network Rail felt that a pharmacy would be the best use for the premises. |
| 5.1.5 | Mr Sheikh asked the Applicant how and where he might secure alternative premises if the situation arose where another Applicant took the lease from him due to offering a higher price. The Applicant advised that there were another six or seven premises which were vacant in the general vicinity. There was also a plot of land for sale across the road. He was sure they would be able to secure something. Property wasn't difficult to acquire there. |
| 5.1.6 | Mr Sheikh followed this question up by asking if going on this basis, could the potential pharmacy suffer if there was no footfall in the area. Mr Asghar advised that this was his point. There was currently no pharmacy in this area. If there were, then the locals who required pharmaceutical services would hopefully walk to the proposed premises. |
| 5.1.7 | Mr Sheikh asked the Applicant what pharmaceutical services he believed there was a lack of in the area. The Applicant responded that there was no pharmacy in that neighbourhood. He knew there had been previous applications but he offered that this was a changing neighbourhood but there was a changing climate in the neighbourhood he had defined. There was planning in place and construction had already began. The population was rising. The south side wasn't the same as it used to be. He knew the area well and he considered that it was only in his defined neighbourhood where there was a lack of services. |
| 5.1.8 | In response to Mr Sheikh's question about whether the Applicant was suggesting that none of the current pharmacy network could manage the increase in population stemming from the new developments, the Applicant advised that he was not saying the current pharmacies couldn't provide services to support the increased population however the people who were over the age of 65 would find these difficult to access. |
| 5.1.9 | Mr Sheikh asked the Applicant if he was aware of the Pharmacy First Service and how it worked. Mr Asghar advised that he wasn't aware. |
| 5.1.10 | Mr Sheikh advised that he wasn't aware of a Dr Akber working in this area, and asked the Applicant to confirm where this surgery was. Mr Asghar advised that |

| | |
|---------------|--|
| | <p>this was Eglinton Medical Centre. Mr Sheikh confirmed that Dr Akhtar had been the GP in this practice and that he had retired three years ago. The Applicant advised that he was not aware of this but that the medical centre was still there and he was sure that someone had taken over from Dr Akber.</p> |
| 5.1.11 | <p>Mr Sheikh asked the Applicant if he could elaborate on his plans for his delivery service. The Applicant advised that he wasn't sure that deliveries actually worked. They had learned from the Joint Consultation that there was a very mixed ethnic and aged population. The Applicant would try a delivery service but he felt that first and foremost a neighbourhood pharmacy was required and then he would see if the area could receive a delivery service. There was a language barrier and there were migrants. They would start with the pharmacy first and then maybe undertake a delivery service.</p> |
| 5.1.12 | <p>Mr Sheikh asked about the language barriers and asked the Applicant if he was aware that in Pollokshields Pharmacy and Queens Park Pharmacy, there were no issues around language barriers. The Applicant advised that this comment wasn't aimed at Mr Sheikh's pharmacy, but that in his neighbourhood he would look to provide bilingual staff.</p> |
| 5.1.13 | <p>Mr Sheikh advised that in his application form, the Applicant had written "<i>I'm not sure what points to make for ethnic minority – points needed</i>" and asked the Applicant if he could elaborate on this as it showed to Mr Sheikh that the Applicant wasn't sure what ethnic minorities there were in this area. The Applicant advised that he didn't understand the question.</p> |
| 5.1.14 | <p>The Chair clarified that Mr Sheikh was seeking to ask the Applicant if there were any further comments he wished to make on the ethnic minority section in his application. The Applicant advised that according to his mapping software 25% of the population in the neighbourhood was of an ethnic minority.</p> |
| 5.1.15 | <p><i>This concluded Mr Sheikh's questions.</i></p> |
| 5.1.16 | <p><i>The Chair invited Mr Scott Jamieson to question the Applicant</i></p> |
| 5.2 | <p><u>Questions from Mr Scott Jamieson (Boots UK Ltd)</u></p> |
| 5.2.1 | <p>Mr Jamieson asked the Applicant to clarify the population that he set out for his neighbourhood. The Applicant advised that there were 2,921 people occupying 1,521 houses. On further questioning from Mr Jamieson about where he obtained these figures, the Applicant advised that they used software called Vision Mapping.</p> |
| 5.2.2 | <p>Mr Jamieson asked the Applicant if any planning applications had been submitted in the last two years within the immediate vicinity of the proposed premises i.e. 100 metres. The Applicant advised that the developments were in the neighbourhood. There was one directly across the road from the proposed premises, however this might have lapsed.</p> |
| 5.2.3 | <p>In response to questioning from Mr Jamieson, the Applicant confirmed that a physical survey had been undertaken. The survey had been undertaken via tablets. One of the Applicant's researchers had gone door to door and into the industrial areas, and had asked people the questions from the Joint</p> |

| | |
|-------|---|
| | Consultation questionnaire. |
| 5.2.4 | Mr Jamieson asked the Applicant if he was aware what had caused the spike in Joint Consultation responses in one week in May 2021. The Applicant advised that this had also been the result of the physical survey which that day had been undertaken outside the proposed premises. This had taken the same form as the door to door survey and the researcher was employed by Eglinton Healthcare Ltd. |
| 5.2.5 | Mr Jamieson asked the Applicant if he was aware that the Board offered a translation service. The Applicant advised that he was. |
| 5.2.6 | <i>This concluded Mr Jamieson's questions and the Chair invited Mr Arnott to question the Applicant.</i> |
| 5.3 | <u>Questions from Mr Tom Arnott (Lloyds Pharmacy Ltd)</u> |
| 5.3.1 | Mr Arnott asked if the Applicant could describe which core services weren't provided by the current contractors. Mr Asghar advised that in the neighbourhood there was no pharmacy, therefore there was no core service provision. He advised that he wasn't aware of the services that the current pharmacies might provide into the defined neighbourhood and felt that this might be a question he would seek to ask the Interested Parties when the opportunity came. |
| 5.3.2 | Mr Arnott asked the Applicant if the 12 pharmacies within a mile radius all offered core services. The Applicant responded that some were offering all services and some were offering less services. |
| 5.3.3 | Mr Arnott sought confirmation from the Applicant that he didn't know what Pharmacy First was. Mr Asghar advised that he was aware of what it was. |
| 5.3.4 | Mr Arnott asked the Applicant if he could explain what CMS was. Mr Asghar advised that this was the Chronic Medication Service. When Mr Arnott asked if he wasn't aware that this service had been replaced by the Medication: Care & Review service, the Applicant advised that he was not a pharmacist and that they would employ a pharmacist so couldn't answer direct pharmaceutical questions. |
| 5.3.5 | Mr Arnott asked if the Applicant was aware that you couldn't just have a Palliative Care pharmacy that you must go through the Health Board. The Applicant advised that he felt these were all operational questions and not relevant to the legal test. |
| 5.3.6 | In response to questioning from Mr Arnott around the bus service in the area, Mr Asghar advised that there was a good bus service. Many people walked to the bus stop to travel to the city centre. |
| 5.3.7 | Mr Arnott advised that he was somewhat confused over the Applicant's population figure of 2,921 and asked if the Applicant could explain which of the SIMD Datazones this represented. Mr Asghar advised that the population had been derived using the company's software. Mr Arnott continued to press Mr Asghar for a description of the Datazones which had been used to derive the Applicant's population figures. The Applicant continued to assert that the |

| | |
|---------------|---|
| | population had been derived by using bespoke mapping software. |
| 5.3.8 | <i>The Chair asked if this question could be taken off line. He asked the Applicant if he could use the time coming up during the comfort break to ascertain the information to respond to Mr Arnott's question and he could respond when the hearing re-convened.</i> |
| 5.3.9 | Mr Arnott advised that in his presentation, the Applicant had stated that 36% of the population in the neighbourhood was over 65 and asked if the Applicant would be surprised to learn that in all seven Datazones included in the Consultation Analysis Report, which contained a total population of 7,763 according to SIMD there were only 520 individuals over the age of 65? Mr Asghar disagreed with Mr Arnott's assertion. |
| 5.3.10 | Mr Arnott asked the Applicant how far it was reasonable, in his opinion, for a person to walk to a pharmacy. Mr Asghar advised that it depended on the health of the person. For a normal, healthy person it would again depend on the lifestyle, and life balance of the person. Mr Asghar stated that he didn't think the question was relevant to the establishing of a neighbourhood. |
| 5.3.11 | In response to final questioning from Mr Arnott, Mr Asghar confirmed that he felt that 12 pharmacies within a one mile radius was inadequate. Within the particular neighbourhood that he had established there was no pharmacy. |
| 5.3.12 | <i>This concluded Mr Arnott's questions and the Chair invited Mrs Gillian Hunter to question the Applicant</i> |
| 5.4 | <u>Questions from Mrs Gillian Hunter (Rowlands Pharmacy)</u> |
| 5.4.1 | Mrs Hunter asked the Applicant if he could quantify the increase in population that had occurred as a result of the new developments he had described in his presentation. Mr Asghar advised that there would be between 500 and 1,500 additional residents over the next two to three years. There would be around 500 for developments that had already passed the planning stages and 1,500 for developments in the land directly across from the proposed premises. |
| 5.4.2 | In response to questioning from Mrs Hunter around population, Mr Asghar agreed that his figures of 12% over 65 and 9% with a disability of 2,921 meant that about 800 patients who had difficulty walking would be using the proposed premises. |
| 5.4.3 | Mrs Hunter asked the Applicant how he had built up the viability for the proposed pharmacy when taking into consideration the low population that would be using the pharmacy, and the extended hours planned. The Applicant advised that he had followed the procedure that had been presented to him by the Board and viability would be built within the parameters of the legal test. In terms of opening hours, he felt this was a more operational question and stated that if the opening hours needed to be reduced at a later date, then he would do that. They were not looking to compete with any other pharmacy. |
| 5.4.4 | In response to final questioning from Mrs Hunter around the dental practice and how far would the Applicant feel it reasonable for a person to travel for dental treatment, the Applicant advised that in his opinion, 15 minutes. |

