

**NOT YET ENDORSED AS A CORRECT RECORD****Pharmacy Practices Committee (08)**

Minutes of a Meeting held on

Thursday 24<sup>th</sup> May 2007Seminar Room, Glasgow Homoeopathic Hospital, Great Western Road  
Glasgow, G12

<b>PRESENT:</b>	Andrew Robertson	Chairman
	Alan Fraser	Lay Member
	Maura Lynch	Lay Member
	Prof J McKie	Deputy Lay Member
	Dr James Johnson	Non Contractor Pharmacist Member
	Gordon Dykes	Contractor Pharmacist Member
	Alasdair MacIntyre	Contractor Pharmacist Member
<b>IN ATTENDANCE</b>	Dale Cochran	GPS Contract Assistant
	Janine Glen	Contracts Supervisor
	David Thomson	Contracts Manager – Community Pharmacy Development
		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.

**Gordon Dykes declared an interest in Item 3 (i) – Mr Mohammed Rashid, 641 Hawthorn Street, Glasgow G22.6.**

**1. APOLOGIES**

Apologies were received on behalf of 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**

As Mr Dykes had expressed an interest in this application, he removed himself from the meeting while consideration of the application was taking place.

**Case No: PPC/INCL08/2007**

**ACTION**

**Mr Mohammed Rashid – 641 Hawthorn Street, Glasgow G22 6AZ**

The Committee was asked to consider an application submitted by Mr Mohammed Rashid, to provide general pharmaceutical services from premises situated at 641 Hawthorn Street, Glasgow G22.6 under Regulation 5(10) of the National Health Service (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 Mr Rashid, agreed that the application could be considered based on the written representations received, and that an oral hearing was not required. The Committee came to this decision taking into consideration the short time that had elapsed since a similar application, from the same applicant, for the same premises had been determined both by the PPC and the NAP.

Prior to the meeting, the Panel had visited the vicinity surrounding 641 Hawthorn Street, Glasgow G22.6, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area.

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 G21.1 and G22.6;
- f) Patterns of public transport; and
- g) NHS Greater Glasgow and Clyde plans for future development of services.

### **DECISION**

The Committee noted that they had previously considered two previous applications submitted by the Applicant for the same premises in October 2005 and June 2006. On both occasions, the Committee had considered that the existing network ensured satisfactory access to pharmaceutical services for the neighbourhood. While the Committee's June 2006 decision had been appealed by the Applicant, the National Appeals Panel had concurred with the Committee's decision, and the Appeal had been refused in December 2006.

The Committee noted that the Applicant had not provided any further information other than that submitted at the time of the initial application (October 2005). The Committee did not consider that the Applicant had provided evidence that the situation in the neighbourhood had changed to the extent that it would overturn its previous decision.

Having considered the evidence available 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 noted the neighbourhood previously defined, and agreed that this remained relevant. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the railway line.

West: along Keppochill Road to Craighall Road leading onto Saracen Street and Balmore Road, to its meeting with the railway line to the north.

East: the railway line, across Chestnut Street to Carrisdale Street and Springburn Road.

South: along Springburn Road to its junction with Keppochill Road.

### **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 four pharmacies. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed to the identified neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

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 Member of the Committee 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.

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

**Case No: PPC/INCL09/2007  
Apple Healthcare Group Ltd – 2b Monreith Avenue, Glasgow G61 1NJ**

The Committee was asked to consider an application submitted by Apple Healthcare Group Ltd, to provide general pharmaceutical services from premises situated at 2b Monreith Avenue, Glasgow G61.1 under Regulation 5(10) of the National Health Service (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 Apple Healthcare Group Ltd, agreed that

**Contractor  
Services  
Supervisor**

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 Mr Harminder Shergill (“the Applicant”), assisted by Mr Neeraj Salwan. The interested party who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing was Mr Jim Rae (Sinclair Pharmacy), assisted by Mr Kenny Irvine (“the Interested Party”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding 2b Monreith Avenue, Glasgow G61.1, the pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area of Bearsden, Canniesburn and Drumchapel.

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 Party and the PPC to ask questions. The Interested Party and the Applicant were then given the opportunity to sum up.

### **The Applicant’s Case**

**Mr Shergill** commenced his presentation by thanking the Committee for giving him the opportunity to present his case. He advised the Committee that he would clarify his neighbourhood, highlight the importance of a new development in the heart of the neighbourhood, and the importance of having a pharmacy for the community in the area.

