

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (06)**

Minutes of a Meeting held on

Tuesday 10<sup>th</sup> April 2007

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

<b>PRESENT:</b>	Andrew Robertson	Chairman
	Alan Fraser	Lay Member
	Prof J McKie	Deputy Lay Member
	Mrs Kay Roberts	Deputy Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member

<b>IN ATTENDANCE</b>	Trish Cawley	Contractor Services Supervisor
	Janine Glen	Contracts Manager – Community Pharmacy Development
	Mrs Agnes Stewart	Vice-chair
	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**

Apologies were received on behalf of Alasdair MacIntyre, Mr William Reid and Robert Gillespie.

**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/06/2007**

**Ms Farzana Rasool & Mr Aziz Rasool, 111 Cambridge Street,  
Glasgow G3.6**

**ACTION**

The Committee was asked to consider an application submitted by Ms Farzana Rasool and Mr Aziz Rasool, to provide general pharmaceutical services from premises situated at 111 Cambridge Street, Glasgow G3.6 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 Ms Rasool and Mr Rasool, 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 Ms Farzana Rasool ("the Applicant") assisted by Ms Sameara Rasool. The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Ms Diane McGroary (Woodside Health Centre). The Committee noted that additional written representations had been submitted by Mr Charles Tait (Boots the Chemist) who was unable to attend the oral hearing.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 111 Cambridge Street, Glasgow G3.6, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider areas of Woodside, Napierhall, Garnethill, Dundasvale and St George's Cross.

The procedure adopted by the PPC at the hearing was that the Chairman asked the Applicant to make her 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**

**Ms Rasool** commenced her presentation by thanking the Committee for giving her the opportunity to present her case.

She explained to the Committee that her application had come about because of comments made by members of the public to her husband, who operated a newsagents in the Dundasvale area. Many of these comments related to the perceived inadequate level of pharmaceutical services offered by the existing network in the area. Amongst the comments made were concerns around the absence of a collection and delivery service in the area. These comments prompted the Applicant to undertake research around the issues to ascertain whether the comments had any basis. The outcome of her research was the application for inclusion in the pharmaceutical list as she felt an additional pharmacy was needed in the area.

The Applicant advised the Committee that when she had initially commenced her research she had defined her neighbourhood as being the areas commonly known as Cowcaddens and Garnethill. Her boundaries were defined as:

North – the M8 motorway and New City Road  
South – Newton Street, North Hanover Street and Bath Street  
East – North Hanover Street to Dobbies Loan  
West – M8 motorway

After further research the Applicant had come to the conclusion that the areas of Cowcaddens and Garnethill were significantly different from one another. Cowcaddens had a higher than average percentage of elderly residents, had a higher than average deprivation rating according to the Scottish Index of Multiple Deprivation. It had more council housing and a higher percentage of households with no car. By contrast Garnethill was a more multicultural area which included several educational establishments which meant a higher than average number of students. In addition there were several facilities which were dedicated to providing services to those with special needs, and this population could reasonably be expected to have a greater need for pharmaceutical services.

The Applicant suggested that the neighbourhood she had defined was not a typical neighbourhood. Within the neighbourhood there were 4 major educational establishments including Stow College and Glasgow Caledonian University, there were various hotels and bed & breakfast establishments. The neighbourhood covered a significant part of the business district within Glasgow City Centre which resulted in a higher than average existence of commuters and non-residential footfall. There were approximately 13 car parks, offering around 5,000 spaces. These were unusual characteristics for a neighbourhood, and when taken into consideration along with potential new developments which would see an increase in the residential element of the neighbourhood, resulted in a significant neighbourhood population.

The Applicant explained that in her opinion, the current pharmaceutical network did not provide adequate services to the neighbourhood as a

whole. Within the area defined by the Applicant Boots the Chemist operated three pharmacies. According to the AA route map the Applicant's proposed premises were the following distances from these pharmacies:

- Boots the Chemist – 200 Sauchiehall Street – 0.3 miles
- Boots the Chemist – 494 Sauchiehall Street – 0.8 miles
- Boots the Chemist – Buchanan Galleries – 0.7 miles

The Applicant suggested that the resident population within the defined neighbourhood would be more likely to use the pharmacy at 200 Sauchiehall Street as this was the nearest by foot, and also close to other amenities that the residents may have to access. The other two pharmacies were situated to the far east and the far west (respectively) of the defined neighbourhood, and it would be unlikely in the Applicant's opinion that residents within the neighbourhood would access these facilities.

