

NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (04)

Minutes of a Meeting held on

Friday 6th March 2007

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

PRESENT:	Andrew Robertson	Chairman
	William J Reid	Deputy Lay Member
	Prof J McKie	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member
	Alasdair MacIntyre	Contractor Pharmacist Member

IN ATTENDANCE

Trish Cawley	Contractor Services Supervisor
Janine Glen	Contracts Manager – Community Pharmacy Development
David Thomson	Joint Lead – Community Pharmacy Development

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

No declarations of interest were made.

1. APOLOGIES

There were no apologies.

2. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

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

Section 1 – Applications Under Regulation 5 (10)

3. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST

Case No: PPC/INCL04/2007

**Dr Saduf Riaz, Premichem Pharmacy Ltd – 151 Oxford Street,
Glasgow G5.9**

ACTION

The Committee was asked to consider an application submitted by Dr Saduf Riaz of Premichem Pharmacy Ltd, to provide general pharmaceutical services from premises situated at 151 Oxford Street, Glasgow G5.9 under Regulation 5(2) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

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

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

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Dr Saduf Riaz ("the Applicant"), assisted by Mr Preminder Bassi. The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Adhil Sheikh (Pollokshields Pharmacy), Mr Gerry Hughes (Hughes Pharmacy), Ms Dianne McGroary (Munro Pharmacy) and Ms Alison Irving (Alliance Pharmacy) ("the Interested Parties").

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 151 Oxford Street, Glasgow G5.9, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Gorbals, Pollokshields, and Tradeston.

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

The Applicant's Case

Dr Riaz commenced his presentation by thanking the Committee for giving him the opportunity to present his case. Dr Riaz apologised that the supporting statement in his initial application was not as comprehensive as it could have been, especially now that he had read the Pharmacy Regulations.

Dr Riaz defined the neighbourhood to be served by his proposed pharmacy as bounded by the River Clyde on the North, bounded by the railway line to the East heading South along Eglinton Road to Gourrock Street (intersection of railway) then heading North West up Pollokshaws Road to its meeting with the railway line, heading North to its meeting with River Clyde. Dr Riaz illustrated this neighbourhood on a presentation map. Dr Riaz described the area as triangle shaped.

He explained that he felt the railway to be a natural boundary separating the defined neighbourhood from the more commercial Tradeston area to the West. He said the railway separated the new build housing of the new Hutchesontown, which he described as a mix of housing association and private properties with the council owned properties in Laurieston to the East of the neighbourhood, thus marking a boundary from Hutchesontown. He pointed out that some penthouse properties in the Hutchesontown area were being marketed at prices in the region of £300,000. This supported his assertion that the demographics between the areas of Laurieston and Hutchesontown were quite distinct.

In support of the Western boundary Dr Riaz noted that previously the National Appeals Panel in their decision of 28th June 2005, considered the Western boundary for an application which Dr Riaz considered to be in the same neighbourhood, to be Bridge Street. Dr Riaz explained that this is a major arterial road and went on to say that several previous hearings have taken arterial roads as natural boundaries. In this particular case, Dr Riaz explained that there are two arterial roads on the eastern side of the neighbourhood. These being: Gorbals Street, which is the A8 and Laurieston Road which is the A728. Dr Riaz therefore felt that the railway which passes between the two was the most appropriate Eastern boundary. Dr Riaz added that Laurieston Road was particularly busy during rush hour traffic. He felt that residents, especially the elderly, the unwell and mothers with children should not be expected to cross these roads to access pharmaceutical care. Additionally, in winter roads could be slippery and there may be a lack of daylight.

The neighbourhood that Dr Riaz demarcated could in his opinion form a natural boundary as described by Lord Nimmo Smith in the Boots the Chemist v National Appeal Panel of 3rd December 1999. Lord Nimmo Smith stated "the word neighbourhood in Regulation 5(10) of the 1995 Regulations means an area which is relatively near to the premises in question, which need not have any residents, and which can be regarded as a neighbourhood for all purposes."

In further illustration Dr Riaz suggested that if residents in Laurieston were asked what neighbourhood they considered they belonged to, they would give a similar response to most other residents in the area, namely that their neighbourhood was Laurieston.

Dr Riaz explained that major changes in the physical infrastructure of the Gorbals area had impacted on the quality of life for residents in various ways. Firstly there was a sense of isolation among residents in the two smaller parts of Gorbals – Laurieston and Oatlands, which Dr Riaz explained were largely untouched by the physical changes; Dr Riaz advised that this isolation was heightened because many services were provided from a central point in the area. He also explained that there was territorialism between Laurieston and Hutchesontown; a number of local people (both residents and community workers) had confirmed to him that this was a real issue especially among youths and had proved hard to overcome. Dr Riaz advised that Christine Quarrell (arts worker at the Playbarn – a youth and community association) and Nancy Harvey (resident and Vice Chair of the Playbarn) had also confirmed this assertion.

Dr Riaz went on to describe the retail, community and business facilities in the following streets: Oxford Street, Coburg Street/Bridge Street/Norfolk Street, Oxford Lane, Carlton Terrace, Nicholson Street and in the arches area south of Stirlingfauld Court. In doing so, Dr Riaz hoped to confirm that the area commonly known as Laurieston was indeed a distinct neighbourhood which should have its own pharmacy.