He asserted that the neighbourhood to be served by the proposed pharmacy was that commonly known as Westerton and followed the natural boundaries found on the outskirts of the area. From the North where the railway line crossed Drymen Road, South along Drymen Road, crossing Canniesburn Toll. Along Maryhill Road to the River Kelvin. Following the river south to the vet school, crossing Bearsden Road to the railway track, northwest along the railway track, crossing Canniesburn Road and travelling north east along the railway track to meet Drymen Road again. The Applicant considered these to be the edges to the neighbourhood as they were natural or real boundaries already in place. The Applicant had taken guidance from Lord Justice Banks on the issue of boundary clarification. Lord Justice Banks had said “physical conditions may determine the boundary or boundaries of a

neighbourhood, as, for instance, a range of hills, a river, a railway, or a line which separates a high class residential district from a district of workmen's dwellings."

The Applicant advised that the community of Westerton sat within the much larger district of Bearsden, but that it was important to consider Westerton as a distinct community. This was because it was a self contained village which had all the amenities other neighbourhoods enjoyed; its own purpose built school, church, nursery, library, local businesses, community hall, train station, post box, hairdresser, scout hall and bowling green. As such the residents of the community should have little or no need to travel outwith the village and accordingly Westerton constituted a neighbourhood whatever test was applied. It sat within the walls of natural or real boundaries, and also satisfied Lord Nimmo-Smith's definition of vicinity or nearness.

The Applicant advised the Committee that the population of Westerton was approximately 4,616 according to the Ward Profile 2003 update for Wart 8. This was an increase from 1991. In addition 16% of the population was over 65, and around 25% of the homes were occupied by pensioners. 30% of the population were economically inactive, and therefore not bringing in any income. In the Applicant's opinion this created a social divide between Westerton and the rest of Bearsden, a further boundary. 13% of the population had no car. The area of Westerton had a higher than average % of over 80s than that for the whole of East Dunbartonshire, along with a higher population density. East Dunbartonshire was expected to have the highest rate of increase in its older population in all Scotland. The over 75s group was expected to increase by 68% in Westerton.

The Applicant described the major housing development being built on the old Canniesburn Hospital site, which he described as being situated in the centre of his defined neighbourhood. The joint building venture was a 227 apartment and housing development which would be fully complete and occupied by early 2007. To date, one block was complete and occupied, two other blocks were half occupied, and five blocks were nearing completion. The town houses were complete and fully occupied. The houses would be sold to families, couples and the elderly.

The Applicant advised that the developers had noticed an influx of purchasers of all ages, and had provided a children's play area within the site. They had also noticed a lot of elderly showing particular interest as a way of downsizing their existing properties in Bearsden, with children away and not being able to manage gardens etc.

In addition, there was a further single development site being initiated in the area, as the initial development came to completion. This comprised 12 four and five bedroomed houses. When this site was complete the estimated population was expected to increase by at least 660 people.

In terms of the Judicial Review – Lloyds Pharmacy Limited v The

National Appeal Panel in 2004, the court advised the Panel that it should have regard to future probable developments. The degree of adequacy of pharmaceutical provision in a neighbourhood would change through time. Accordingly, the Applicant suggested that the construction of new housing and the change in pharmaceutical practice would require to be considered. The major housing developments within the area, would, according to the Applicant undoubtedly create a change in the pharmaceutical provision in his defined neighbourhood.

The Applicant advised that the developers had confirmed that the shops on Monreith Avenue would be considered “the local shops” for the development, as they would have direct access using the lit path from the estate. The Monreith Avenue shops were seen as one of the pillars of the community. The Post Office was previously sited in Monreith Avenue before it was closed down by a Royal mail decision; however the post box for the area continued to be sited in Monreith Avenue.

The Applicant then went on to describe the concerns around the accessibility from Westerton to the existing pharmacies. The geography of the boundaries made this difficult given the steep hills in the neighbourhood and the lack of public transport provision. The Applicant suggested that there were many factors that would make the journey to Bearsden Cross or Spey Road difficult.

The lack of bus service – there was no bus service along Maxwell Avenue, which was considered the artery of the village. The closest bus stops were at Switchback Road and Canniesburn Road. The number 40 bus, which was convenient for Spey Road, could only be accessed by climbing a steep hill and making a risky and hazardous crossing of a busy “T” junction. In addition, there was no direct bus service to Bearsden Cross or Milngavie Road.