| | |
|--------------|---|
| 5.4.5 | <i>This concluded Mrs Hunter's questions and the Chair invited Mr Gerry Hughes to question the Applicant</i> |
| 5.5 | <u>Questions from Mr Gerry Hughes (Nancy's Chemist)</u> |
| 5.5.1 | In response to a series of questioning from Mr Hughes, the Applicant advised that he had been involved with Eglinton Healthcare Ltd for around two to two and half years; he became a director of the company a few weeks ago and accepted that this was after the date that the first hearing should have been heard. |
| 5.5.2 | Mr Hughes asked the Applicant if the figures he had presented around over 65s and those with a disability were separate from one another. Mr Asghar confirmed they were. |
| 5.5.3 | Mr Hughes asked the Applicant to confirm how many pharmacies he considered there to be within a one mile radius of his proposed premises, given in his application he had quoted 8 pharmacies, but in his presentation he had consistently referred to 12. Mr Asghar confirmed that there were 12 pharmacies. |
| 5.5.4 | Mr Hughes asked the Applicant if he could explain the term " <i>longitudinal studies</i> ". The Applicant advised that this was a study carried out over time. He further explained that this was a broad term, which didn't necessarily relate to a specific point in time. |
| 5.5.5 | In response to questioning from Mr Hughes around population, Mr Asghar advised that the number of houses in his defined neighbourhood was 1,525 with a population of 2,921 people. Mr Hughes asked if this would result in an average house occupancy of 1.9. Mr Asghar agreed with this. |
| 5.5.6 | Mr Hughes asked the Applicant to respond to his assertion that the number of houses was significantly lower than he portrayed. Mr Hughes had counted the number of individual residential houses and had arrived at 1,240 which was 21% less than the Applicant's estimate. Mr Asghar advised that he didn't accept this. He reiterated that the modern software the company used was technologically advanced and provided all required information in relation to demographics. |
| 5.5.7 | Mr Hughes asked the Applicant if he was aware of how many houses in the defined neighbourhood had been in existence at the time of the last Census in 2011. Mr Asghar advised that the software they utilised used information from various sources including Census Data. |
| 5.5.8 | In a follow up question, Mr Hughes asked the Applicant if he was aware that the general layout of the neighbourhood had changed completely since the last Census, with buildings being demolished and as such Mr Asghar's figures couldn't be relied upon. Mr Asghar advised that in general his view was the same as Mr Hughes but from a different perspective. Developments were planned for the areas where buildings had been demolished. |
| 5.5.9 | Mr Hughes asked the Applicant if he knew how many sites within the defined neighbourhood could be used for development, given that some of them were |

| | |
|---------------|--|
| | <p><i>"brown sites"</i>. The Applicant advised that if he had been allowed witnesses, he would have called upon his architect to explain how the banding of sites could be changed. He didn't feel it was worth going round these questions.</p> |
| 5.5.10 | <p>In response to final questioning from Mr Hughes, the Applicant advised that he had drawn his boundary 145 yards from the proposed premises because he had undertaken his research within the guidelines of the legal test. He had proposed a neighbourhood which was up to the PPC to consider. He felt that going out of his defined neighbourhood there were ample services by the other existing pharmacies. He felt that his defined neighbourhood was where the gap sites were situated which was where the developments would take place. Where there was a current population just short of 3.000 people.</p> |
| 5.5.11 | <p>Mr Hughes asked the Applicant if he was aware that there had been eight £1m + houses sold in this area since the last application was heard in 2016. Mr Asghar advised that he felt that Glasgow was generally made up of deprived areas which bordered more affluent areas. He felt that perhaps there was a small percentage of the total neighbourhood that was affluent. The general area was deprived.</p> |
| 5.5.12 | <p><i>This concluded Mr Hughes' questions and the Chair invited Mr Mahmood to question the Applicant</i></p> |
| 5.6 | <p><u>Questions from Mr Muhammad Mahmood (Queens Park Pharmacy)</u></p> |
| 5.6.1 | <p>Mr Mahmood asked the Applicant if he was aware that there had been in excess of 20 applications considered by the PPC for this area and asked how the Applicant felt this application was justifiable despite current pharmacies providing all core services and non-core services to the proposed neighbourhood. Mr Asghar advised that he had covered this in his presentation and it was to do with the changing climate within the neighbourhood. Proposed developments along with the changing demographics. This had been an extremely deprived area at the time of the last application. All the shops were empty. There was nothing going on. The Applicant had looked through all the previous applications. These had involved much larger neighbourhoods proposed and those neighbourhoods infringed on other pharmaceutical services that were being provided within the one mile radius. The Applicant felt they had met the legal test by defining as accurately as possible their defined neighbourhood.</p> |
| 5.6.2 | <p>Mr Mahmood asked the Applicant if he believed that the current pharmacies were providing the core services to his defined neighbourhood. Mr Asghar responded that he didn't.</p> |
| 5.6.3 | <p>Mr Mahmood asked the Applicant how his neighbourhood differed from previous applications. Mr Asghar advised that it was completely different and invited Mr Mahmood to look at the proposal and compare it to the ones proposed before.</p> |
| 5.6.4 | <p><i>This concluded Mr Mahmood's questions and the Chair invited the PPC to question the Applicant</i></p> |

| | |
|--------------|---|
| 5.7 | <u>QUESTIONS FROM THE PPC TO THE APPLICANT</u> |
| 5.7.1 | In response to questioning from Mrs Lynch around car ownership, the Applicant confirmed that he expected the majority of the people visiting the pharmacy to come on foot. |
| 5.7.2 | Mrs Lynch asked the Applicant when he last visited the proposed premises. The Applicant advised that he had been there last Tuesday. Mrs Lynch advised that she had visited the premises also and had been aware of the extremely busy road that people would be expected to cross to get to the pharmacy. She asked what plans the Applicant might have to support people to navigate the busy road and did the Applicant not agree that it was quite difficult to cross the busy road that linked the South Side to the City Centre. The Applicant advised that they would consult with the Roads Department around enhancing public safety perhaps around the installation of a pedestrian crossing. He was sure that Glasgow City Council would support this given the changing nature of the area. |
| 5.7.3 | In response to further questioning from Mrs Lynch, the Applicant advised that people who would walk to the pharmacy would have to go outwith the defined neighbourhood to access other services. |
| 5.7.4 | In response to final questioning from Mrs Lynch, the Applicant confirmed that there were six or seven vacant premises currently within the vicinity of his proposed premises. |
| 5.7.5 | In response to questioning from Mr Miller, the Applicant advised that he would propose to employ around seven people to start with. As experience grew and the business modelling perspective became clearer they would look to add more. Worst case scenario they would reduce to five. |
| 5.7.6 | Mr Miller asked the Applicant, thinking about emerging services that were being planned in community pharmacy, did he have any plans to either employ or train any Independent Prescribers (IPs). Mr Asghar advised that he did. This was an operational matter. If the neighbourhood was established and the Applicants were granted the opportunity then certainly they would do everything in their power to provide the best service they possibly could. |
| 5.7.7 | Mr Miller asked the Applicant if he was aware if any of the current pharmacies operated IPs. The Applicant wasn't aware. |
| 5.7.8 | In response to questioning from Mr Miller around his plans for a delivery driver and whether this would be appropriate given the level of elderly and long term sick within the neighbourhood, the Applicant advised that COVID had accelerated digitalisation and more of this would happen over the next ten years. The Applicant felt that a delivery service would ultimately evolve over a period of time. A lot of the population was over a certain age so they would need to have a neighbourhood solution for them. It was a poor area, with a lot of migrants. Access to devices to allow access to the internet would evolve. The neighbourhood was perhaps slightly behind in this regard. The Applicant felt that over a period of time deliveries would evolve. At this moment in time he felt that it was more positioned as a neighbourhood solution and they had picked this particular site because it was on the corner. Disabled access was |

| | |
|---------------|--|
| | already in place. |
| 5.7.9 | Mr Miller asked the Applicant if he was aware what percentage of the population had access to a car. The Applicant confirmed that 814 households in the neighbourhood did not have access to a vehicle. Mr Miller clarified that from the Applicant's statistics it would appear that the majority of the households did not have a car, yet there was some uncertainty over whether a delivery service would be provided. |
| 5.7.10 | Ms Williams asked the Applicant why he had chosen to take his West boundary to St Andrews Road and Darnley Street and not perhaps continue over to Shields Road along Albert Drive, or why he didn't take his South boundary down to Nithsdale Road. The Applicant advised that the accuracy of the proposed plan was based on not infringing on any other pharmacies in the one mile radius. The existing pharmacies all already had their own defined neighbourhoods and he felt that this was where the gap was and therefore he had identified his neighbourhood using the mapping software and following the Board procedures. |
| 5.7.11 | Mrs Williams asked if the neighbourhood was drawn up to make sure there were no pharmacies in that neighbourhood. The Applicant advised that yes and no. Yes – in the sense of establishing neighbourhoods. This was a different neighbourhood from the other neighbourhoods. The Applicant didn't purposefully go out and look and see how many pharmacies there were and orchestrated it in that way. |
| 5.7.12 | Mrs Williams asked the Applicant what he would call his neighbourhood. Mr Asghar responded that just in the way Strathbungo was a neighbourhood or perhaps Pollokshields and Gorbals, Eglinton was a developing neighbourhood of its own. He was aware that previous applications had been rejected but this was because they were infringing on other areas and going into them. They didn't have the modern technology the Applicant had in the form of the mapping software and it was more infringing upon other services that existed in the neighbourhoods they designed. The Applicant had undertaken a lot of geographical research. |
| 5.7.13 | Mrs Williams asked the Applicant if he would consider that a person living in the Gorbals area, say in Cavendish Court or Cumberland Street would consider they lived in the Gorbals or whether they lived in the Applicant's neighbourhood. The Applicant advised that he felt this would be the border of his neighbourhood. |
| 5.7.14 | Mrs Williams asked about the 10 minute waiting period for parking with no return within 50 minute arrangement that existed outside the proposed premises, and was keen to know whether the Applicant had had any discussions with Glasgow City Council around, for instance, dedicated parking or a disabled parking space. The Applicant advised that their architects had some proposals designed however there was a cost attached to submission and time value. Should the application be granted the Applicant would do their best to make it as best as they possibly could for public safety. Ultimately the area needed to be redeveloped so the Council would need to take leadership and do this. The Applicant would try and elicit as much support as they could |