He demonstrated the current provisions that were available to children, young people, families and the elderly, explaining that the focus was mainly though not exclusively on groups local to the Laurieston area. These included: Playbarn, Bridging the Gap (schools project), Glasgow Association of Family Support Groups, Hutchie Art Club, Gorbals Healthy Living Network, Laurieston and Gorbals Family Support Group for Drug Abusers, Glasgow Mosque and Laurieston Community Council. Dr Riaz suggested that pharmaceutical services were the major missing provider in the neighbourhood.

Dr Riaz suggested that if the Committee could agree in the light of the evidence he had provided that the defined neighbourhood was indeed a distinct neighbourhood then according to all the National Appeals Panel hearings that had concerned neighbourhoods without a pharmacy since 2001, where it was felt that despite the pharmacies outside the neighbourhood providing full services, including extensive collection and delivery services, they were regarded as not wholly inadequate. This meant that they did not consider an application to be necessary to secure the provision of adequate pharmaceutical services in the neighbourhood but did feel that it was desirable to allow the contract to secure adequate provision of pharmaceutical services. The National Appeals Panel also noted, in circumstances where the existing

pharmacies provided an excellent delivery service to the area that it was desirable that those living in the area had their own pharmacy to which they could travel to easily and where they could receive face to face contact from a pharmacist. Dr Riaz added that this was even the case there the majority of the population had access to cars.

Dr Riaz advised that Laurieston was an area of multiple deprivation and that according to the index of multiple deprivation created by the Scottish Executive, Laurieston was in the top 1% of deprived areas in the whole of Scotland. This situation would clearly indicate that the pharmaceutical requirements of this population would be higher than average. The population in the 2001 census was calculated at 1,300. Dr Riaz suggested that the PPC and National Appeals Panel had previously defined neighbourhoods where the population was lower than this e.g. rural village. Dr Riaz advised that according to Ward 66 Hutchesontown, Glasgow City Council Data Zones, Laurieston was made up of three Data Zones; S01003274, S01003302 and S013303. S01003274 had a population of 730, S01003302 had a population of 953 and S013303 had a population of 703, which meant that in 2005, the total population of Laurieston was 2,386.

In addition Ward 66 – Hutchesontown (which includes Laurieston) had an elderly population of 19.1% (figures from Glasgow City Council) which was higher than the Scottish average. Households with children totalled 18.1% and pensioner only households made up 19.0%. The area had a car ownership level of 20% and Dr Riaz suggested this would illustrate that residents would have to rely on public transport or walk to access pharmaceutical services.

Dr Riaz advised that Lord Nimmo Smith endorsed the definition of neighbourhood as illustrated when he stated “what has to be regarded is the services for those who are in whatever is the relevant neighbourhood, not limited necessarily to those resident in it”. Dr Riaz suggested that when the PPC was assessing the question of adequacy, it should carefully consider the needs and interests of all those individuals who could be expected to be in the neighbourhood on a day to day basis, including residents, employees and visitors. Dr Riaz suggested that what was required was to consider whether the population had reasonable and adequate access to the full range of NHS pharmaceutical services. Dr Riaz advised that there was approximately 89 business or service providers in the area, all who had staff and who had to maintain a sufficient footfall of customers to remain viable. Dr Riaz advised that he had been able to obtain a rough estimate of visitors to the Glasgow Mosque and that this on its own suggested that an average of 150 people attended, 5 times per day, 7 days per week. By this calculation approximately 5,250 people visited the area per week. This calculation was based on a very conservative estimate, and as further illustration Dr Riaz suggested that if every business in the area had on average of 3 employees and had 10 visitors per day, on a 5 day

week there would be 13,350 people in the area on a weekly basis. Including the numbers visiting the Mosque this would give a total of 18,600. Dr Riaz accepted that this was a rough indication, but that it gave an indication of a significant working and visiting population. Dr Riaz also suggested that all the bus services leaving the city centre to travel South pass through Bride Street, from where the proposed pharmacy could be clearly seen. Also cars not using the nearby motorway heading South from the city centre passed through either Bridge Street or Crown Street. Additionally a subway station was located on Bridge Street.

Dr Riaz advised those present that future developments within the area included the "Laurieston plan" which proposed an additional 1,726 residential units; a significant increase to the current 1,200 units. This proposal was a firm one, with Glasgow City Council having already started to empty the blocks and confirming the redevelopment would go ahead. The "Tradeston plan" – 1,004 units had been given full planning permission and another 2,496 were due to receive planning permission. Dr Riaz suggested that this development was again probably as work had already commenced on the bridge connecting the Broomielaw to Tradeston and building had been cleared on the river front of Clyde Place, the Renfrew Ferry had been moved and boards had been erected across the River to mark the start of the residential development. A preferred developer had been appointed and Glasgow City Council office had confirmed that the plan would go ahead. Dr Riaz passed round artist's impressions of the various proposed developments, along with a newspaper article which gave details of the proposed plans.