Traffic and parking problems – there was inadequate parking facilities at Spey Road and Roman Road, and according to the Applicant, it was almost impossible to park due to the amount of vehicles. The opening of a new Marks and Spencer store with no corresponding increase in parking provision at Bearsden Cross had recently placed further pressure on parking. The Applicant had spoken to the owner of one of the businesses around Bearsden Cross who had noticed that customers were staying away from the shops because of the resultant traffic problems.

Distance – the Applicant considered that the existing pharmacies were too distant from Westerton for residents to access on foot. This was especially the case for the elderly and young mothers.

The Committee learned that Westerton Community Council had heard of the Applicant’s intention to open a pharmacy and had consequently invited the Applicant to attend their meeting to discuss the company’s proposal. The Council questioned why a pharmacy had not opened in the community previously. The Applicant had been questioned by

members of the public around the services to be provided from the proposed premises. These had been welcomed in the context of the new pharmacy contract. The public and members of the Community Council had indicated that there was a need now for a pharmacy in Westerton as the company had undertaken to provide a rounded healthcare service and initiatives which would make a significant difference to peoples lives e.g. diabetes screening, blood pressure monitoring, smoking cessation, medicine management. For these reasons the Community Council had written a letter of support for the proposed pharmacy (this was not tabled by the Applicant or made available to the interested parties during the consultation period).

In the G61 (Bearsden) area there were five contractors and approximately 110 supervised methadone clients, with only seven spaces available. According to information gained by the Applicant, three of the existing pharmacies participated in the supervised methadone administration scheme. Of these three, JH Suttie had reached a maximum of two clients. This left the other two existing contractors to provide services to more than 100 methadone patients. The Applicant pointed out that these two contractors were located at opposite edges of the G61 area, with Sinclair Pharmacy at the bottom end (bordering the G15 post code sector), with Alliance Pharmacy some three miles away at the very top of the G61 postcode. The Applicant suggested that this demonstrated the need for a further pharmacy providing supervised methadone as patients in the neighbourhood were either having to travel outwith the area, or were not being accepted on to the programme.

The Applicant concluded that he hoped the Chair agreed with his assertion that Westerton was a distinct community which constituted a neighbourhood in its own right. The Applicant felt that the granting of a new pharmacy contract was needed as he had highlighted the difficulties people faces in the community in accessing facilities that they required on a day to day basis.

#### **The Interested Party Questions and Applicant**

In response to questioning from Mr Rae, the Applicant advised that his premises were 630 sq ft. He had commissioned basic plans drawn up for the premises, but at this stage he did not have detailed plans.

On further questioning from Mr Rae, the Applicant advised that the Community Council had broadly been in favour of him providing harm reduction services. While they were not keen on seeing clients availing themselves of the supervised methadone scheme, or welcomed the idea of those with a drug dependence congregating around the local area, they were mindful that such services were necessary.

In response to Mr Rae's question around why he had excluded Spey Road from his definition of neighbourhood, the Applicant confirmed that the existence of natural boundaries within the area, along with the class

distinction evident in the area, caused him to exclude Spey Road from his neighbourhood. When further questioned by Mr Rae around this issue, the Applicant advised that he did not consider the housing type around Spey Road and Allander Road to be different from that around Monreith Road, but rather that the residents living in the houses were different. The Applicant identified Spey Road as more a part of Drumchapel rather than Westerton, and pointed to the difference in the social status of the residents. He confirmed that this was a personal opinion and not based on any firm evidence. The Applicant confirmed that there was access between Allander Road and Deepdeen Road. He did not agree that the pathway could be considered to be well lit.

In response to further questioning from Mr Rae, the Applicant described the best way for residents living in Ravelston Road to travel to the proposed site as being along the walkway behind Ravelston Road. For residents living in Henderland Road, they would most probably walk down Moorfield Drive or utilise the pathway next to the school. The Applicant advised that those living in these streets would be closer both distance wise and time wise to his proposed premises. He conceded that these residents would still encounter steep gradients if travelling to his proposed premises.

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

In response to questioning from Professor McKie, the Applicant agreed that residents along the Switchback and Ravelston Road would in all likelihood travel around the area by car. He further confirmed that the population statistics produced in his presentation related to the entire area known as Westerton and not a pocket.