| | |
|---------------|---|
| | and they would also want their neighbours to be enhanced as well. |
| 5.7.15 | Mrs Williams advised that in questioning from Mr Arnott, the Applicant had said that he intended to ask the Interested Parties what services they offered. She was sure the Applicant was aware that one of the considerations of the PPC was to look at the pharmacy services that were available within the neighbourhood but to also look at the services that were provided into the neighbourhood from pharmacies located outside the neighbourhood. She asked the Applicant if he could clarify what services weren't being provided or were not being provided adequately by the pharmacies that were located outside the neighbourhood. The Applicant advised that their primary research covered the neighbourhood that was identified. There was no pharmacy in the defined neighbourhood although there were pharmacies outwith the wider neighbourhood who perhaps provided services into the defined neighbourhood. He felt that it was a very difficult task to obtain that information. His clinical researcher had tried to contact GP surgeries etc., but had a very limited response. Based on their primary research they had identified the gaps and perhaps the other pharmacies could enlighten them as to what services they provided into the area which might give them a better understanding of what was already functional in the area. The area was an evolving area and was being redefined. The current pharmacies would all deliver but there were limitations with the elderly having access to the internet. These were questions that he would direct to the Interested Parties. |
| 5.7.16 | Mrs Williams stated that in his previous response, the Applicant had stated that through his research he had identified the gaps, and asked the Applicant if he could clarify what these were. She clarified she was seeking to understand where the Applicant felt the current services being provided into that neighbourhood were inadequate so what services specifically the Applicant felt weren't being provided to an adequate standard. The Applicant advised that in a broad context. There was no pharmacy in the neighbourhood. If there was no pharmacy then there were no services available in walking distance for the residents in the neighbourhood. From a narrow context, the other pharmacies were delivering. Residents would be travelling using their time to go to the other pharmacies outwith the neighbourhood. The Applicant couldn't further break this down into specific services. He didn't have this information. He felt he had covered both. |
| 5.7.17 | <i>There were no questions to the Applicant from Mrs Diamond or the Chair.</i> |
| 5.7.18 | <i>This concluded the PPC's questioning of the Applicant.</i> |
| 5.7.19 | <i>The Chair adjourned the meeting at 11.25am for a short comfort break. The hearing recommenced at 11.35am</i> |
| 5.7.20 | <i>The Chair invited the Interested Parties to put their cases in turn.</i> |
| 6. | REPRESENTATIONS FROM INTERESTED PARTIES |
| 6.1 | <u>Mr Adill Sheikh (Pollokshields Pharmacy) - below was reproduced from Mr Sheikh's prepared statement</u> |
| 6.1.1 | Mr Sheikh advised that the application for a new contract in this area had been |

| | |
|--------------|---|
| | heard over 20 times now. There had been no significant changes over the years that had made this area necessary or desirable for a new pharmacy. |
| 6.1.2 | Mr Sheikh had made an application back in 2007, assuming that there was to be an increase in population. However 15 years later there had been no progress at all in this area at all nor did there seem to be any planned. Mr Sheikh advised that his application was made in error and everyone else that had also previously applied would also agree they made an error also. |
| 6.1.3 | Mr Sheikh invited those present to take a look at what there was though:- <ul style="list-style-type: none"> - There were 16 pharmacies within a mile radius of this application; |
| 6.1.4 | <ul style="list-style-type: none"> - Pollokshields Pharmacy, offered the core pharmacy services as well as Flu Vaccination clinics, Meningitis ACWY vaccination clinics, Blood pressure checks, free collection and delivery service, managed repeat services, where Pollokshields Pharmacy ordered a patients repeat medication on their behalf. Mr Sheikh also offered PCR fit to fly certificates which had greatly aided the local population but for patients all around Glasgow; |
| 6.1.5 | <ul style="list-style-type: none"> - Currently Mr Sheikh had three full time dispensers and one full time ACT. This allowed a great deal of time for Mr Sheikh to interact with patients, especially as he was currently studying the Pharmacist Independent Prescribing course at Robert Gordon University; |
| 6.1.6 | <ul style="list-style-type: none"> - Mr Sheikh's staff spoke an array of languages other than English which included: Urdu, Punjabi, Arabic and Polish. This aided the ethnic minority within the area which the Applicant himself wasn't too sure about as he wrote in his own application "<i>I'm not sure what points to make for ethnic minority-points needed</i>"; |
| 6.1.7 | <ul style="list-style-type: none"> - Pollokshields Pharmacy's opening hours were 9am-6pm Monday to Friday and 9am-1pm Saturday. This was more than the NHS model opening hours of 9am-5.30pm on weekdays. If NHS GGC determined there was a need to increase the pharmacy's timings, then he would be more than happy to accommodate that with all the other contractors in the area and arrange a rota system the same as was used for Public Holidays. However, as the Superintendent of Pollokshields for the past 15 years, Mr Sheikh could provide assurance that the footfall from 5pm onwards was minimal and this had always been the case. Saturday footfall in Pollokshields Pharmacy was very low also and this Mr Sheikh was sure this was the same in many pharmacies in the South of Glasgow. Furthermore what was to stop the Applicant from reducing these so called extended hours a few weeks after opening his proposed new pharmacy? |
| 6.1.8 | Mr Sheikh's new premises were large and had a good sized consultation room. He also had two pharmacists present on Fridays so that there was a very short waiting time for prescriptions. In general, patient's average waiting time was roughly five mins with maximum wait of around 10 minutes. According to a Freedom of Information request Mr Sheikh asked for, there had only been four complaints from April 2019 to June 2021 in the G41 and G5 areas regarding waiting times. Four complaints only! |
| 6.1.9 | The Applicant also mentioned that " <i>Future developments should be taken into</i> |

| | |
|---------------|---|
| | <i>consideration”</i> however he had failed to mention what these future developments were. Mr Sheikh suggested that this was because there was no major developments happening in his defined neighbourhood and there hadn't been any over the past decade. |
| 6.1.10 | In regards to the Applicant's defined neighbourhood, he also mentioned that there were no pharmacies within his neighbourhood, however closer inspection would show that there was not a large population in it but mainly small industrial units. This small population was being served very well already by the existing pharmacies nearby. |
| 6.1.11 | Additionally, these pharmacies were adequately being served as there had been no complaints made by the public about any lack of pharmaceutical services. This was confirmed from the Local MP, Councillors of the area and various local surgeries. Mr Sheikh had submitted these to the Health Board if anyone wished to read them or confirm them. |
| 6.1.12 | Mr Sheikh advised that as had already been discussed, the Applicant's Consultation Analysis Report seemed to be very controversial in Mr Sheikh's opinion. 52% of these responses were input by the Applicant on one day alone. There seemed to be hardly any responses made other than the entries the Applicant made on 22 June 2021. Of which no physical copies were seen by the Health Board. The Applicant also said in his presentation that due to COVID he had had to use iPads and there had been a significant amount of footfall. Mr Sheikh suggested that if the survey had been undertaken during COVID most people would have been home at that time. |
| 6.1.13 | Comments in the CAR included: <ul style="list-style-type: none"> - <i>No need for a pharmacy at all let alone with long opening hours. Just been put in to try and win favour but would be reduced once it opens;</i> - <i>Full weekend days seems excessive;</i> - <i>No need for these hours;</i> - <i>Plenty of places that were open late;</i> - <i>Plenty of provision locally. Just drawing from an already shrinking pot;</i> - <i>These were more than enough pharmacies here doing a good job;</i> - <i>These were already covered in all the chemists in their area;</i> - <i>These were covered in this area already. Waste of time; and</i> - <i>Too many pharmacies here already.</i> |
| 6.1.14 | Mr Sheikh advised that in conclusion, the Applicant had shown no evidence to suggest that a new pharmacy contract was necessary or desirable. In fact it was his opinion that this application had enhanced the view that the current pharmacies were doing a fantastic job in maintaining pharmaceutical services. Mr Sheikh suggested that we were still in the middle of a pandemic, a worldwide crisis yet all these pharmacies had managed to maintain these services with NO complaints made by any member of the public and that alone deserved a congratulations to all the pharmacies around him. |
| 6.1.15 | The previous application for this area was heard on 19 th May 2016, the PPC stated <i>“the Committee was satisfied that the provision of pharmaceutical</i> |

| | |
|---------------|---|
| | <i>services at 15 Barrland Street, Glasgow, G41 1QH was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.</i> |
| 6.1.16 | These premises were only 0.2 miles from the Applicants premises, a four minute walk yet nothing had changed in the area to warrant a new pharmacy contract or had any demand from the public been noted. |
| 6.1.17 | Mr Sheikh hoped the panel also agreed with his views and that they rejected this application. |
| 6.1.18 | <i>This concluded Mr Sheikh's submission and the Chair invited the Applicant to Question Mr Sheikh</i> |
| 6.1.19 | <u>Questions from the Applicant to Mr Sheikh</u> |
| 6.1.20 | The Applicant asked Mr Sheikh if he could describe the services Pollokshields Pharmacy provided to the neighbourhood the Applicant had defined. He also asked if Mr Sheikh could quantify how many patients from this neighbourhood were serviced from Mr Sheikh's pharmacy. Mr Sheikh advised that Pollokshields offered all the core pharmaceutical services to the area. He did not know how many patients from the Applicant's defined neighbourhood were served by Pollokshields Pharmacy. |
| 6.1.21 | <i>This concluded the Applicant's questions for Mr Sheikh and the other Interested Parties were invited to question Mr Sheikh.</i> |
| 6.1.22 | <u>Questions from the Interested Parties to Mr Sheikh</u> |
| 6.1.23 | Mr Arnott asked Mr Sheikh if he could see that in any way an area which was served by the amount of pharmacies as Mr Sheikh had described in this case, could be seen as inadequate. Mr Sheikh advised that he did not see how this could be the case. All contractors were offering the services to their full capability. |
| 6.1.24 | <i>At this point Mr Arnott interjected reminding the Chair that he was still looking for the Applicant to describe the SIMD Datazones that had been used to define his neighbourhood.</i> |
| 6.1.25 | <i>The Applicant advised that his neighbourhood had not been defined using Datazones, however the SIMD Datazones the neighbourhood covered were: 875, 881,882,883,032,033, 034 and 035 which were the ones used in the 206 application.</i> |
| 6.1.26 | <i>There were no questions from Mr Jamieson, Mrs Hunter, Mr Hughes or Mr Mohammed and the Chair invited the PPC to question Mr Sheikh</i> |
| 6.1.27 | <u>Questions from the PPC to Mr Sheikh</u> |
| 6.1.28 | Mr Lynch asked if Pollokshields Pharmacy had any capacity such that it would be able to accommodate the potential significant development that was to occur in the area, according to the Applicant. Mr Sheikh confirmed that there was plenty capacity to take on more and that this had been the situation for some time. |