R Riaz advised the Committee that the judgement of the Second Division of the Inner House of the Court of Session in Lloyds Pharmacy Limited v the National Appeal Panel and E A Baird (N'Ards) Limited dated 11th June 2004 where Lord McFadden stated at paragraph 10 "The question that the decision-maker must address is the adequacy of the existing provision to serve the neighbourhood in question. In addressing that question, however, it is our opinion proper to have regard to probable future developments, for two reasons. First, the standard of adequacy in a particular neighbourhood may change with time. The relevant housing developments or the movement of population out of inner city areas. Secondly, Regulation 5 (10) uses the word "secure" in relation to the adequate provision of pharmaceutical services. That word seems to us to indicate that the decision-maker can look to more than merely achieving a bare present adequacy of provision into the future. That indicates that the decision-maker must have some regard to future developments, in order to ensure that an adequate provision can be maintained. The decision-maker must, however, determine the adequacy of the existing provision of pharmaceutical services at a specific time, that of its decision. It must accordingly reach its conclusion the adequacy of the existing provision on the basis of what is known at that time, together with future developments that can be considered

probable rather than speculative.” Dr Riaz advised that the developments mentioned were probable rather than speculative and that accordingly security of provision was not based on the rate of development or on an arbitrary figure that had to be reached but knowing that this figure will be reached and development will be completed. This would mean that one knew that the pharmaceutical services put in place would still be in place before a crisis was reached. Dr Riaz advised that he would hope that the Committee would consider this application as either necessary or desirable to secure pharmaceutical provision in the future.

Dr Riaz then moved on to discuss access to existing services.

He advised that there were currently two pharmacies in Hutchesontown that provided pharmaceutical services to the majority of the Laurieston population. They were located 0.6 miles away according to the AA route finder. Dr Riaz advised that this would constitute a 10 minute walk to the pharmacy and a further 10 minute walk to return from the Oxford Street premises. He suggested that this would not be a problem for the fit and healthy, he felt however that the above average elderly population of Laurieston would struggle with such a walk, especially if they were unwell or frail and if it was cold, wet, dark or slippery. Mothers with children as well as unwell adults would also find this difficult especially in bad weather and in the winter months. Dr Riaz felt that these elements of the population should be able to access pharmaceutical services more locally.

There was no direct bus service from Bridge Street to Crown Street, where both the current pharmacies were located and due to the very low number of car ownership, most residents would access these services by foot. Dr Riaz pointed out that the residents would have to cross two arterial routes and pass under a four lane railway line, which only had two openings (one at Norfolk Street and one at Cumberland Street) to access pharmaceutical services. In addition, the current pharmacies were not visible from the main road and lay at the heart of Hutchesontown. He suggested that for this reason they would not be used by commuters. In addition, the Regulations stated that the pharmaceutical needs of the visitors and employees in the Laurieston area should be considered and he disagreed that these elements of the population would use the current pharmacies due to their location. Additionally, Dr Riaz suggested that the deprivation inherent in the area would discourage visitors to the area especially in the dark. For these reasons Dr Riaz did not feel the current pharmacies provided an adequate service to those that worked and visited the Laurieston area.

In Dr Riaz’s opinion Munro Pharmacy could not provide an adequate service to the area due to the limitation of the premises. It did not have a consultation area, quiet area or consultation room. The core services of the new contract such as the minor ailment service and chronic

medication service should, in Dr Riaz's opinion be carried out in a private consulting room to allow patient confidentiality and privacy. Patients requiring the treatment of head lice could nowadays expect this to be done in private. In addition the supplementary prescriber initiative would warrant a consultation room. Munro Pharmacy would therefore be unable to fully comply with the expectation of the new contract.

In a city wide survey conducted by the Area Pharmaceutical Committee in 2000 to ascertain patient's views of pharmaceutical services, the most frequent issue raised was the need for discreet consulting rooms.

Dr Riaz suggested that in view of the opinion of Lord Carlway in the Petition of Sainsbury's Supermarket Ltd v The National Appeal Panel issued on 29th November 2002, the PPC should consider whether pharmaceutical services in a neighbourhood could be improved by the granting of an application where not wholly adequate provision of pharmaceutical services existed in a neighbourhood. "Even if adequacy is achieved, measures to improve pharmaceutical services in an area must nevertheless be permitted under the guise of such measures being desirable to secure adequacy." Dr Riaz felt that the existing pharmaceutical provision could be improved and this would then mean that the current provision was not wholly adequate. He felt that if this application was granted it would improve the provision of pharmaceutical services in terms of the provision of private consulting rooms, quiet areas, treatment rooms, a waiting area, improved hours for the dispensing of prescriptions, an out of hours service for emergency prescriptions, methadone service, needle exchange, frail elderly falls project, mental health project and the provision of modern premises. Dr Riaz would also be able to offer rooms to accommodate other NHS staff, local authority staff and voluntary groups. The CAT had already shown interest in using one of the rooms for their addiction clinics and were looking to pilot an independent pilot scheme for their clinics, which Dr Riaz felt he could assist. Also, if the CAT team used the premises for their clinics there would be an improvement in services for people trying to stop alcohol abuse. Dr Riaz would also provide a collection and delivery service, free diabetes testing, BP and cholesterol monitoring as well as smoking cessation, emergency hormonal contraception, pregnancy testing and support for the frail and the elderly. The pharmacists who would work at the premises were fluent in Urdu and Punjabi and could therefore provide services to the visiting Muslim population. Dr Riaz reiterated that where the provision of pharmaceutical services could be enhanced and made more adequate by the granting of a contract then this must be considered by the Committee.