The Applicant suggested that there were deficiencies in the services provided by Boots the Chemist, 200 Sauchiehall Street in that while they provided a significant level of service to the neighbourhood there were difficulties in gaining access. The actual access point most likely to be used by residents in the area was difficult for those with mobility problems and the elderly. Access was therefore easier from the front entrance, which required residents to walk further than was necessary. The Applicant also suggested that the layout of many of the large multiple pharmacies was geared more towards non-pharmacy items, necessitating those wishing to use the pharmacy to walk the full length of the shop to access the dispensary.

There also appeared to be a lack of personal service. As the pharmacy was situated within a busy city centre shopping area, it was difficult for the pharmacy staff to provide a personal level of service to those resident within the area. Often pharmacists in large branches spent most of their time dispensing. This coupled with the high turnover of staff made the provision of a personal service difficult. The Applicant advised that the new pharmaceutical contract was based on a framework of personal service. Pharmacists were expected to take a more primary position and their work was becoming more focussed on the provision of advice and services other than dispensing. Through the new contract, the pharmacist's role was being extended and developed and the minor ailment service would increasingly remove the need for patients to visit their GPs for these conditions. This would move the focus of care towards the pharmacist and the Applicant questioned Boots' ability to fully embrace this new role, given that most of their customers were not drawn from residents within the area, but from commuters and those working in the area.

The Applicant advised the Committee that none of the contractors within the area provided a delivery service. Local opinion had expressed strong views over this, and while the Applicant accepted that this was not

part of the new contract, she nevertheless felt that it was an important and vital service for some elements of the population. Due to the absence of a delivery service, some residents would need to take a taxi to Renfrew Street to access pharmacy services. While the Applicant accepted that face to face contact with a pharmacist was always best, there were some elements of the population who relied on delivery services. The Applicant pointed out the potential effects that the lack of a delivery service could have on patient compliance. It was known that many patients relied on family members and neighbours to obtain their medication for them. There was a potential that some elements of the population would not get their prescription dispensed if there was no delivery service available. The Applicant was aware that the city centre branches of Boots were not the only pharmacies that did not provide a delivery service, but suggested that patients in other areas would have a choice of contractors they could access and would be able to have their prescription dispensed by another pharmacy in the area that did provide this service. This was not possible in the neighbourhood as defined by the Applicant as Boots was the only contractor operating within the area.

The Applicant advised that if her application were granted, she would provide cholesterol checking, blood pressure checks, and diabetes checks from the pharmacy. She understood that these were not core services under the new contract, but suggested that they could be anticipated under the chronic medication service role. She was aware that some pharmacies were already providing these services and she was keen to be involved.

She also intended to provide compliance aids as she was aware from her research of a lack of spaces for compliance aids and the difficulty some patients had in accessing services. She reiterated her point around how the provision of services could aid compliance, especially amongst those elements of the population who regularly took more than five medications.

The Applicant advised that she would provide the following additional services from the pharmacy: collection and delivery, repeat medication, head lice, emergency hormonal contraception, pregnancy testing, nicotine replacement therapy, mobility products, dosette boxes and medication reviews. The pharmacy would be a family run concern operating with two pharmacists in a modern, well equipped facility.

In conclusion, the Applicant asked the Committee to consider three points: the neighbourhood – there were two distinct communities within the neighbourhood with differing pharmaceutical needs, the nature of the area – it was not typical of a neighbourhood, given its unique characteristics, and the inadequacy of the current provision – the Boots branch closest to the residents provided most of its services to the vast amount of commuters and workers in the area, thus limiting it from providing a personal service to the residents.

The Applicant's final comments were around the strong support

expressed by the community for the proposed pharmacy. Garnethill Community Council and Cowcaddens Community Council both supported the proposal and had commented that it would help to develop and integrate the communities, not only in the specific area of health, but also around the social well-being of the communities.

### **The Interested Parties' Question and Applicant**

In response to questioning from Ms McGroary, the Applicant advised that she had drawn her south border from her knowledge of the area. She was aware that Sainsbury's supermarket situated at the end of Bath Street would be the facility that many of the residents in the area would use for their weekly shopping needs. There would be little reason for residents in the area to travel past this point for their weekly shopping. She therefore felt this was an appropriate boundary to the neighbourhood. The Applicant did not agree that the boundary should be the River Clyde, as she did not think that residents in her defined community would need to travel to this area for any of their day to day needs.