| | |
|--------|---|
| 6.1.29 | <i>There were no questions from Mrs Diamond, Mr Miller, Mrs Williams or the Chair.</i> |
| 6.1.30 | <i>This concluded the PPCs questioning of Mr Sheikh and the Chair invited Mr Jamieson to put forward his case.</i> |
| 6.2 | <u>Mr Scott Jamieson (Boots UK Ltd) - below was reproduced from Mr Jamieson's prepared statement</u> |
| 6.2.1 | Mr Jamieson advised that he would like to address the neighbourhood first of all. |
| 6.2.2 | The neighbourhood defined by the Applicant was small, was in part covered by the Tradeston and St Andrews Industrial Estates and contained relatively little by way of residential dwellings when compared to the surrounding areas. |
| 6.2.3 | The neighbourhood so defined did not contain any pharmacies, however there were many accessible pharmacies in the adjacent neighbourhoods with higher populations. |
| 6.2.4 | Mr Jamieson advised that he wasn't suggesting the PPC should adopt the neighbourhood defined by the Applicant but if they did so, then they should have regard to services provided to the neighbourhood from pharmacies outwith. Boots UK Ltd believed this was particularly relevant given the number and proximity of the existing pharmacies to the proposed site. Mr Jamieson averred that in questions to the Applicant, Mr Asghar had seemed to suggest that the main reason he had chosen the neighbourhood was that it didn't include any other pharmacies and not representative of how people lived, worked and accessed facilities within the local area. |
| 6.2.5 | Mr Jamieson suggested that it was often difficult to define a distinct neighbourhood in a city where areas merged, and residents moved between areas to access services. However, the regulations required the neighbourhood to be defined and, in this case, Boots UK Ltd considered the neighbourhood to be similar to that defined at the time of the previous application in the Eglinton Toll area. |
| 6.2.6 | Boots UK Ltd defined the neighbourhood as: Boundaries: <ul style="list-style-type: none"> • North – From the railway line immediately above St Andrews Drive, following the railway line east to the point where it crosses Gorbals Street. • East – South down Gorbals Street onto Cathcart Rd until it reaches the railway line south of Dixon Rd. • South – Follow the railway line west until it meets Nithsdale Rd and along until it reached the junction with St Andrews Drive. • West - Up Saint Andrews Drive to the railway line. |
| | This neighbourhood had been defined as Boots believed it reflected the way in |

| | |
|---------------|--|
| | <p>which people lived in the area and how and where they accessed services:</p> <ul style="list-style-type: none"> • The neighbourhood was previously adopted by the PPC for the application at Barrland Street, Eglinton Toll (approx. 300 metres from the proposed site on the other side of Eglinton Street). • The PPC described this neighbourhood as a distinct neighbourhood which reflected a strong community and vibrant culture. The railway lines formed physical boundaries. • Contained a residential population. |
| 6.2.7 | Mr Jamieson advised that on looking at the planning application website for Glasgow City Council, it could be seen that no planning applications had been submitted in the last two years for the area within 100 metres of the Applicant's proposed premises. |
| 6.2.8 | This was relevant as the Applicant had spoken about those people who were elderly or had reduced mobility and would want to walk to a pharmacy and this would be reduced. Mr Jamieson couldn't see any developments that had been submitted that would be in the close vicinity of the proposed site. |
| 6.2.9 | Mr Jamieson advised that the population of the neighbourhood Boots had submitted from the Census figures of 2011 would give a population of just over 20,000. Within that neighbourhood there would be nine pharmacies in the neighbourhood, or located on the boundary of the neighbourhood, this equated to 2,226 residents per pharmacy - well below national average of 4,363 per pharmacy. |
| 6.2.10 | Looking at the Applicant's defined neighbourhood there had been much debate about the population and the statistics that the Applicant had put forward, and Mr Jamieson suggested that it remained unclear how the Applicant had come to his figure of 2,921. Looking at the figures from the 2011 Census, Boots would contend that the population within the neighbourhood defined by the Applicant was 2,048. |
| 6.2.11 | This would mean an increase in population of 873 since the 2011 Census. This would be a 42% increase on the population size. Mr Jamieson would dispute that the neighbourhood had grown by that size and population. |
| 6.2.12 | The previous application had been mentioned which had been put forward to the PPC in 2016. This was a short distance away from where the Applicant had put his forward. The application was rejected. The PPC made a decision that they felt there was no need for a pharmacy at that point and again Mr Jamieson would say there had been no significant change in this location since 2016 that would necessarily change the outcome of that decision. |
| 6.2.13 | The Applicant's proposed site was situated on the corner of a row of commercial premises, immediately next to a piece of land and the M74 flyover. It had been pointed out before that the premises was next to an extremely busy road so there was an issue there around how people would access the pharmacy by crossing that road. Parking had come up as a particular issue. |

| | |
|---------------|--|
| 6.2.14 | The Applicant had said there were six to seven vacant premises next to the proposed site, so Mr Jamieson questioned why people would go there. What would be the need to go there locally? |
| 6.2.15 | Mr Jamieson stated that in terms of adequacy and the services provided into the neighbourhood, he felt that on questioning he didn't think the Applicant clearly answered why he felt that the services provided into the area were inadequate. Mr Jamieson advised that all of the information relating to the services the pharmacies provided was available to the public so the Applicant could easily have accessed that information. |
| 6.2.16 | The existing pharmacies provided all core, national and local negotiated services details of which could be found on NHSinform, from the individual pharmacy's websites, from pharmacy leaflets, and from the NHS GGC Pharmaceutical List. |
| 6.2.17 | Boots had three pharmacies in the area to the south of the M74 - two on Victoria Road, one on Cathcart Road and a further pharmacy to the north of the M74 on Crown Street. |
| 6.2.18 | The Boots pharmacies in the area provided an extensive range of services. Including: <ul style="list-style-type: none"> • NHS Pharmacy First - Data indicated Boots pharmacies in the area had a good level of participation in the Pharmacy First service from all of their pharmacies. |
| 6.2.19 | <ul style="list-style-type: none"> • The pharmacist, at one of the Victoria Road stores was an Independent Prescriber and offered the Pharmacy First Plus Service to the local community. The pharmacist was also bilingual. |
| 6.2.20 | <ul style="list-style-type: none"> • Medicines Care and Review was provided from all the pharmacies. |
| 6.2.21 | <ul style="list-style-type: none"> • Public Health services <ul style="list-style-type: none"> - EHC and Bridging Contraception - Stop smoking |
| 6.2.22 | <ul style="list-style-type: none"> • Supervised administration – All Boots stores had the capacity for growth and could take on new patients. |
| 6.2.23 | <ul style="list-style-type: none"> • Needle exchange service – the Board chose the contractors it wished to participate in the service and was provided by the Boots branches at Crown Street and Victoria Road. |
| 6.2.24 | <ul style="list-style-type: none"> • Although not an NHS service, there was often discussions about Compliance aids – the Boots pharmacies offered these to all patients who had a need and all the pharmacies supported between 30 – 50 patients. Boots had capacity for more patients (if it was clinically appropriate for the patient). |
| 6.2.25 | <ul style="list-style-type: none"> • Palliative care – this service was provided by Crown Street. To ensure they provided services to those in need of palliative care, all of the Boots pharmacies carried a limited range of palliative care medication if |

| | |
|---------------|---|
| | needed. |
| 6.2.26 | <ul style="list-style-type: none"> Free condoms - provided from Boots branches at Crown Street and Cathcart Rd. |
| 6.2.27 | <ul style="list-style-type: none"> Delivery services - available from all Boots pharmacies. |
| 6.2.28 | <ul style="list-style-type: none"> The provision of services such as NHS Pharmacy First Plus (Victoria Road) demonstrated that the existing pharmacies were continuing to develop their range of services to meet local needs. |
| 6.2.29 | GP data showed that patients of the Eglinton Medical Centre, the surgery closest to the proposed site, chose to have their prescriptions dispensed at pharmacies across a wide area. However, data showed that many prescriptions written by the GPs at the surgery, were dispensed at the pharmacies south of the proposed site. |
| 6.2.30 | Boots pharmacies had good, strong working relationships with the local GPs and other healthcare professionals. |
| 6.2.31 | Mr Jamieson advised that he had consulted the Board's Pharmaceutical Care Services Plan (PCSP) and could not see anything within the PCSP that suggested the existing pharmacies were not providing an adequate service and an additional pharmacy contract was required in that area. |
| 6.2.32 | In summary, the existing pharmacies provided an extensive range of pharmaceutical services to meet local need and Boots pharmacies had the capacity for growth. |
| 6.2.33 | Pharmacies were spread evenly around the surrounding areas and were within reasonable travelling time and distance for people wishing to use them. The majority of patients living in the locality would find an existing pharmacy close to home. The nearest pharmacy on foot to the proposed site was Pollokshields Pharmacy which was only half a mile from the proposed site. The Boots pharmacies on Victoria Road were only slightly further to walk but may be more convenient for some. |
| 6.2.34 | Those patients that did wish to access services by car would find parking available outside, or on the side streets very near to a number of pharmacies including the pharmacies on Crown Street, Calder Street, Cathcart Road, Victoria Road, Maxwell Road and Nithsdale Road. |
| 6.2.35 | The area was well served by public transport with bus services that run along Eglinton Street with covered bus stops a short distance from the proposed site. Bus services run approximately every 4-5 minutes along Eglinton Street to the City Centre (journey times 15 minutes) and every 4-5 minutes in the opposite direction. |
| 6.2.36 | Mr Jamieson submitted the existing pharmacies were accessible from all parts of the neighbourhood, whether patients choose to walk, use public transport or travel by car. For any patients that did have difficulty accessing a pharmacy, delivery services were available. |
| 6.2.37 | 174 responses were submitted to the Joint Consultation questionnaire in total, |

| | |
|---------------|---|
| | <p>all via the Weblink. On page 6 of the CAR report the Applicant had confirmed that the spike in June was due to questionnaires being input from a central source a week after the Applicant undertook a physical survey. Mr Jamieson noted from questions to the Applicant, wondered how many of the respondents were from the industrial estates and would they access services locally. Would they live in that area, or be part of that target population the Applicant spoke of and would want a pharmacy on their doorstep.</p> |
| 6.2.38 | <p>Key points from CAR</p> <ul style="list-style-type: none"> • 65 of the 174 people who responded did not live within the neighbourhood (question 2 – page 8). • 98% of responses were from individuals (only 3 from groups or organisations) • 51 people (29% of those surveyed) said that they did not think there were any gaps in the existing services (question 3 page 9). <p>Those that did respond to say they thought there were gaps did not provide any additional comments to say what they thought those gaps were.</p> <p>Furthermore, few people seemed to provide any answers to question 5 to support the application (Q5 - What were your views on the provision of the following pharmaceutical services proposed by the Applicant?)</p> <ul style="list-style-type: none"> • Relatively few additional comments in the CAR but there appears to be a number of comments to suggest the existing services were adequate. |
| 6.2.39 | <p>In summary, the responses to the CAR did not demonstrate significant support for the application nor did they provide any evidence to suggest an inadequacy in the existing services in the area.</p> |
| 6.2.40 | <p>Mr Jamieson stated that furthermore, there had not been any letters of support from the stakeholders notified in Appendix 5 which included MSPs, Local Councillors, Community Councils, or voluntary associations.</p> |
| 6.2.41 | <p>Mr Jamieson turned to the issue of viability and advised that he felt this to be key given the questions that existed around population.</p> |
| 6.2.42 | <p>In response to questioning, the Applicant had said there would be approximately 800 patients who would either be over the age of 65 or would have mobility issues. Mr Jamieson asked the PPC to bear in mind that this figure was subject to debate given it was taken from the Applicant's population of 2,921 whereas the figure proposed by Boots from the 2011 Census was 2,048. Mr Jamieson asked the PPC to also bear in mind that the average number of residents per pharmacy in Scotland was 4,363. Mr Jamieson believed that there was a real question around viability of the pharmacy if it were to be granted.</p> |
| 6.2.43 | <p>Mr Jamieson advised that it had been pointed out previously round about the opening hours that the Applicant had put forward. Mr Jamieson also wondered if the Applicant would, if the Application was successful, be targeting deliveries</p> |