Dr Riaz presented plans of his proposed premises, and advised those present that while the plans had not been drawn up by a professional architect, they did give a fair indication of what the pharmacy would look like. The pharmacy would be built over three floors with a dispensary located on the ground floor, the upper and lower floors would be

accessed by a spiral staircase within the premises.

Dr Riaz went on to advise that the supporting of the provision of “The Right Medicine” which stated “although it is not necessary for pharmacies to be open around the clock, extended opening hours would improve the service to the public and reflect the new ways people access services. Pharmacies should be planned in order to meet the needs of the people where they need them and when they need them.” Dr Riaz advised that as endorsed by Lord Carloway’s opinion in the Sainsbury’s Supermarket Case dated 29th November 2002 such enhancement of pharmaceutical services to the proposed neighbourhood should be considered. In addition, the Health Board had spent a considerable amount of money providing grants for improving premises and this would convey the emphasis the Health Board had put on providing consulting rooms. Furthermore, the Regulations point out the importance of choice for patients and currently if a patient wanted to consult a pharmacist a pharmacist in a private consulting room in the Hutchesontown Ward then they would have no choice but to visit Alliance Pharmacy.

Dr Riaz explained that the legislation governing the control of entry to the Pharmaceutical Lists was intended to give patients ready access to pharmaceutical services. The potential loss of business by existing contractors was not relevant unless it affected the viability of those contractors. Dr Riaz felt that the granting of this license would not affect the viability of the current pharmacies in Hutchesontown. They were closer to the GP practices and would have high script figures. In addition, the Hutchesontown residents would continue to use those pharmacies. The continued developments in the area would lead to an increase in the population that would access services from the current pharmaceutical network.

Dr Riaz therefore felt for the reasons mentioned above that the granting of this contract was necessary and desirable to secure provision of pharmaceutical services to the Laurieston area.

The Interested Parties’ Question and Applicant

In response to questioning from Mr Sheikh, the Applicant confirmed that the nearest GP surgeries to his proposed premises were situated on Eglinton Street and Wallace Street. He confirmed that he was not aware of any plans to increase the number of GPs in the area, and that those patients who had to travel to the GP practice would need to walk if they lived within the vicinity of Oxford Street, the Applicant qualified this by suggesting that not all patients needed to visit the GP surgery i.e. those on repeat medication.

On further questioning from Mr Sheikh, the Applicant confirmed that the population in Laurieston was calculated at 2,386 according to 2005 figures from Glasgow City Council. This was an increase from the 2001

census statistics, which put the population at 1,300. He confirmed that the developments in the area which were complete were in fact outwith the area he defined as the neighbourhood; however he advised that this showed that the viability of other contractors in the area would not be jeopardised.

In response to questioning from Mr Hughes, the Applicant confirmed that at present there was only one set of stairs in the proposed premises. While his plans showed the existence of two sets, the second set would need to be established. He confirmed that his proposed premises were ARC Services at 151 Oxford Street. In response to Mr Hughes' assertion that the premises were not deep enough to accommodate the Applicant's plans, Dr Riaz advised that the premises were deeper than was visible from the street, access to other parts of the premises would be restricted. He further confirmed that there would be three toilets within the premises.

In response to further questioning from Mr Hughes, the Applicant confirmed that one of the markings on his presentation map related to another application that he had submitted for premises in an adjacent area. He also confirmed that the proposed extension to the motorway was not shown on his map as he was not aware the route this structure would take. He further confirmed that he had described the Tradeston area as being more commercial in nature; however he had not said anything about the access to this area. He had asserted that there appeared to be only two routes into the Laurieston area; Norfolk Street and Cumberland Street.

He confirmed that the territorialism he had described in the area had been in existence for a significant period of time, but asserted that this did not detract from the fact that it was a problem.

In response to questioning from Mr Hughes, the Applicant confirmed that he had spoken to Carole Hunter from Glasgow Addiction Service around the CAT using the premises. There was no contract of agreement and no rent had been discussed.

In response to further questioning around the GP in Wallace Street, the Applicant confirmed that he did not know who the GP was. Mr Hughes advised that the GP was not on NHS Greater Glasgow & Clyde's Medical List.

In response to further questioning from Mr Hughes, the Applicant confirmed that there would be two pharmacists employed in the premises. One full time and one part-time. This situation would be reviewed when the pharmacy had been opened for some time.

The Applicant confirmed that the population within his defined neighbourhood was 2,386. He confirmed that these figures were

current, and had been derived from Glasgow City Council datazone estimates. He further confirmed that there were three datazones in the area, two of which were completely in the area of his neighbourhood and one of which carried over into the wider area.

In response to questioning from Ms McGroary, the Applicant confirmed that his proposed premises would be located over three floors with an area of approximately 3,000 square feet. He further confirmed that he would address the issue of access by elderly patients, by siting all services they would require on the ground floor.

He confirmed that the layout of the new premises would be:

Street level – entrance, waiting area, consulting room x 2, toilets, retail space, dispensary, advice and service counter.

Basement – consulting rooms x 2, waiting area, methadone dispensary, dispensary, staff room.

First floor – educational rooms, internet access, toilets.

In response to further questioning from Ms McGroary, the Applicant confirmed there would not be a fire exit in basement or on top floor. In response to Ms McGroary's assertion that the plans were unviable, the Applicant advised that the plans had not been drawn up by an architect, but rather served as a representation of the Applicant's vision for the premises. He confirmed that the plans could be adapted to allow all services to be provided from the ground floor. Regardless of how many floors the pharmacy occupied, all services would be provided.