In response to further questioning from Professor McKie, the applicant advised that he had not included the area west of the railway line as being in his defined neighbourhood due to the physical boundary, what he perceived to be the social divide, and its proximity to Drumchapel.

In response to questioning from Ms Lynch, the Applicant confirmed that the new housing development described in his presentation was a phased development. The flatted accommodation was now complete with residents living in the development. The other types of houses were nearing completion. He confirmed that approximately 50% of the 667 extra residents were in place. He could not confirm what % of these residents would have cars.

In response to questioning from Mr MacIntyre, the Applicant confirmed that the 4,416 population statistic quoted in his presentation did include those living on Allander Street. It did not include any residents north of Canniesburn Road. It included residents on Spey Road.

In response to questioning from Mr Dykes, the Applicant clarified that when he described those living in Allander Road as being similar to those living in Drumchapel; he was measuring this similarity in terms of

their requirements for pharmaceutical services, and not in terms of post-code.

The Applicant responded to questioning from Mr Dykes around the size of the proposed premises, by advising that the size was broadly similar to the company's premises on Argyle Street. He further confirmed that the company was seeking to relocate from these premises into larger premises, and advised that the decision to move was not based on space considerations alone. There were many reasons in seeking to relocate the premises including issues around disability access.

In response to final questioning from Mr Dykes, the Applicant could not confirm what % of the economically inactive statistic for the area comprised residents who could be considered to be financially comfortable as opposed to those who came into the category due to illness.

In response to questioning from Dr Johnson, the Applicant confirmed that he had used different criteria other than post-codes when identifying his neighbourhood. Despite Monreith Avenue and Spey Road being in the same post-code sector of G61.1, the Applicant suggested that the existence of the natural boundaries of Maryhill Road and the River Kelvin lent themselves to the identification of his neighbourhood.

In response to questioning from Mr Fraser, the Applicant suggested that those living on Balmoral Drive and Ballater Drive would travel to the Asda Store in Bearsden for their bulk grocery shopping. He was of the opinion that these residents would only travel to the Morrison's store in Anniesland if they were travelling in to Glasgow.

In response to further questioning from Mr Fraser, the Applicant confirmed that the main access to the new housing development on the old Canniesburn Hospital site was via an entrance on Switchback Road. The Applicant further confirmed that it was opinion that these residents would be more likely not to use this access to travel to other pharmacies in the area, but would be more inclined to travel to his proposed premises if the sole reason for their journey was to access pharmaceutical services.

In response to questioning from Mr Thomson, the Applicant expanded on his comments around the current provision of methadone services in the area. He advised that of the pharmacies who currently provided the service, only two of these were recorded as having spaces.

There were no questions to the Applicant from the Chair.

#### **The Interested Party's Case – Mr Jim Rae (Sinclair Pharmacy)**

**Mr Rae** thanked the Committee for giving him the opportunity to put his case, and advised that this was the third application by Apple Healthcare for a pharmacy at this site in the last 13-14 months. He noted that the

application had previously been fully considered by the PPC twice, the last time by a full oral hearing in December 2006. He contended that there had been no significant changes in the neighbourhood since then.

Mr Rae contended that he agreed with the neighbourhood identified by the PPC in December 2006. This being:

North: Drumchapel Road at its junction with Spey Road, along Canniesburn Road to Canniesburn Toll.

West: Spey Road to the railway line.

South: Following the railway line adjacent to Maxwell Avenue.

East: Ravelston Road, north to the development of old Canniesburn Hospital site and its meeting with Canniesburn Road.

The neighbourhood was appropriate due to the existence of steep gradients and the existence of natural boundaries. Residents within the vicinity of Monreith Avenue could easily access the pharmacy at Spey Road by foot as it was on the same level. Mr Rae asserted that the neighbourhood was entirely in the council ward of Westerton.

Within the neighbourhood there was a pharmacy at Spey Road which was open Monday to Friday 9.00am – 9.00pm and Saturday 9.00am – 6.00pm. The pharmacy provided a full and comprehensive pharmaceutical service to the community and actively participated in all new contract and NHS Board initiatives including: oxygen service, methadone supervision, needle exchange, smoking cessation, head lice programme, subutex supervision, emergency hormonal contraception and collection and delivery of prescriptions.

To assist in delivery these initiatives the pharmacy had a dedicated private and enclosed consultation room and a private advice area. The pharmacy was committed to providing an innovative model that supplied a high standard of patient centred pharmaceutical care within a community setting and actively develop a greater role of pharmacy recognised by the Scottish Executive in The Right Medicine – a strategy for pharmaceutical care in Scotland.