In response to further questioning from Ms McGroary, the Applicant confirmed that she was not aware of any delivery service operating within the Garnethill or Cowcaddens area. She was aware that existing contractors provided a collection service, but not a delivery service.

The Applicant responded to Ms McGroary's question around the location of her premises by advising that the premises were actually situated in the ward area of Anderston, although it would serve the areas commonly known as Garnethill and Cowcaddens.

In response to final questioning from Ms McGroary, the Applicant advised that her proposed premises were 500sq ft in size. The ground floor was 280 sq ft and the lower floor was 220 sq foot. It was not intended that the public would access the lower floor as this would be set aside for toilets, store room etc. The consulting room would be 43 sq foot, the dispensary would be 161 sq foot and the public area would be 75 sq foot in size.

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

In response to a question from Mrs Roberts as to how she had distributed her questionnaire, the Applicant advised that 200 questionnaires had been distributed – 100 had been distributed through her husband's shop in Dundasvale, by delivery to residences in the Dundasvale area, or from the Community Centre. 100 had been distributed in Garnethill, through the local newsagents and door to door. Residents in Garnethill had been asked to return completed questionnaires to the Community Council meeting in the Community Centre. Residents in Dundasvale had been asked to return completed questionnaires to the newsagents. The Applicant could identify which areas the responses had originated by reference the number of returns

picked up from each of the return points. The Applicant confirmed that the comments from each of the areas had been different. The responses received from Dundasvale had highlighted concerns over access, whereas the responses from Garnethill highlighted the lack of personal service. The Applicant advised that she had initially tried to secure premises in the Dundasvale area; however there had been no suitable premises available. She had chosen the proposed premises, as she was aware that the residents of Dundasvale needed to travel through Garnethill to access local amenities as part of their everyday lives, and therefore the location of the premises was suitable.

In response to further questioning from Mrs Roberts, the Applicant accepted that the rear entrance to the Boots branch at 200 Sauchiehall Street may be closer to the proposed premises than the 0.3 miles suggested by the AA route map. She reiterated however that the new pharmacy would give patients the choice of a smaller pharmacy, offering a personal service. She reiterated that large retail pharmacies struggled to offer this service to patients, and given the customer base the Boots branch would find this impossible to provide. The establishment of a personal and individual relationship was useful for many elements of the population and this would be provided from the proposed pharmacy

In response to questioning from Mr Fraser, the Applicant reiterated that she felt the existing pharmacies in the area to be overloaded. She pointed to the location of the nearest Boots branch at 200 Sauchiehall Street and the nature of the customer base, which was not drawn from the resident population within the area, but rather from commuters, shoppers and those working there. She therefore felt that the resident population within the neighbourhood was not being adequately catered for.

In response to further questioning from Mr Fraser, the Applicant advised that she was in negotiation with the landlord of the premises to secure the lease. She had been issued with a timescale of July 2007 to finalise arrangements, and she was aware that the premises continued to be advertised as being available. She reassured the Committee that this was merely a contingency arrangement put in place by the Landlord in case her application was not successful.

In response to questioning from Mr Dykes, the Applicant advised that she would have liked to obtain larger premises, however there were none available in the area. She advised that she would make best use of the space available by not stocking cosmetic and toiletry items but concentrating on dispensary and over the counter medicines services. The consulting room would allow discussion of sensitive issues and there would be a discreet area beside the dispensary. The Applicant advised that she had undertaken locum work for nearly two years in pharmacies of a similar size where the standard of service provided was very good. She did not accept that size was an indicator of quality of service. She agreed to provide the Committee with a copy of the plans for the premises, although she did not have these with her at the

moment.

In response to further questioning from Mr Dykes, the Applicant advised that she did know at this point how many methadone patients the pharmacy would provide services to. She was aware that Boots the Chemist provided services to nearly 80 patients. She felt she could comfortably cope with between 10 and 25. In relation to compliance aids, she advised that her provision of service would be dictated by demand from patients. She was aware that similar premises did around 50 boxes.