| | |
|---------------|---|
| | outwith his proposed neighbourhood in order to make his pharmacy viable. |
| 6.2.44 | <p>Mr Jamieson advised that in summary:</p> <ul style="list-style-type: none"> • A previous application for Eglinton Toll was refused by the PPC in 2016. <p>Boots disagreed with the Applicant’s definition of the neighbourhood and suggested the boundaries of the neighbourhood were similar to those adopted for the previous application.</p> <ul style="list-style-type: none"> • Services were available from the existing pharmacies all day, six days a week. These pharmacies also offered an extensive range of services. • The existing pharmacies had the capacity to accommodate future increase in demand for services • The existing pharmacies were accessible <ul style="list-style-type: none"> ○ by car ○ by excellent public transport ○ and on foot • If patients weren’t able to travel to pharmacies then delivery services were available. <p>In summary there was no evidence to suggest any inadequacy of the existing services.</p> |
| 6.2.45 | Mr Jamieson therefore respectfully asked for the application to be refused. |
| 6.2.46 | <i>This concluded Mr Jamieson’s submission on behalf of Boots UK Ltd and the Chair invited the Applicant to question Mr Jamieson</i> |
| 6.2.47 | <i>There were no questions to Mr Jamieson from the Applicant, any of the Interested Parties, or any member of the PPC. The Chair invited Mr Arnott to put forward his case</i> |
| 6.3 | <u>Mr Tom Arnott (Lloyds Pharmacy Ltd) - below was reproduced from Mr Arnott’s prepared statement</u> |
| 6.3.1 | Mr Arnott thanked the PPC for allowing him to speak today. |
| 6.3.2 | He advised that normally, the reason for making an application was that there were no pharmacies within the Applicant’s definition of the neighbourhood. In this case Mr Arnott was finding it extremely difficult to understand how the Applicant had come up with his definition of the neighbourhood but he did note that in his application, the Applicant stated “ <i>there were 12 pharmacies within a 1 mile walking distance of the proposed pharmacy</i> ”. With the closest being 500 metres. Mr Arnott advised how this could be deemed inadequate was beyond his understanding. |
| 6.3.3 | There were, as the PPC was aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings |

| | |
|---------------|--|
| | that adequate Pharmaceutical Services could be provided to a neighbourhood from pharmacies situated out with that neighbourhood and this was the case with this application. |
| 6.3.4 | Indeed, the PPC would see from The Advice and Guidance for those Attending The Pharmacy Practices Committee, they must consider “ <i>what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood</i> ”. |
| 6.3.5 | In this case it was obvious that the Applicant has created a neighbourhood simply to exclude existing contractors and also to boost his population numbers. |
| 6.3.6 | Using the SIMD (Scottish Index of Multiple Deprivation) Datazones detailed by the Applicant SO1009875, SO1009881, SO1009882, SO1009883, SO1010032, SO1010033, SO1010034 and SO1010035. When the measure for Access to Services, which included Access to Pharmaceutical Services were considered, the Datazones were ranked 6,135, 6,957 5,223, 6,486, 3,303, 6,267, 4,478 and 3,628 respectively of the 6,976 Datazones in Scotland and the residents were living in the largest city in Scotland they were certainly not deprived as regards access to services. |
| 6.3.7 | Statistics also showed that only 6.7% of the residents (520) were aged over 65. This was much lower than the Scottish Average of 18%. |
| 6.3.8 | Mr Arnott advised that he was confused as to what the Applicants definition of the neighbourhood was. It seemed to include Port Eglinton, Kingston, Tradeston and Laurieston. There were 12 Pharmacies within one mile of the Applicant’s proposed pharmacy. |
| 6.3.9 | The following was taken from the NHS (Pharmaceutical Services) (Scotland) Regulations (as Amended): <i>Should the panel deem the existing service inadequate but also consider the applicants business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused.</i> |
| 6.3.10 | To add some substance to his application, the Applicant was proposing to open from 9.00am to 7.00pm Monday to Friday; 9.00am to 6.00pm on a Saturday and 9.00am to 5.00pm on a Sunday. Mr Arnott was sure that the PPC were aware the Applicant at any time could reduce these hours, and Mr Arnott was certain that he would did so in a very short space of time as the costs of Pharmacist cover alone would be in excess of £120,000. |
| 6.3.11 | Although delivery was not a Core Service, all Contractors offered this service for anyone who was housebound, and Mr Arnott could not see how, if someone was housebound, and required delivery, the granting of this contract would help them. |
| 6.3.12 | All existing Pharmacies offered all Core Services and Lloyds Pharmacy were fully engaged with the Medicine Care and Review, Pharmacy First and Acute Medication Services. |
| 6.3.13 | Mr Arnott advised that convenience was not a reason for granting a pharmacy |

| | |
|---------------|--|
| | contract. The Applicant had shown no inadequacies in current service provision. |
| 6.3.14 | The Applicant in support of his application had carried out a Consultation Exercise. From his stated Population of 7,763 the Applicant had 174 responses only 2.2% and of the 174 respondents only 109 lived in the neighbourhood 1.4%. This was one of the lowest responses Mr Arnott had ever seen. |
| 6.3.15 | In response to Question 3 Were there any Gaps or Deficiencies in current Pharmaceutical Services only 125 respondents, 1.61% said there were. |
| 6.3.16 | Mr Arnott advised that the PPC would have noticed that there were many negative responses to most of the questions one of the most common being <i>we have lots of Pharmacies in the Area no need for anymore.</i> |
| 6.3.17 | Mr Arnott posited that if it was part of the new regulations, that the Applicant must establish the level of public support of the residents in the neighbourhood to which the application related then it could not be said the Applicant had not tried to gain public support, he had however failed miserably to gain the support of the residents simply because there was little or no public support for the application. |
| 6.3.18 | This despite advertising in the Glasgow Times, utilising the NHS Greater Glasgow and Clyde Social Media Programme, Stakeholders being consulted by the Health Board, and a Questionnaire appearing on the Health Board Website. And a Facebook page. |
| 6.3.19 | The reason for the low response was because existing contractors already provided an adequate pharmaceutical care service to the Applicant's proposed neighbourhood. |
| 6.3.20 | There was no public support for this application. |
| 6.3.21 | Mr Arnott stated that there was no communications from the local Community Council or indeed local MPs or local MSPs as was normal with these applications. |
| 6.3.22 | On visiting the Applicant's proposed site Mr Arnott was shocked to see the number of empty units, many of which were in a state of disrepair. There appeared to only be a Café, a Tool Shop and a small Supermarket. Hardly the hub of a community and evidence that residents were on a regular basis travelling outside this part of the neighbourhood to access services including Pharmaceutical Services. |
| 6.3.23 | Mr Arnott advised that there was at this time a critical shortage of community pharmacists and pharmacy staff. Pharmacists were now on the Government's list of professions where there were shortages and recruitment issues. Recently Community Pharmacy Scotland requested that Health Boards stopped recruiting pharmacists and technicians from Community Pharmacy. Over the past three to four years almost 600 WTE (Whole Time Equivalent) pharmacists and 300 WTE pharmacy technicians had been recruited into general practice. The granting of this unnecessary contract would only exacerbate this situation. |

| | |
|--------|--|
| 6.3.24 | Mr Arnott advised that the PPC must consider what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood? In the Applicants own words there were 12 pharmacies within one mile of the proposed site. |
| 6.3.25 | Should the PPC deem the existing service inadequate but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the Application should be refused. |
| 6.3.26 | Having examined NHS GGC's Pharmaceutical Care Services Plan Mr Arnott could see no reference to there being a need for a Pharmacy in the Applicant's proposed neighbourhood and indeed there had been no complaints to the Health Board regarding existing service provision |
| 6.3.27 | Mr Arnott therefore asked the PPC to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located |
| 6.3.28 | <i>This concluded Mr Arnott's submission and the Chair invited questions from the Applicant</i> |
| 6.3.29 | <i>There were no questions to Mr Arnott from the Applicant, any of the Interested Parties, or any member of the PPC. The Chair invited Mrs Hunter to put forward her case</i> |
| 6.4 | <u>Mrs Gillian Hunter (Rowlands Pharmacy) - below was reproduced from Mrs Hunter's prepared statement</u> |
| 6.4.1 | Mrs Hunter advised the previous commentary had been very detailed and would not be repeating those points. Mrs Hunter wanted to advise of the following points: |
| 6.4.2 | The CAR seemed to have had a particularly low response rate and Mrs Hunter wanted to reiterate and support that. |
| 6.4.3 | Neighbourhood – Rowlands believed that the neighbourhood had been described to remove any pharmacy from it. Rowlands believed that this neighbourhood was too small and more realistically encompassed the catchment area of the proposed pharmacy. |
| 6.4.4 | Mrs Hunter advised that it had been mentioned that there were 14 pharmacies within one mile from the proposed site. Rowlands Nithsdale Road pharmacy was 0.7 miles which covered the Southern portion of the area. The staff consisted of people living within the local neighbourhood, who were likely to be reflective of the population using Rowlands pharmaceutical services. |
| 6.4.5 | Rowlands Pharmacy team comprised multilingual staff who often supported local residents whose first language may not be Scottish. The Pharmacy was fully staffed with two pharmacists who were both Independent Prescribers who job shared the Manager position. |