He advised that the population of Westerton is a particularly healthy and mobile population. Mr Rae went on to provide the Committee with comparisons between Greater Glasgow Health Board figures and national statistics obtained from the 2001 census, East Dunbartonshire Council 2003 Ward Update, and the Scottish Executive.

	<u>Westerton</u>	<u>GGHB</u>
Limiting Long Term Illness	12.40%	23.75%
In good health	77.16%	63.43%
Fairly good health	16.20%	22.92%
Not good health	6.62%	13.66%
Households – no car	12.64%	47.89%

Households – 1 car	48.14%	38.83%
Households – 2 cars	39.20%	13.03%
Households – 3 cars	4.67%	2.25%
Population – 60-74	11.89%	15.43%

Mr Rae advised that the 11.89% between 60-74 amounted to approximately 549 people. Of this elderly population 86.88% were classified as being in good or fairly good health and 13.11% of them were classified as not in good health. This represented 72 persons in total, which was low compared to the Glasgow average of 26.63% for this element of the population.

Mr Rae asserted that the population within the area had a high health profile, were highly mobile, and enjoy the residential quality of the area. They travelled regularly on a day to day basis outwith the area to access most of their general services as part of the normal fabric of their every day life. Their shopping would be conducted in Bearsden, or at Asda on Milngavie Road, or Morrison's at Anniesland Cross. They would also travel outwith for social and recreational activities and to visit their doctors and dentists. While going about their daily activities they would have access to a number of pharmacies in the immediate area. Within one mile of the proposed site there were seven pharmacies and the provision included late night opening and free delivery services.

Mr Rae advised that the Applicant correctly stated that there was a number of apartment type housing being built at the old Canniesburn hospital but failed to reveal that the builders design aim was to provide relatively exclusive housing with a starting price of £185,000. Publicity material provided by the developer describes the area of Bearsden "with its fine restaurants and exclusive little designer shops". This was totally contrary to the applicant's statement in December 2006 that the developer was claiming that the local shops for the new development would be on Monreith Avenue. Mr Rae contended that the population within the new development would have access to their own transport and could easily access the wider area of Bearsden and Glasgow for all their services.

Mr Rae asserted that the Applicant had also made claims of inadequate public transport in the area. In Mr Rae's opinion this was inaccurate. Examination of the rail timetables for Westerton station showed train availability eight times per hour. These trains would take residents to either Anniesland or Bearsden with a journey time of approximately three minutes. Both of these areas were major shopping centres. There were two pharmacies in Bearsden and three pharmacies in Anniesland adjacent to the railway station.

Mr Rae advised that the site at Monreith Avenue did not increase accessibility to services due to the lack of access routes and extremely steep gradients that represent a difficult and treacherous foot journey.

Furthermore, Mr Rae asserted that there was no evidence to support any claim that pharmaceutical provision in the neighbourhood and to the population of the grater area was inadequate. The PPC had come to a similar conclusion in December 2006.

Mr Rae advised the Committee that the application failed the legal test of Regulation 5(10) that put the onus on the Applicant to provide evidence of inadequacy. The application at the site on Monreith Avenue was not necessary or desirable to secure adequate provision of pharmaceutical services in the neighbourhood. The measure of adequacy of provision to this neighbourhood had been measured twice in the last year and on both occasions it had been shown to be more than adequate. Mr Rae reminded the Committee that the current regulations had been drawn up and designed to control distribution and allow health boards to better plan service provision according to the needs of the population. With the introduction of the new contract this ability of the Health Board to rationally plan the provision of pharmaceutical care was more important than ever. Mr Rae contended that the application sought to undermine the main principle of the regulations. It appeared to be more of a map reading exercise selectively seeking boundaries to exclude existing contractors then creating an imaginary neighbourhood rather than a consideration of adequacy of pharmaceutical provision to the population within the area.

Mr Rae advised that there had been no changes to the area, the application, or the regulations since the PPC gave full consideration in an oral hearing to an identical application by the same company at the same site less than six months ago. The application failed the legal test as it was neither necessary nor desirable to secure adequate provision and Mr Rae respectfully asked the Committee to reject the application.