In response to questioning from Mr Thomson around the pharmaceutical needs of the "special needs" population within the neighbourhood, the Applicant suggested that this element of the population would benefit from the personal and individual service that the pharmacy could provide. The pharmacy would be able to develop personal contact with their patients getting to know their individual needs. The pharmacy would provide an environment for discussion and would provide patient medication reviews, which would be of benefit to these patients. The Applicant did not believe these services were being provided at the moment. While she was aware that Boots employed a pharmacist to undertake patient medication reviews, this appeared to be by appointment only, which was not ideal for all elements of the population.

In response to questioning from Professor McKie, the Applicant confirmed that the resident population of her defined neighbourhood was approximately 5,500. This figure had been obtained from the general register datazone estimates. She could not quantify the transient daytime population and agreed that she was basing much of her application on the level of residential population. She reiterated however that the proposed pharmacy would provide services to all elements of the population regardless of where they originated.

In response to further questioning from Professor McKie the Applicant advised that the population residing in the Garnethill and Cowcaddens area would need to pass the proposed premises to access other pharmaceutical services. She agreed that those in Garnethill could travel to Charing Cross to access services, but suggested that this was unlikely given the steep gradients leading from Garnethill to the Charing Cross area.

The Applicant advised Professor McKie that the layout of the Boots pharmacy was a design feature that supported retail business rather than the provision of pharmaceutical advice and services. She suggested that the pharmacy should be primary focus, and this was not the case in the Boots branches. She further advised that there were parking spaces to the south of the proposed premises in Buccleuch Street. These spaces were very often available due to the existence of resident parking permits in the area. The spaces could also be used for delivery access to the pharmacy. She expected most of her customers to come on foot. She agreed that she would be expected to comply with

the provisions of the Disability Discrimination Act in terms of providing access to the lower level of the pharmacy for staff. All aspects were being looked at and any layout would be reflective of these requirements.

There were no questions to the Applicant from the Chair.

**The Interested Parties' Case – Ms Diane McGroary (Woodside Health Centre)**

**Ms McGroary** thanked the Committee for the opportunity to put forward her comments around the application. She advised that when she had first looked at the area on a map she had noticed that the M8 motorway encircled the area. She had therefore defined her neighbourhood as being: to the South, the River Clyde, to the West and North, the M8 motorway and to the East, High Street. Ms McGroary suggested that the area defined by the Applicant was not a neighbourhood in itself, but rather a pocket within a wider neighbourhood.

Ms McGroary advised the Committee that those living in the city centre would reasonably expect to have to access day to day amenities on foot given the level of traffic and the road layout

She responded to Point 15 of the Applicant's initial submission (Page 14 of the Committee's papers) by advising the Committee that the proposed additional housing was not yet built. In response to Point 17, she advised that Munro pharmacy at St George's Cross and Woodside Health Centre Pharmacy provided services to the area. Both pharmacies mentioned by Ms McGroary operated with two pharmacists.

She also disagreed with the Applicant's view that large prescription intensive pharmacies were unable to provide patients with a personal service. Woodside Health Centre Pharmacy dispensed approximately 16,000 items per month, and was certainly able to foster a personal relationship with many of its patients. She also disagreed with the Applicant's assertion that large pharmacies could be intimidating to the elderly population.

She advised that Munro pharmacy delivered dosette boxes and prescriptions into the Garnethill area. The pharmacy had vacant spaces for patients requiring compliance aids and also had vacant spaces for methadone patients as did Woodside Health Centre Pharmacy. Munro Pharmacy also provided mobility aids.

She advised that within the Garnethill and Dundasvale area there were 806 elderly people. This number did not require an additional pharmacy in the area, and this had been borne out by the fact that previous applications for additional pharmacies had failed.

She suggested that the Applicant's proposed premises were too small to accommodate all requirements for the provision of pharmaceutical

services. She was not aware of any complaints being lodged to the Health Board around the inadequacy of the current level of provision. She had personally visited Boots Charing Cross branch to have a prescription dispensed, and had only waited eight minutes. While she accepted that the branch at 200 Sauchiehall Street may be busier she disputed that the service would be diluted by the need to wait to have a prescription dispensed.

**The Applicant Questions Ms McGroary**

In response to questioning by the Applicant, Ms McGroary advised that she did not have any details around previous applications in the area. She was aware that there had been more than one, but could not say when these had been submitted.

She confirmed her point that she felt the Applicant's proposed premises to be too small. She agreed that the Munro Pharmacy branch at 147 Great Western Road was of similar size and agreed that size did not necessarily affect the level of service. In response to a question around the Munro Pharmacy branch at 693 Great Western Road, she confirmed that the premises did not have a toilet on the first floor, but reiterated that all other aspects of the premises had received the necessary planning permissions.