| | |
|--------|---|
| 6.4.6 | Mrs Hunter advised Rowlands noted the responses to the neighbourhood question in the CAR. However, they did not believe that the general population would understand the concept of neighbourhood as it pertained to Pharmacy Market Entry Regulations. |
| 6.4.7 | Rowlands also noted a large number of comments throughout the CAR relating to the fact that there were 14 or 15 pharmacies within one mile of the proposed site according to NHS inform, and that another pharmacy was not required in the area. Mrs Hunter advised that Rowlands agreed with those comments. |
| 6.4.8 | The Nithsdale Road branch of Rowlands provided a wide variety of National and Local services already mentioned, including Emergency Contraception, Nicotine Replacement, Supervised Methadone, Pharmacy First which was the key service that pharmacies were expected to deliver. On top of that, as Rowlands had Independent Prescribers, they provided the Pharmacy First Plus service which was an extension of the Pharmacy First Service to allow patients to be prescribed additional products, thus supporting the GPs and the health of Scotland. Rowlands also provided Flu and had seen no evidence to suggest any patient had any difficulty accessing these services or that there was a lack of service provision. |
| 6.4.9 | There seemed to be no evidence provided that patients have had difficulty accessing pharmaceutical services in the local area. With regards Rowlands Pharmacy, there was convenient parking outside. At the proposed site, it had already been mentioned that it was quite industrial and with limited parking with a wait time of 10 minutes. The question to be answered would be <i>“how long would that allow a patient to have sufficient service provision”</i> . |
| 6.4.10 | Mrs Hunter wanted to reiterate the point around viability with regards the size of the population and the opening hours of the proposed site. |
| 6.4.11 | In summary, given the number of pharmacies surrounding the proposed location, the lack of housing development in the area which could lead to population growth, the ‘bespoke’ neighbourhood suggested and the fact that many of the responses details in the CAR outlined that there was already enough local pharmaceutical provisions. Rowlands found it difficult to conceive that a new pharmacy was necessary or desirable in this part of Glasgow. |
| 6.4.12 | <i>This concluded Mrs Hunter’s submission and the Chair invited questions from the Applicant.</i> |
| 6.4.13 | <i>There were no questions to Mrs Hunter from the Applicant, any of the Interested Parties, or any member of the PPC. The Chair invited Mr Hughes to put forward his case</i> |
| 6.5 | <u>Mr Gerry Hughes (Nancy’s Chemist) - below was reproduced from Mr Hughes’ prepared statement</u> |
| 6.5.1 | Mr Hughes advised he was attending today on behalf of Nancy’s Chemist. |
| 6.5.2 | Mr Hughes advised that Nancy’s Chemists used to be called Hughes Chemist when Mr Hughes owned it for over 30 years. They delivered a first class pharmaceutical care to the residents of Kinning Park and the surrounding |

| | |
|---------------|---|
| | neighbourhoods. During this time, Mr Hughes had lost count of the number of application hearings he had attended for new contracts in this area. |
| 6.5.3 | Mr Hughes pointed out that the Applicant had stated that the Shell garage was in his defined neighbourhood. In Mr Hughes opinion, it was not. It was across the road from the line south of the Applicant's neighbourhood. |
| 6.5.4 | Mr Hughes advised that from the map that Nancy's Chemist had produced which was a satellite image it could be seen that the Applicant had defined a neighbourhood that was only 0.34 square miles, and consisted mainly of industrial units. Only 15% of this neighbourhood represented residential dwellings. These dwellings were located within seven small areas that lay mostly on the perimeter of the neighbourhood. One would assume that each of these residential areas were already been adequately served by a number of pharmacies in ALL directions. By glancing at the map of the proposed neighbourhood Mr Hughes could identify three areas of the seven that Nancy's Chemist were ALREADY delivering to. These were all located north of the neighbourhood. Mr Hughes assumed that every contractor here was providing pharmaceutical care to at least one of the residing areas already. |
| 6.5.5 | Mr Hughes questioned would residents in these seven areas have ANY difficulty accessing pharmaceutical service? He considered the answer to this was NO. |
| 6.5.6 | Nancy's Chemist had looked at each of these areas and named them 1-7 starting at the residential area nearest the proposed premises and worked clockwise. They walked the neighbourhood and used google maps to obtain walking times and bus times and numbers of flats and houses. |
| 6.5.7 | Residential AREA 1 – Turriff Street. Located nearest the premises. The closest pharmacy would be Pollokshields Pharmacy, an 11-minute walk (0.6 miles) or a four- minute drive 0.9 miles. |
| 6.5.8 | If the resident had no car OR were unable to walk then it would be a short bus ride to a number of pharmacies. |
| 6.5.9 | Buses to Lloyds and Boots, both located at Crown Street were available every five mins from the Star Bar, four minute walk (0.2miles). Then a four minute walk to either pharmacy. |
| 6.5.10 | Buses to Rowlands and Queens Park Pharmacy were available every four mins from Devon Street, a one minute walk of 171ft. Followed by a five min walk from Torrisdale Street for Rowlands or to the door of Queens Park. |
| 6.5.11 | Residential AREA 2 – Barrland Street. The closest pharmacy to this area would be Pollokshields, a nine minute walk (0.5miles) or a three minute drive 0.5miles. |
| 6.5.12 | Again, if the patient had mobility issues or no vehicle then there was a number of buses that would take them to a range of pharmacies. |
| 6.5.13 | Buses to the door of Queens Park Pharmacy were every four minutes from Pollokshaws Road, a three min walk 0.1 miles. |

| | |
|---------------|--|
| | Residential AREA 3 – Brickfeld Crescent. The closest pharmacy was Pollokshields, a six minute walk (0.3 miles) or a two minute drive (0.3 miles). |
| 6.5.14 | Buses to Govanhill Pharmacy were every 10 minutes. This would involve a 10 min walk (0.5 miles) to the Star Bar and then a three minute walk (0.2 miles) from Annette Street. Buses to BOTH branches of Boots, Victoria Road were every seven minutes. A seven minute walk to Pollokshaws Road and a five minute walk on arrival at Strathbungo Parish Church. Buses to the door of Queens Park pharmacy were every seven minutes and involve the same seven minute walk to Pollokshaws Road. |
| 6.5.15 | Residential AREA 4 -St Andrew's Close. The closest pharmacy was Pollokshields Pharmacy, a five minute walk (0.2mile) or a two minute drive (0.5 miles). |
| 6.5.16 | Buses to Nancy's Chemist, Mehta or Gilbride's were every 20 minutes. This journey would involve a four minute walk to St Andrews Drive, a four minute bus journey to Portman Street and then a one Minute walk to any of these premises. |
| 6.5.17 | Mr Hughes advised that he had looked at the other three areas and confirmed that the residents of areas 5, Westbridge Gardens, 6, Margaret Street, & 7 Cavendish Street would NOT have ANY difficulty accessing pharmaceutical services. |
| 6.5.18 | There were plenty of buses available for ALL the residential areas in EVERY direction to local pharmacies. |
| 6.5.19 | Those with mobility problems who may find it difficult walking to a bus stop would already be taking advantage of the free delivery services offered by ALL the pharmacies in the area. |
| 6.5.20 | The actual location of the premises looks like it lay on the border of THREE other neighbourhoods, Gorbals, Govanhill and Pollokshields East. |
| 6.5.21 | Mr Hughes did not agree that this area was a defined neighbourhood. If Nancy's Chemist were to define one, they would agree with the PPC's definition in 2016. This was a distinct neighbourhood consisting of a much larger area of 0.87 square miles. |
| 6.5.22 | Mr Hughes advised that there were NO existing pharmaceutical services in the proposed neighbourhood. The reason being was the proposed neighbourhood has simply been made up by the Applicant to cut all existing contractors out. However, there were 13 pharmacies in adjoining neighbourhoods and a total of 15 within a mile radius. Services provided by all of the existing network were MORE than adequate. |
| 6.5.23 | Every contractor offered CORE services, and most would offer National and a range of Local services such as Advice to Care Homes, Needle Exchange, Compliance Aids, Opiate Substitution Therapy, collection and delivery services and there was no limitation to the OST or Compliance Aid patients taken. Collection and delivery services were offered to anyone who required it. No-one was refused. Nancy's Chemist was also providing Pharmacy First Plus where there was a registered IP on the premises. Palliative Care services |

| | |
|---------------|---|
| | were available round the corner from Nancy's Chemist at Gilbride Pharmacy. This was not a service that a contractor could simply sign up to. Funding was limited and was agreed by the Health Board. |
| 6.5.24 | Mr Hughes posited that the past two years had probably been the most challenging in all their professional careers, but despite this community pharmacists had stepped up and delivered. Mr Hughes was unaware of ANY complaints about the services provided. There had certainly been no complaints about Nancy's Chemist. |
| 6.5.25 | Mr Hughes stated that busy times didn't mean more prescriptions though. Over the past 12 months general prescribing in the area had fallen. The average number of items prescribed by the MAJORITY of these surgeries had decreased. |
| 6.5.26 | The nearest surgery to the premises was Eglinton Medical Practice. The average number of items prescribed in the past 12 months has fallen by 7.09%. |
| 6.5.27 | Other surgeries in the area with decreased prescribed items in the past 12 months included Shields Medical Practice, Butterbiggins Road, Nithsdale, The Gordon Practice and both surgeries located in the New Gorbals Health Centre. There were only very small increases in the items prescribed in the Regency and New Gorbals health Centre. |
| 6.5.28 | Mr Hughes asked if general prescribing in the whole area had reduced why another pharmacy would be needed. |
| 6.5.29 | ISD Scotland published annual data on community pharmacy activity. This resource contained a vast amount of information so Nancy's Chemist had decided to focus on the existing pharmacies CLOSEST to the proposed premises, Pollokshields Pharmacy, Boots & Lloyds located on Crown Street and Rowlands Pharmacy on Nithsdale Road. These showed that the prescription numbers dispensed in all these pharmacies in 2021 was less than figures at the time of the last application from 2016. |
| 6.5.30 | Mr Hughes advised, that as previously mentioned he believed that existing pharmaceutical services within the area were more than adequate. All pharmacies were offering MORE than the NHS model opening hours. Proposing extended opening hours was NOT a reason to grant an application. Almost every new contract application would propose extended opening hours for their own purpose. If an NHS Board came to the conclusion that a Sunday opening was required in the area then a rota system would have been discussed a long time ago with existing contractors. |
| 6.5.31 | In summary the Applicant was providing NO additional services that were not already being provided by the existing pharmaceutical network. |
| 6.5.32 | Mr Hughes advised that he would finally move on to the KEY ELEMENTS of the application. Why was it necessary to grant the application? |
| 6.5.33 | Nancy's Chemist had found NO reason why this application was necessary. The proposed neighbourhood was surrounded by a fantastic range of pharmacies that were easily accessed by foot, car or many bus services |

| | |
|---------------|--|
| | available. |
| 6.5.34 | Why was it desirable to grant this application? Mr Hughes had found NO reason why this application was desirable. |
| 6.5.35 | The Applicant stated that future developments should be taken into consideration. Although they had failed to mention what these future developments were, and any increase in population did not mean that services were inadequate. |
| 6.5.36 | Nancy's Chemist felt that the current level of services provided by the pharmacies within the area was more than adequate. An additional pharmacy was neither necessary NOR desirable |
| 6.5.37 | <i>This concluded Mr Hughes' submission and the Chair invited questions from the Applicant.</i> |
| 6.5.38 | <i>There were no questions to Mr Hughes from the Applicant, any of the Interested Parties, or any member of the PPC. The Chair invited Mr Mahmood to put forward his case</i> |
| 6.6 | <u>Mr Muhammad Mahmood (Queens Park Pharmacy) - below was reproduced from Mr Mahmood's prepared statement</u> |
| 6.6.1 | Mr Mahmood thanked the Chair and advised most of the representatives had already covered the key points at today's hearing for refusal of the application regarding the core services and viability and he would not be repeating those points. |
| 6.6.2 | Mr Mahmood advised Queens Park Pharmacy's objection to the application was on the basis that the area defined by the Applicant was already well provided with the capacity from existing pharmacies. |
| 6.6.3 | Mr Mahmood advised Queens Park Pharmacy did not believe there was any unmet need nor were there any gaps in core services. This statement was based on their discussions with patients, GPs, service users and their own personal knowledge of the areas the Pharmacy had been servicing for many years |
| 6.6.4 | There was an understanding that face to face was the preference for consultations; however during the pandemic, many things changed and pharmacies had to go with remote consultations in many situations. |
| 6.6.5 | Mr Mahmood advised that we were all aware that things were slowly returning to normality and people were no longer living under the same restrictions we were during the pandemic. Even though GP surgeries were signposting patients to pharmacies, and were informing patients of a 1-3 week wait for an appointment, Queens Park Pharmacy had been able to provide core and non-core services to the defined neighbourhood. |
| 6.6.6 | Furthermore, taking into consideration the previous point of accessibility, if patients couldn't access the pharmacy for a preferred face to face consultation, Queens Park Pharmacy had the capability to |