In response to Ms McGroary's question around how the proposed pharmacy would be affected when Munro Pharmacy installed a consultation room in their pharmacy, the Applicant advised that there was no consulting room in the pharmacy at the moment. He asserted that in a previous application Munro Pharmacy's representative had made similar claims, and Munro had not yet installed a consulting room.

In response to questioning from Ms Irving, the Applicant confirmed that the Eastern boundary to his neighbourhood ran from Pollokshaws Road, joining Gorbals Street using the railway as a boundary. He further confirmed that he considered the Glasgow Mosque to be at the extreme Eastern boundary.

In response to questioning from Ms Irving around developments in the area, the Applicant confirmed that the residents of the multi-storey flats in Laurieston had already been decanted. He was unaware of when this had happened, but asserted that this was not relevant as the consideration should be to the proposed new development. He further confirmed that he would consider Laurieston and Hutchesontown to be

situated in Gorbals.

He further confirmed that one development had been completed within his defined neighbourhood. This comprised a development of 18 houses.

In response to further questioning from Ms Irving, the Applicant confirmed that there was no requirement within the current contract for pharmacies to provide consulting rooms, nor did this provision appear in the current pharmaceutical regulations.

The Applicant responded to Ms Irving's question around access to the pharmacy by confirming that the area of the ground floor of the pharmacy was approximately 1,200 square feet. Elderly and infirm patients travelling between floors would be helped by the pharmacist and pharmacy staff. He further confirmed that the pharmacy would be complete within 6-8 weeks of work starting. While the necessary permits had not yet been applied for, the Applicant was confident in meeting this timescale, as no structural work was required. He further confirmed that he had engaged the services of professional architect and had secured the services of a contractor.

In response to final questioning from Ms Irving, the Applicant confirmed that if they were a child living in Laurieston they would attend school in Hutchesontown.

The PPC Question the Applicant

In response to questioning from Mr Reid, the Applicant confirmed that his drawings of the proposed pharmacy had not been carried out by a professional. He confirmed that if his architect advised him that his plans were unrealistic, he would make adjustments to the plans to allow him to provide all services from the space available to him. He confirmed that in this situation he would provide the same level of service, with the same amount of staff and would provide these services over the same opening hours.

In response to further questioning from Mr Reid, the Applicant confirmed that he would use the treatment and consulting rooms to provide services such as blood pressure monitoring, glucose and diabetes monitoring. He would provide holistic therapies e.g. reiki. He would be happy to make the facilities available for other professionals, which would bring footfall into the pharmacy. In terms of the educational uses of the facilities he had considered IT, numeracy etc. He had met with the Scottish Qualifications Authority (SQA) to discuss this issue. In response to Mr Reid's question if the educational element would be related to pharmacy services, the Applicant confirmed that it would be wider than this, as he felt that the area was one of high deprivation and education would be useful in this context.

In response to Mr Reid request for clarification over the neighbourhood, the Applicant advised that his defined neighbourhood was as follows: the River Clyde, Eglinton Street to Gourock Street, Pollokshaws Road along the railway till it runs back to the River Clyde.

In response to questioning from Mrs Roberts, the Applicant explained that the development shown in his plans were proposed developments. The bridge shown in one of the illustrations was not the existing "Squinty Bridge", but rather an additional proposed bridge further up the river.

In response to further questioning from Mrs Roberts, the Applicant confirmed that the developments mentioned in his tabled newspaper report had been given planning approval on 6th February 2007.

In response to questioning from Mrs Roberts, the Applicant accepted that his extended hours amounted to only five extra hours per week. He asserted, however that any additional level of service would be welcomed by the community.

In response to questioning from Mr Macintyre, the Applicant advised that current visitors to the area would have to travel outwith the neighbourhood to access pharmacy services.

In response to further questioning from Mr Macintyre, the Applicant advised that the lack of a consulting room in Munro Pharmacy affected access to services. His assertion was that if services could be improved by installing a consulting room or by providing methadone services, then it could not be judged to be wholly adequate. In response to Mr Macintyre's question around what would be inadequate with the current service if Munro Pharmacy did have a consulting room, the Applicant advised that patients would still need to travel outwith their neighbourhood to access services.

In response to further questioning from Mr MacIntyre, the Applicant advised that he would provide methadone supervision and needle exchange services. He accepted that this would be dependent upon Health Board approval; however he felt that if the services were needed he would advocate the provision of these services.

In response to questioning from Mr Dykes, the Applicant confirmed that currently there were no plans to redevelop Oxford Street. He felt however that the area surrounding Oxford Street would be improved by the other planned redevelopments in the area.

In response to questioning from Mr Thomson, the Applicant accepted his plans for the pharmacy were ambitious, but confirmed that they would comply with legislation around Disability Discrimination Act.

In response to further questioning from Mr Thomson, the Applicant

confirmed that he would provide methadone services to as many patients as possible. He was keen to work with the Addiction Service perhaps providing clinics from the premises and exploring opportunities for independent prescribing.

In response to a final question from Mr Thomson, the Applicant confirmed that he had not spoken to the local Councillor, but had spoken to Councillor Butt (from a neighbouring area). He had planned to speak to Laurieston Community Council; however this had not happened yet.