In response to further questioning from the Applicant, Ms McGroary agreed that there was no delivery service based in the area defined by the Applicant, but reiterated that other contractors within her own defined area provided delivery services.

In response to the Applicant's question around whether busy Health Centre pharmacies could provide a personal face to face service to patients, Ms McGroary suggested this was entirely possible if the pharmacy provided two pharmacists. She did not agree that residents in the Applicant's defined area would only travel to the St George's Cross area solely to visit their GP, although she could not offer any other reasons why people would travel to the area. She did not agree that the limited opening times of the Health Centre would restrict patients. There were other providers in the area.

**The PPC Question Ms McGroary**

In response to questioning from Mrs Roberts, Ms McGroary advised that if she was opening a new pharmacy at the present time, she would not have premises less than 1,000 sq ft.

In response to further questioning from Mrs Roberts, Ms McGroary advised that in her opinion patients normally visited the pharmacy nearest where they lived. They were not concerned over post-codes, or ward areas.

In response to questioning from Mr Dykes, Ms McGroary confirmed her

neighbourhood boundaries as being: to the South, the River Clyde, to the West and North, the M8 motorway and to the East, High Street.

In response to questioning from Mr Thomson, Ms McGroary advised that she was not sure which contractor she was representing. She had responded on behalf of Woodside Health Centre Pharmacy, of which she was a director through Munro Pharmacy's shares in the consortium.

There were no questions to Ms McGroary from Mr Fraser, Professor McKie or the Chair.

### **The Interested Parties Sum Up**

**Ms McGroary** advised the Committee that the area defined by the Applicant was not a neighbourhood, but rather a pocket within a neighbourhood. The population was well served by the three Boots branches, and Munro pharmacy, St George's Cross. The application was therefore not necessary or desirable.

### **The Applicant Sums Up**

**Ms Rasool** advised the Committee that she was personally committed to the establishment of a pharmacy at the proposed premises to provide services to the entire population within the defined neighbourhood. She had undertaken a great deal of work and research into the issue, and through this, along with her husband's knowledge of the area, had come to the conclusion that there was a lack of pharmaceutical services. Access to existing services was difficult. The existing contractors did not provide a collection and delivery service, and were unable to meet the demands of all elements of the population. The increased elderly population and the unique nature of the neighbourhood suggested that a smaller pharmacy, offering a more personal service was required in the neighbourhood. The Applicant was confident that such a facility would help integrate the community and provide much needed services in line with the vision offered by the new pharmacy contract. A new contract was necessary.

### **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 G1.2, G2.3 and G3.6;
- f) Patterns of public transport; and
- g) NHS Greater Glasgow and Clyde plans for future development of services; and
- h) Additional representation from Mr Charles Tait, Boots the Chemists

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

The Committee considered the differing neighbourhoods put forward by the Applicant, and the Interested Parties. The Committee noted that Ms McGroary had placed her west boundary at the M8 motorway, although throughout her presentation and questioning had promoted the services of two pharmacies that were actually beyond this boundary. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North – the M8 motorway and New City Road  
South – Newton Street, North Hanover Street and Bath Street  
East – North Hanover Street to Dobbies Loan  
West – M8 motorway

**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 three existing pharmacies. Mr Thomson advised the Committee that the Health Board had in the past received concerns around the unscheduled closure of Boots branch at Charing Cross (494 Sauchiehall Street). On investigation it had become apparent that a business decision had been taken to transfer staff to the larger Boots branch at 200 Sauchiehall Street due to staff shortages. This had occurred on more than one occasion. Mr Thomson also had concerns over the branch's apparent failure to fully engage in the provision of additional services. He did not feel the branch provided a consistent service.

Having undertaken the site visit, the Committee agreed that those resident in the Garnethill area would be less likely to travel to facilities in Charing Cross due to the steep gradients and availability of other amenities within the area of Renfrew Street.

The Committee recognised that the Applicant had challenged the existing provision as inadequate to meet the needs of the entire population. The Committee were mindful that within the neighbourhood there were two clear elements of population; a higher than average commuter population and an entrenched resident population. In the Committee's opinion the current network was organised more to serve the commuter population which was drawn to the significant shopping facilities around the city centre and the existing pharmacies in the area. This focus on one part of the population was to the detriment of the residents within the area. The Committee agreed that the area was unusual in that it provided an example on the emphasis of commuter and consumer needs, rather than the needs of the resident population. The Committee asserted that the resident element of the population did not enjoy access to adequate pharmaceutical services.