| | |
|---------------|---|
| | provide house visits by a pharmacist. This was due to the fact that they had a second locum as part of the Company who was readily accessible and could make home visits. |
| 6.6.7 | Additionally patients were able to access pharmacy services through phone consultations or sending pictures to the clinical mailbox. |
| 6.6.8 | From his own experience as the Manager at Queens Park Pharmacy, Mr Mahmood advised having a telephone conversation was sufficient for the likes of UTI symptoms which did not require a face to face visit to the pharmacy. The patient would be prescribed the antibiotic within 30 minutes. In some ways the service had improved. |
| 6.6.9 | Mr Mahmood advised he would argue that when you look through the Pharmacy First list, a great deal of these consultations could be done remotely to a certain extent. Granted there were patients who needed to be seen face to face for certain conditions, but generally there was a lot than could be done on a remote basis. |
| 6.6.10 | Mr Mahmood explained that in addition to the above points, he was currently in the process of undertaking the Independent Prescribing training which would further expand the allowed list in the Pharmacy First plus list enabling him to prescribe for more acute conditions, |
| 6.6.11 | Furthermore, the Applicant suggested there were issues due to language barriers. Queens Park pharmacy were aware that multiple pharmacies within the neighbourhood had bi-lingual and multi lingual staff as Queens Park Pharmacy did. This coupled with the translation service provided through NHS GGC, Mr Mahmood did not feel this was a valid point. |
| 6.6.12 | As surgeries were switching patients with long term conditions to serial prescriptions or MCR prescriptions, patients were no longer required to be present in the pharmacy to obtain these. Mr Mahmood advised Queens Park Pharmacy had many MCR patients in the proposed area and these patients had obtained their MCR prescriptions by phoning the pharmacy and the delivery was made to the patient the same day. There were also many deliveries made to the proposed area and this extended as far as Gorbals. |
| 6.6.13 | Based on these points Mr Mahmood respectfully asked the PPC to refuse the application as it was neither necessary nor desirable. |
| 6.6.14 | <i>This concluded Mr Mahmood's submission and the Chair invited questions from the Applicant.</i> |
| 6.6.15 | <i>There were no questions to Mr Mahmood from the Applicant, any of the Interested Parties, or any member of the PPC.</i> |
| 6.6.16 | <i>This concluded the submissions and questions and the Chair invited the parties to summarise their cases.</i> |
| 7. | SUMMING UP |

| | |
|--------------|--|
| 7.1 | <u>Interested Party – Mr Adill Sheikh (Pollokshields Pharmacy)</u> |
| 7.1.1 | The Applicant himself today had proven that there was no requirement for a new pharmacy and it showed it's neither necessary nor desirable. There had been no evidence at all today to suggest any lack of pharmaceutical care within the area. All the current provisions in place by the current pharmacies were provided in a fantastic manner. Again, proving the point of no complaints made by the public or anyone else spoke volumes of the services provided in the area. Therefore Mr Sheikh would request that the PPC rejected this application. |
| 7.2 | <u>Interested Party – Scott Jamieson (Boots UK Ltd)</u> |
| 7.2.1 | Mr Jamieson advised that in summary, Boots UK Ltd disagreed with the Applicant's definition of the neighbourhood and suggested that the boundaries of the neighbourhood were similar to those adopted by the previous application. The previous application was refused and Mr Jamieson didn't think we've had anything to suggest significant change within that locality to change that. As covered previously, Mr Jamieson felt that all the Interested Parties had demonstrated the adequacy of the service that they provided into that neighbourhood if the PPC chose to accept the Applicant's one. The existing pharmacies were all accessible by car, public transport and on foot and Boots offered delivery services for anyone that was not able to use that. Therefore Boots UK Ltd would respectfully ask the PPC to refuse the application. |
| 7.3 | <u>Interested Party – Mr Tom Arnott (Lloyds Pharmacy Ltd)</u> |
| 7.3.1 | Mr Arnott advised that the PPC must consider " <i>what were the existing pharmaceutical services in the neighbourhood or in any adjoining neighbourhood</i> ". In the Applicant's own words, there were 12 pharmacies within one mile of the proposed site. Should the PPC deem the existing services inadequate, but also consider the Applicant's business not likely to be viable, and therefore not securing adequate provision of pharmaceutical services, the application should be refused. Having examined NHS GGC's Pharmaceutical Care Services Plan, Mr Arnott could see there being no reference there for a need for a pharmacy in the Applicant's proposed neighbourhood. Indeed there had been no complaints to the Health Board regarding existing service provision. |
| 7.3.2 | Mr Arnott therefore asked the PPC to refuse the application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises were located. |
| 7.4 | <u>Interested Party – Mrs Gillian Hunter (Rowlands Pharmacy)</u> |
| 7.4.1 | Mrs Hunter advised that it had been clearly demonstrated that there was a more than adequate and more than sufficient pharmaceutical service being provided for the neighbourhood. Rowlands Pharmacy didn't believe the new pharmacy was necessary or desirable therefore Mrs Hunter politely requested that the PPC rejected and refused the application. |
| 7.5 | <u>Interested Party – Mr Gerry Hughes (Nancy's Chemist)</u> |
| 7.5.1 | Mr Hughes stated that every NHS GGC pharmacy was provided with a telephone interpreting service provided by Capital Live Link. As far as buses were concerned, only one bus per hour would enable patients from Pollokshaws to come to this proposed site. The number 89 to Govan, the |

| | |
|--------------|---|
| | number 90, ring route from Partick to Parkhead and the local 121 service to Govanhill did not go anywhere near this site. |
| 7.5.2 | In the map Nancy's Chemist had provided the residential areas R3, R4 & R5 with a total of 370 houses in it. 30% of the population have no direct connection to these premises at all. In five of the recognised residential areas, there were around 1,000 new flats and houses built since the last National Census was produced. In R1, the flats were all contained in early 19 th Century buildings. In R2 there were 40 flats in the same type of buildings. |
| 7.5.3 | <i>The Chair interrupted Mr Hughes at this point advising he was verging on making a further presentation and advised this was the "summing up" part of the process.</i> |
| 7.5.4 | Mr Hughes advised, in summary, there were well over 1,000 brand new and very expensive flats and houses. Mr Hughes further advised this area didn't appear to be deprived and there was certainly no signs of poverty with the number of cars in the area. |
| 7.5.5 | The situation ten years ago was that their patients came to their shops and took home their medicines. Nowadays the prescriptions were sent to the shops electronically or the pharmacies collected them from the surgeries and mostly delivered them. The traditional patient interface had largely disappeared and patients coming to pharmacies had gone now. The need for more pharmacies counters was less because face to face patient consultation had gone now. |
| 7.5.6 | As a retired member of the Area Pharmaceutical Committee for many years, and the Vice Chair for three years, Mr Hughes advised he appreciated how difficult it may be for Lay Members of the PPC to understand this whole prolonged process and how many points were repeated on occasion. |
| 7.5.7 | Considering the number of times a new contract has been discussed in this locale over the past generation and the number of Committee and National Appeals PPC members who have considered granting a contract in the past, it would indeed be a brave individual who voted for its approval. |
| 7.6 | <u>Interested Party – Mr Muhammad Mahmood (Queens Park Pharmacy)</u> |
| 7.6.1 | It was clear that the Applicant was offering nothing new or innovative from most other pharmacies in the neighbourhood. There had been very little growth if any in the population of the area concerned. The only change this proposed pharmacy would make would be to spread existing prescriptions over more pharmacies, causing contractors to look at viability in non-core services they provided. There was no capacity issue here. |
| 7.6.2 | Mr Mahmood advised pharmaceutical services available to the population of the proposed neighbourhood were more than adequate showing that the application was neither necessary nor desirable. Mr Mahmood also added that the first part of the application was the legal test and this legal test was in place to demonstrate if the current provision of pharmaceutical services was inadequate. That was not the case here and had not been proven today. Mr Mahmood believes the application has failed on this basis and Mr Mahmood strongly urged the Committee to reject this application. |
| 7.7 | <u>Applicant – Mr Adeel Asghar</u> |
| 7.7.1 | Mr Asghar thanked the Chair and advised that whilst there had been a number |

| | |
|-------|---|
| | of applications previously which were rejected, Eglinton Healthcare Ltd had done their best within the limitations of COVID. Eglinton Toll was a neighbourhood and should the PPC wish to reject this it would still become a neighbourhood and it would further develop. The Council would not leave all of the gap sites identified in that area and those planning permissions would go ahead and housing would come into the area and further population would migrate to the area. This was a very important part of the city with it being the main thoroughfare into the South side. |
| 7.7.2 | Mr Asghar advised that within his defined area there were no pharmacies. He quoted that someone had mentioned that in the last application there had been several pharmacies within 0.87miles there had been a number of pharmacies. Mr Asghar was of the opinion, that in the South side most areas overlapped each other and if the same test was applied again to the other pharmacies that were in the larger neighbourhood then the same arguments could be applied that had been made to the Applicant today. |
| 7.7.3 | Other than that, Mr Asghar felt that digitalisation was limited in that area. It was a deprived area and the Applicant would ask the panel to consider granting the application. |
| 8. | CONCLUSION OF ORAL HEARING |
| 8.1 | The Chair then invited each of the parties present that had participated in the hearing to confirm individually that each had had a full and fair hearing via the Microsoft Teams platform. Each party so confirmed. |
| 8.2 | The Chair advised that the PPC would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The letter would also contain details of how to make an appeal against the PPC's decision and the time limits involved. |
| 8.3 | The Chair advised the Applicant and Interested Parties that it was unlikely that the Committee would require to take advice from CLO or Board Officers as no issues had come up during the open session. He was comfortable that the Applicant and Interested Parties were free to leave. |
| 8.4 | The PPC were transferred into a separate virtual meeting room. All other parties disconnected from the Hearing session. |
| 9. | PRELIMINARY CONSIDERATION |
| 9.1 | In addition to the oral evidence presented, the PPC took account of the following: |
| 9.2 | <ul style="list-style-type: none"> i. That due to the restrictions in place to manage COVID-19, members of the PPC had conducted their own site visit noting the location of the proposed premises, the pharmacies, medical centres and the facilities and amenities within and surrounding the proposed neighbourhood; ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and the surrounding area; iii. Map showing the neighbourhood proposed by the Applicants; |