In response to questioning from the Chair, the Applicant confirmed that the Councillor for the area covering his neighbourhood was Councillor Mutter and that he had not spoken to this Councillor regarding his application.

In response to questioning from Professor McKie, the Applicant confirmed that he had obtained his population statistics from Glasgow City Council. In response to further questioning around population, Dr Riaz confirmed that the population would increase to approximately 2,400 calculated on an average occupancy rate of 1.3 per dwelling.

Ms Irving asked the Committee at this point if she could seek clarification from the Applicant on two issues. The Committee agreed.

The Applicant clarified that two of the multi-story flats in Laurieston had been emptied. He was not sure whether the figures he had quoted from Glasgow City Council had taken into account the reduced population that would have occurred when the flats were emptied.

The Interested Parties' Case – Mr Adhil Sheikh (Pollokshields Pharmacy)

Mr Sheikh advised the Committee that he did not feel the application to be necessary or desirable. There were currently 12 pharmacies within one mile of the Applicant's proposed premises. He did not accept that a further contract would bring advantage to the local population. There were no demographic changes in the area, nor were there any plans for any further GPs or Nursing Homes in the area.

There was no GP surgery close to the Applicant's proposed premises, and this raised questions over where the prescriptions would come from.

Mr Sheikh was also concerned over the ambitious plans put forward by the Applicant, and questioned whether these would receive the necessary planning permissions, or whether they would comply with requirements of DDA. He would also question whether the premises would be complete within the timescale given by the Applicant. He reiterated that there was no need for a further pharmacy in the area and hoped the Committee would agree.

The Applicant Questions Mr Sheikh

In response to questioning from the Applicant, Mr Sheikh advised that he would be affected if another pharmacy opened within the area. He accepted that the nearest GP surgeries to the Applicant's proposed premises were in fact nearer to Pollokshields Pharmacy.

In response to further questioning by the Applicant, Mr Sheikh advised that Pollokshields Pharmacy provided the full range of pharmaceutical services. He was currently in negotiation with Alia Gilani, Board Pharmacist around public health campaigns.

The PPC Question Mr Sheikh

In response to questioning from Mr Dykes, Mr Sheikh advised that there were four members of staff within Pollokshields Pharmacy who spoke Urdu and Punjabi. A 5th member of staff would commence employment on 7th March 2007.

In response to further questioning from Mr Dykes, Mr Sheikh advised that literacy and numeracy were no bigger a problem in the Pollokshields area than other areas. Most patients who didn't have English as a first language preferred to speak to someone who could converse in their first language. Mr Sheikh did not feel that patients would be particularly motivated to access services outwith their area just to have access to someone who spoke their own language. It was his opinion that convenience was more desirable, and patients would access services close to them.

There were no questions to Mr Sheikh from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, Professor McKie or the Chair.

The Interested Parties' Case – Mr Gerry Hughes (Hughes Pharmacy)

Mr Hughes advised the Committee that he had identified four different definitions of neighbourhood for this area. These being: PPC definition 2005, NAP in 2005, GP Sub-Committee in 2004 and 2006. What he knew to be true was that there were currently 13 pharmacies within a one-mile radius of the Applicant's proposed premises. There were 20 pharmacies within 2km. He disagreed with the Applicant's assertion that there was a GP practice in Wallace Street and suggested the Applicant's information around some of the proposals was speculative and unsubstantiated.

He pointed out to the Committee that there more than two entrances into the area and suggested this number was nearer 7. There were ten crossings over the River Clyde within 500 yards.

He disagreed with the Applicant's assertion that 18,500 people visited the area on a weekly basis. He did not consider that the area was a distinct area. He advised the Committee that the main road in the area, Bridge Street was a one way road; buses travelling along this road only went South. In addition there was no access east and south due to the operation of the one-way system. Access to the Applicant's proposed premises would require travelling along the four sides of a square.

Mr Hughes did not agree with the Applicant's estimation of the footfall within the area. He believed most of the business to be secondary shop fronts which did not attract people wishing to purchase multiple items. Most were specialist providers which customers would require to travel to specifically for the items that the shop sold. Mr Hughes suggested that this was borne out by the list of businesses read out by the Applicant.

Mr Hughes did not feel the application would succeed.

The Applicant Questions Mr Hughes

In response to questioning from the Applicant, Mr Hughes disagreed that there was currently no pharmaceutical provision in the Laurieston area.

In response to further questioning from the Applicant, Mr Hughes confirmed that by accepting his assertion that the railway line was not a boundary, then the Tradeston area would be included in the Applicant's neighbourhood. He further agreed that the shop fronts were different to those found on Paisley Road West.

In response to final questioning from the Applicant, Mr Hughes continued to disagree that the rate of footfall within the neighbourhood was as significant as the Applicant suggested, even though he accepted that there was clearly sufficient footfall to keep the shops in the area open.

The PPC Question Mr Hughes

In response to questioning from Mr Dykes, Mr Hughes advised that he dispensed few prescriptions from the Laurieston area in his pharmacy in Admiral Street. He speculated that patients in the Laurieston area were currently accessing their services via pharmacies in the city centre.

There were no questions to Mr Hughes from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, Professor McKie or the Chair.