Having come to this conclusion, the Committee agreed that an additional contract in the area was desirable to secure the adequate provision of pharmaceutical services for the entire population within the defined neighbourhood.

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

**DECIDED/-**

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in

**Contractor  
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Supervisor**

which the premises were located by persons whose names were included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be granted.

**The Chemist Contractor Member of the Committee Gordon Dykes and Board Officers rejoined the meeting at this stage.**

**4. CHANGE OF OWNERSHIP**

The Committee having previously been circulated with Paper 2007/14 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

**Case No: PPC/CO10/2007 – A A Hagan Ltd, 115 Grieve Road, Greenock, PA16 7AW**

The Board had received an application from John Hagan for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as AA Hagan Pharmacy the address given above. The change of ownership was effective from 1<sup>st</sup> July 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.

**5. AMENDMENT TO MODEL HOURS OF SERVICE**

**i) Case No: PPC/ALT01/2007 – Blackwoods Pharmacy, Blackwoods Crescent, Moodiesburn, Glasgow G69.0**

The Committee were asked to consider an application submitted by Mr William Wood, seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at Blackwoods Crescent, Moodiesburn, Glasgow G69.0.

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

The Committee noted that this application had been considered previously in 2006 at which time the Committee had refused the request for the contractor to amend the hours of service. The Committee noted the Applicant's most recent comments and reiterated their point that the provision of pharmaceutical services involved more than dispensing prescriptions. There was an expectation amongst patients and with the

advent of the minor ailment service, that pharmacies would be open on most days. The Applicant had commented that the Saturday opening had been to address the needs of patients attending the local surgery. Again, the Committee commented that the framework envisaged by the new pharmacy contract was not dependent upon services provided by GPs and in fact focussed attention more to the pharmacy as a point of advice and supply rather than the GP surgery. For this reason the Committee agreed that the Applicant be requested to operate within the parameters of the current Model Hours of Service Scheme.

DECIDED/-

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

**Contractor  
Services  
Supervisor**

**ii) Case No: PPC/ALT02/2007 – M Farren Ltd (Pharmacies), 133 Main Street, Lennoxton, Glasgow G66.7**

The Committee were asked to consider an application submitted by M Farren Ltd (Pharmacies) seeking an alteration to the hours of service recorded in the Pharmaceutical List for the pharmacy situated at 133 Main Street, Lennoxton, Glasgow G66.7.

In considering the application in accordance with Regulation 8(3) of the National Health Service (General Pharmaceutical Services) (Scotland) Regulations 1995 as amended, the Committee had to determine whether the alteration of hours would affect the adequacy of services in the neighbourhood in which the premises were located.

The Committee noted that this application had been considered previously in 2006 at which time the Committee had refused the request for the contractor to amend the hours of service. The Committee noted the Applicant's most recent comments and reiterated their point that the provision of pharmaceutical services involved more than dispensing prescriptions. There was an expectation amongst patients and with the advent of the minor ailment service that pharmacies would not close for more than one hour at lunchtime. While the Committee accepted that the current hours of service had probably been entered into with the best interest of patients in mind, they were nevertheless mindful that the framework of the new pharmacy contract had caused a shift in the focus of care, with patients increasingly relying on the pharmacist as a point of advice. The Committee did not feel it appropriate for pharmacies to be closed for longer than one hour at lunchtime, and agreed that the Applicant be requested to operate within the parameters of the current Model Hours of Service Scheme.

DECIDED/-

That the application is refused and the Applicant urged to provide hours in line with the current Model Hours of Service Scheme.

**Contractor  
Services**

**6. NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2007/17 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

**Boots the Chemist – 50 Crow Road, Glasgow G11.7 (Case No: PPC/INCL04/2006)**

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC's decision to refuse Boots the Chemist's application to establish a pharmacy at the above address. As such Boots the Chemists' name was not included in the Board's Provisional Pharmaceutical List, and the file on the application had been closed.

**7. DATE OF NEXT MEETING**

Scheduled for Wednesday 2<sup>nd</sup> May 2007 at 12.30pm in Seminar Room, Townhead Health Centre, Glasgow.

The Meeting ended at 4.20p.m.