| | |
|-------------|--|
| | <ul style="list-style-type: none"> iv. A map showing the data zones of the area in question; v. Written representations received from the Interested parties during the Schedule 3 consultation; vi. Information regarding planned local housing developments within the area from Neighbourhoods, Regeneration and Sustainability at Glasgow City Council; vii. GPhC Inspection reports for Boots, 639 Cathcart Road, Lloyds Pharmacy, 190 Crown Street, Pollokshields Pharmacy, 275 Maxwell Road and SH Mehta Pharmacy, 34 Admiral Street. These were the only pharmacies within the consultation to had been inspected since the GPhC began publishing Inspection reports in April 2019; viii. Distances from proposed premises to local pharmacies and GP practices within a one mile radius; ix. Details of service provision and opening hours of existing pharmacy contracts in the area; x. Details of General Medical Practices in the area including practice opening hours, number of partners and list sizes; xi. Number of Prescription items dispensed during the past 12 months and information for the Pharmacy First Service; xii. Complaints received by the individual community pharmacies in the consultation zone regarding services; xiii. Population Census Statistics from 2011; including the population profile for each of the selected data zones; xiv. Summary of applications previously considered by the PPC in this area; xv. The Application provided by the Applicants; xvi. Additional information submitted by Pollokshields Pharmacy in support of his written representation; xvii. Pharmaceutical Care Services Plan; xviii. Public Transport Information; and xix. The Consultation Analysis Report. |
| 10. | DISCUSSION |
| 10.1 | The PPC in considering the evidence detailed above submitted during the period of consultation, presented during the hearing and recalling observations from the individual site visits, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located. |
| 10.2 | The PPC considered the neighbourhoods as defined by the Applicant and the various Interested Parties, examined the maps of the area and considered what they had seen on their site visits. |
| 10.3 | The Committee comprehensively discussed the four boundaries defined by the Applicant. The Committee felt that the neighbourhood as defined didn't appear to take into consideration natural boundaries. There was a relatively major rail |

| | |
|--------------|--|
| | line which ran through the area, and the Applicant didn't appear to have taken this into account. In addition, the defined neighbourhood excluded similar types of housing which it could be argued could form part of the same neighbourhood. For example the Applicant had included some parts of the area generally known as the Gorbals, but had excluded other areas of the Gorbals which contained similar housing stock. The PPC, from its knowledge of the area, did not consider that the residents within the Gorbals area would have much of a sense of a neighbourhood relationship with people on the edge of Pollokshields. |
| 10.4 | The PPC noted that some of the Interested Parties had chosen to agree with the definition of neighbourhood put forward by the PPC when it last considered an application for premises in this area in 2016. |
| 10.5 | The Committee considered the boundaries from the previous determination and agreed that these seemed to still be relevant. |
| 10.6 | The PPC noted that the original definition had taken into consideration physical boundaries such as the railway line and the main trunk roads in the area. The area contained similar housing stock in the form of tenement housing and more modern flatted accommodation. This was distinctly different to the villa type properties which existed in the other areas of Pollokshields. |
| 10.7 | Within this defined area there was a residential element, and a more substantial commercial area, which would contain a transient population. |
| 10.8 | There had been little additional development in the area since the last application and as such the PPC agreed to maintain the original definition. |
| 10.9 | <ul style="list-style-type: none"> • North – From the railway line immediately above St Andrews Drive where it started to curve, following the railway heading east curving northwards until the point where it crossed Gorbals Street (just above Cumberland Street). • East – Heading south down Gorbals Street into Cathcart Road, until it reached the railway line south of Dixon Road by Albert Road. • West – Heading north up St Andrew's Drive, until the road started to curve, extending directly north until it reached the railway line. • South – Following the railway line heading west where it met Nithsdale Road. |
| 10.10 | Having reached a conclusion as to neighbourhood, the PPC was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the PPC deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood. |
| 10.11 | The PPC considered the CAR. The response was relatively low with less than 4% of the population stated by the Applicant providing responses. The majority of the responses came from a survey undertaken by the Applicant himself, in the form of representatives conducting door to door surveys using iPad, gathering responses to the joint consultation questionnaire and then completing the on-line questionnaire from these responses. This had resulted in the spike in responses experienced on 19 th June 2021. |

| | |
|--------------|---|
| 10.12 | The PPC considered the CAR. The Committee noted at Question 3 <i>“Do you think there are any gaps in the existing pharmaceutical service provision.....?”</i> 125 of the respondents (71%) had indicated that there were gaps in service provision, however of the six responses who had included additional information, only one had identified any particular service and two had mentioned that additional GPs were needed. |
| 10.13 | The PPC recognised that it was unusual to see a CAR which seemed to suggest an element of over provision in services in the neighbourhood. The PPC were used to seeing responses which were based on convenience and which in the main, supported an additional pharmacy. Some responses to this particular CAR mentioned that there would be an overprovision of services if this application were granted. The PPC felt that this was an acknowledgement that current services to and in the neighbourhood were adequate. |
| 10.14 | The PPC also noted the lack of support from community representatives such as MPs, MSPs or Local Councillors in that none of these responded to the notification of the joint consultation. The PPC agreed that it might be reasonable to accept this as an indication that they were not aware of any issues with current services in their area. This in turn could support a determination that services were generally adequate in the absence of any complaints or concerns from their constituents around the lack of or quality of services. |
| 10.15 | NHS GGC’s PCSP had not identified any deficiencies in service in this area. |
| 10.16 | The PPC noted that within the neighbourhood they had defined there was one pharmacy, with a further 15 pharmacies situated outwith, but within a one mile radius of the Applicant’s proposed premises. |
| 10.17 | The existing pharmaceutical network provided all core services, along with a range of national and local additional services. All Interested Parties had confirmed that their pharmacy had capacity within its infrastructure to take on more services and patients. This was particularly relevant taking into consideration the relatively minor increase in population that might be expected from the few developments that were currently taking place in the area. |
| 10.18 | The PPC noted that several of the Interested Parties had described their commitment to extending services provision and care to patients through the provision of the Pharmacy First service. Some of the current pharmacies were already providing the service with more currently undertaking the training to allow them to provide this extended service. |
| 10.19 | The current network of pharmacies provided a range of opening times, with the majority providing services in excess of the minimum required by the Health Board via their Model Hours of Service Scheme. |
| 10.20 | The PPC noted over a 20 month period between April 2020 and December 2021, the 15 pharmacies in the area had reported a total of 24 complaints via the Patient Right’s process. The PPC noted that when taking into consideration the number of prescriptions dispensed by these pharmacies, the number of complaints was minor in comparison. |
| 10.21 | The Applicant had in the PPC’s opinion provided weak and anecdotal evidence to show that existing services were inadequate, instead relying on the absence of a pharmacy in his defined neighbourhood as evidence of inadequacy. The resident population enjoyed access to services provided by the existing |

| | |
|--------|---|
| | pharmaceutical network. Patients currently accessed pharmaceutical services from pharmacies that were situated within the main shopping areas that would be used by the small number of residents living in the immediate vicinity of the Applicant's proposed premises. The PPC had gleaned from extensive questioning of the Applicant and Interested Parties that these pharmacies could be accessed on foot, by car and via the public transport provision in the area, that they provided a wide range of services, and that they had capacity to take on additional services. The Applicant had, in the PPCs opinion not fully understood the legal test and had not provided any evidence of inadequacy. |
| 10.22 | <i>In accordance with the statutory procedure the Pharmacist Members of the PPC, Mrs Yvonne Williams and Mr Josh Miller left the hearing at this point.</i> |
| 11. | DECISION |
| 11.1 | In determining this application, the PPC was required to take into account all relevant factors concerning the definition of the neighbourhood served and the adequacy of existing pharmaceutical services in the neighbourhood in the context of Regulation 5(10). |
| 11.2 | Taking into account all of the information available, and for the reasons set out above, it was the view of the PPC that the provision of pharmaceutical services to the neighbourhood (as defined by it in Paragraphs 10-10.22 above) and the level of service provided by the existing contractors in the neighbourhood, was currently adequate and it was neither necessary nor desirable to had an additional pharmacy. |
| 11.3 | It was the unanimous decision of the PPC that the application be refused. |
| 12. | SECTION 2 BUSINESS |
| 12.1 | <u>Minor Relocation of Existing Services</u> |
| 12.1.1 | The minor relocations noted below had been approved by the Chair and were endorsed: |
| 12.1.2 | Case PPC/MRELOC01/2021 – Kellock Pharmacy Ltd T/A Kellock Pharmacy Ltd, Unit 17, Braes Shopping Centre, Dougrie Drive, Castlemilk, Glasgow G45 9AA |
| 12.1.3 | Kellock Pharmacy Ltd T/A Kellock Pharmacy Ltd made an application to relocate their existing pharmacy from 26a Castlemilk Arcade to the above address. |
| 12.1.4 | The Lead Pharmacist for Community Care and the NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee both recommended that the application fulfilled the criteria for minor relocation as defined within the current pharmacy regulations. |
| 12.1.5 | The Chair, taking into consideration these recommendations agreed that the criteria required by the Regulations were fulfilled and accordingly approved the application. |
| 12.1.6 | <i>HOMOLOGATED: /</i> |
| 12.2 | <u>Changes of Ownership</u> |

| | |
|--------|---|
| 12.2.1 | The Committee, having previously been circulated with the relevant paper, noted the contents which gave details of a Change of Ownership considered by the Chair since the date of the last meeting: |
| 12.2.2 | Case PPC/C001/2021 – Walter Davidson & Sons Ltd T/A Davidsons Chemists, 22 High Barholm, Kilbarchan PA10 2EQ |
| 12.2.3 | The Board received an application from Walter Davidson & Sons Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as Newfield (Dundonald) Ltd, T/A Newfield Kilbarchan at the address given above, with effect from 1st December 2021. The trading name of pharmacy changed to Davidsons Chemists. |
| 12.2.4 | The Committee was advised that the level of service wasn’t reduced by the new contractor and that the new Contractor was suitably registered with the General Pharmaceutical Council. |
| 12.2.5 | Given the above, the Chair agreed that the requirements of the Regulations were fulfilled and accordingly granted the application. |
| 12.2.6 | <i>HOMOLOGATED: /</i> |