The Interested Parties' Case – Ms Dianne McGroary (Munro)

Pharmacy)

Ms McGroary advised the Committee that she did not consider the Applicant's defined neighbourhood to be a neighbourhood in its own right, but rather a pocket in a neighbourhood. The Applicant had provided no evidence to suggest an internal split and it was her assertion that people within the area moved freely.

Munro Pharmacy provided various services from their premises in Crown Street including a collection and delivery service, palliative care, head lice, supervised methadone, smoking cessation and they had registered 1,000 patients for the minor ailment service. She considered this to be a comprehensive range of services. She was not aware that the Health Board had received any complaints over the lack of services within the area. She further asserted that Munro Pharmacy were looking to expand their premises.

Ms McGroary asserted that the drawings provided by the Applicant constituted a "wish list", and there was no guarantee that the plans could come to fruition. She questioned their basis in reality. Ms McGroary did not feel there were any issues around addiction services; indeed Munro Pharmacy had vacant spaces.

In finishing, Ms McGroary advised the Committee that Munro pharmacy was about to engage a bilingual pharmacist.

The Applicant Questions Ms McGroary

In response to questioning from the Applicant, Ms McGroary advised that head lice services were provided in Munro Pharmacy in the consultation area which was situated straight ahead from the entrance to the pharmacy and slightly to the left.

In response to further questioning from the Applicant, Ms McGroary confirmed that Munro Pharmacy would in all probability not have to close if a further contract were granted, however she questioned why patients would need to walk to the Crown Street pharmacies if there was pharmacy closer to them. This would have an adverse effect on the existing pharmacies.

The PPC Question Ms McGroary

In response to questioning from Mr Dykes, Ms McGroary advised that Munro pharmacy dispensed very few prescriptions from the Laurieston area, but she was unable to estimate how many.

In response to questioning from Professor McKie, Ms McGroary confirmed that the consultation area in Munro Pharmacy was not partitioned, but rather an area screened off from the public.

There were no questions to Ms McGroary from Mr Reid, Mrs Roberts, Mr MacIntyre, Mr Thomson, or the Chair.

The Interested Parties' Case – Ms Alison Irving (Alliance Pharmacy)

Ms Irving advised the Committee that Alliance Pharmacy believed the neighbourhood to be that previously described by the National Appeals Panel in June 2005, in consideration of an application for Bridge Street. This being:

- North by River Clyde
- West by Bridge Street and Eglinton Street
- East by bend of River Clyde as it turns South then Eastwards
- South by Eglinton Toll along the line of Railway to Cathcart Road north to Caledonia Road to its junction with the River Clyde.

Ms Irving advised that in this neighbourhood Alliance Pharmacy had one pharmacy at 155 Crown Street, 0.73km from the Applicant's proposed premises.

Alliance Pharmacy provided all services as would be expected under the contract, as it currently exists plus additional non-core services. They were also ready to embrace the next core services to be introduced under the new contract. They had a consultation area and healthy living centre and run various health awareness campaigns with Greater Glasgow and Clyde. She did not consider there to be any inadequacy of pharmaceutical services in this neighbourhood.

In terms of the population, Ms Irving advised that it was on the decline as could be demonstrated by the demolition of Laurieston flats at Stirlingfauld Court and the planned demolition of Norfolk Court. These multi-storey flats were 23 floors high and any future development in this area would not be such high density housing. She claimed that the population figures given by the Applicant were relevant to before the flats had been emptied, and therefore the true population level was considerably less than that claimed by the Applicant. Furthermore she suggested that the majority of the developments mentioned by the Applicant were actually situated outwith the Applicant's defined neighbourhood.

The pharmacies in the neighbourhood and in the adjacent neighbourhood provided adequate pharmaceutical cover and therefore this application should be rejected.

The Applicant Questions Ms Irving

In response to questioning from the Applicant, Ms Irving advised that

she could not be specific over the number of prescriptions dispensed from Alliance Pharmacy that were generated from patients in the Laurieston area.

In response to further questioning from the Applicant, Ms Irving confirmed that the developments earmarked for the Laurieston area were firm planned developments. She qualified this by suggesting that the developments comprised low density housing unlike the high density housing which had previously existed in the 4 multi-storey developments, two of which are already emptied and awaiting demolition and two of which would be demolished at a later date.

In response to further questioning from the Applicant, Ms Irving agreed that the pharmacies in Crown Street may not be visible from some points on Laurieston Road. They could be described as being hidden behind flats; however she did not agree that they were not accessible.

The PPC Question Ms Irving

In response to questioning from Mrs Roberts, Ms Irving agreed that the pharmacies on Crown Street had been visible until the establishment of the Library.

In response to questioning from Mr MacIntyre, Ms Irving confirmed that the positioning of the pharmacies had not stopped patients accessing the services.

In response to questioning from Mr Thomson, Ms Irving confirmed that she was representing Alliance Pharmacy only.

There were no questions to Ms Irving from Mr Reid, Mr Dykes, Professor McKie, or the Chair.

The Interested Parties Sum Up

Mr Sheikh advised the Committee that there were no ifs, buts or maybes in this case, the granting of a further contract was not necessary or desirable. The Applicant had not provided any justification for the granting of a further contract, and had indeed provided unclear information around GP practices, the premises, and the definition of the neighbourhood. The application was not warranted.

Mr Hughes advised the Committee that the area surrounding the Applicant's proposed premises was situated in an area which was an economic desert.

Ms McGroary advised the Committee that there was no need or desirability for an additional contract. The current provision of services

was acceptable.

Ms Irving had nothing further to add.

The Applicant Sums Up

Dr Riaz advised the Committee:

- Laurieston should be regarded as a neighbourhood for the reasons previously mentioned.

- If it were accepted as a neighbourhood then there was no pharmacy within the neighbourhood and this would point to the desirability of granting this license.

- Ward 66 Hutchesontown was a very deprived area with higher than average pharmaceutical needs, a higher than average elderly population, 18.1% of households had children and there was a very low care ownership.

- The current pharmacies did not provide an adequate pharmaceutical service to those that work or visit Laurieston.

- The Laurieston and Tradeston plans were probabey and when complete would lead to a substantial increase in population.

- There was poor accessibility to the current pharmacies due to crossing two "A" roads as well as underneath a railway bridge. The pharmacies were poorly visible from the main road. There was no direct bus service.

- Services could be improved and were therefore not wholly adequate.

- Services could be improved by providing consulting rooms, treatment rooms, waiting areas, improved hours of dispensing, out of hours service, needle exchange, supervised methadone, frail elderly falls project, mental health project and space for other care providers to use premises to see patients and the provision of modern pharmacies.

- Importance of patient choice in neighbourhood when wanting to speak to a pharmacist in a consulting room.

- The new contract would not threaten the viability of the existing contractors.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

DECISION

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

- a) Neighbourhood;
- b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises;
- b) The Greater Glasgow Area Pharmaceutical Committee (General Practitioner Sub-Committee);
- c) The Greater Glasgow Area Medical Committee (GP Sub-Committee).

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) Demographic information regarding post code sectors G5.9 and G1.4;
- f) Patterns of public transport;
- g) NHS Greater Glasgow and Clyde plans for future development of services; and
- h) Additional information provided by the Applicant in the form of plans for future developments in the area, and plans showing the layout of the proposed pharmacy.

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

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, the GP Sub-Committee and the

National Appeals Panel in similar applications. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the River Clyde

West: Bridge Street and Eglinton Street

East: by bend of River Clyde, south and east

South: Eglinton Toll along the line of railway to Cathcart Road and north to Caledonia Road to its junction with the River Clyde.

The Committee felt that this was distinct neighbourhood. The River Clyde to the north formed a significant physical boundary separating the main shopping area in Glasgow. Bridge Street and Eglinton Street were main trunk roads which acted as a natural division, beyond which lay the more commercial area of Tradeston. The railway to the South again acted as a physical boundary. The area within these boundaries was, in the Committee's opinion a neighbourhood for all purposes. It contained schools, business, churches and residential areas.

Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability

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

Within the neighbourhood as defined by the PPC there were two existing pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee considered the Applicant's comments around the existence of a GP in Wallace Street. Board officers confirmed that the GP was Dr Kerry Milligan who was included in the Board's Medical List as a restricted list principle, providing services to a discreet patient list within the facility at the Hamish Allan Centre. This was not a GP surgery in the sense that most people would recognise. The Committee therefore did not feel this was a factor relevant to the Applicant's case.

The Committee also gave consideration to the Applicant's population figures. The Committee consulted the demographic information provided by the 2001 census statistics. This information showed a

reduction in population in the post-code in which the Applicant's proposed premises were situated. The population served per pharmacy was considerably lower than expected. The Committee noted that four of the multi-storey complexes within the area were earmarked for demolition. Two of the complexes had already been emptied of residents who had been rehoused. The other two complexes would be emptied and demolished at a future date. While the Committee accepted the Applicant's assertion that redevelopment in the area would result in an increase to the current population, they were satisfied that any new developments would be of lower density housing, the occupants of would easily access services from the existing network.

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

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers were excluded from the decision process:

DECIDED/-

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

Te Chemist Contractor Members of the Committee Gordon Dykes and Alasdair MacIntyre and Board Officers rejoined the meeting at this stage.

4. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2007/10 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

Case No: PPC/COO7/2007 - TLC Gourock Pharmacy – 2a Cowal View, Gourock PA19.1

The Board had received an application from TLC Gourock Pharmacy for inclusion in the Board's Pharmaceutical List at a pharmacy previously

**Contractor
Services
Supervisor**

listed as Gourrock Pharmacy at the address given above. The change of ownership was effective from 28th November 2006.

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

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

Case No: PPC/COO8/2007 – TLC Inverkip Pharmacy – Kip Londis Store, 1 Kip Park, Main Street, Inverkip, PA16.0

The Board had received an application from TLC Inverkip Pharmacy for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Inverkip Pharmacy at the address given above. The change of ownership was effective from 28th November 2006.

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

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

Case No: PPC/COO9/2007 – N&R Gordon Ltd, 12/14 Mitchell Way, Alexandria G83.0

The Board had received an application from TLC Inverkip Pharmacy for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Alliance Pharmacy at the address given above. The change of ownership was effective from 5th March 2007.

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

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

5. ANY OTHER COMPETENT BUSINESS

The Committee asked Board officers to develop a set of guidelines which would incorporate robust checking mechanisms to ensure the relevance and appropriateness of applications received.

RG/DT/JG/RD

6. DATE OF NEXT MEETING

Scheduled for Thursday 29th March 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.40p.m.