#### **The Applicant Questions the Interested Party**

In response to questioning from the Applicant, Mr Rae advised that he considered the pharmacy at Spey Road to be within the same neighbourhood as the proposed premises at Monreith Avenue. Mr Rae confirmed that his definition of neighbourhood was the same as that defined by the PPC in December 2006.

In response to final questioning from the Applicant, Mr Rae advised that the statistics presented to the committee related to the health needs of the population as it was possible to draw clear parallels between health and demand for services. In his opinion, the healthier the population, the less demand for services, and therefore adequacy was easier to determine.

#### **The PPC Question Mr Rae**

In response to questioning from Professor McKie, Mr Rae confirmed that the pharmacy in Spey Road provided a collection and delivery

service. He made deliveries to very few patients around the high ground of Westerton and only occasionally to patients along Ravelston and Switchback Roads. He confirmed that some patients crossed to Spey Road from beyond the underpass. This information had been confirmed via his Patient Medication Record system.

In response to questioning from Ms Lynch, Mr Rae confirmed that he was not aware of any issues being raised by patients or their representative groups around inadequacy of services within the area. He was also unaware of any complaints being made to the Health Board.

In response to questioning from Mr MacIntyre, Mr Rae confirmed that he did not consider there to be much of a social divide between Deepdeen Avenue and Allander Road. He considered the housing to be of similar types and considered the only difference to be in the conservation protected area.

In response to questioning from Mr Dykes, Mr Rae confirmed that he had no intention to cut back on the provision of any services from his pharmacy in Spey Road. He would work with the Health Board to expand services where needed. He further advised that he had spare capacity for methadone services at Spey Road.

In response to Dr Johnson's question around why there was a pharmacy in Spey Road if the population was healthy and mobile, Mr Rae advised that every area needed a pharmacy regardless of its health status. Even healthy people required pharmaceutical services at some stage, and while the demands of less health populations were greater a pharmacy was a much needed resource in any area.

In response to further questioning from Dr Johnson, Mr Rae confirmed that he had drawn his boundaries taking into consideration the difference in local authorities and the types of housing. He confirmed that some residents from Drumchapel travelled to the pharmacy at Spey Road; however Mr Rae had chosen to draw his boundary to the east of this area for the reasons given.

In response to final questioning from Dr Johnson, Mr Rae advised that there was on-street car parking outside the pharmacy at Spey Road.

There were no questions to Mr Rae from Mr Fraser, Mr Thomson, or the Chair.

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

**Mr Rae** advised the Committee that he hoped he had shown the population to be adequately served by current pharmaceutical provision. The population was healthy and mobile and the current provision in the neighbourhood and surrounding area met their needs. Another pharmacy in the neighbourhood was superfluous and not

necessary or desirable in the context of the current regulations. He respectfully asked the PPC to refuse the application.

### **The Applicant Sums Up**

**Mr Shergill** advised the Committee that he believed he had satisfied the application of the legal test required by Regulation 5 (10) to secure adequate provision of pharmaceutical services in the neighbourhood.

- The neighbourhood had been denied using Lord Nimmo-Smith's opinion.

- It had been shown that the pharmaceutical services available to the residents of this neighbourhood were inadequate.

- the necessity of granting a new contract to fulfil the requirements of an adequate provision of services for all in the neighbourhood had been shown, taking guidance from Sir Louis Blom-Cooper QC in the Queens Division of the High Court. He said that if the current provision of pharmaceutical services was inadequate, then it would be necessary to secure services.

- The desirability for a new contract had been shown by the evidence presented and the overwhelming suggestions and support from the community in the neighbourhood.

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.

The PPC was required and id 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 G13.2, G15.7 and G61.1;
- f) Patterns of public transport; and
- g) NHS Greater Glasgow and Clyde plans for future development of services.

### **DECISIION**

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 and the Interested Party. It was mindful that it had previously considered a similar application in December 2006, and agreed that the neighbourhood identified on that occasion remained appropriate. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: Drumchapel Road at its junction with Spey Road, along Canniesburn Road to Canniesburn Toll;

West: Spey Road to the railway line;

East: Ravelston Road, north to development on old Canniesburn Hospital site to its meeting with Canniesburn Road.

South: following the railway line adjacent to Maxwell Avenue.

The Committee concluded this neighbourhood as being appropriate due to the existence of steep gradients and the existence of natural boundaries. Residents within the vicinity of Monreith Avenue could access the pharmacy at Spey Road by foot, as this was at the same level. The population had been shown to be one which was relatively healthy and mobile, and while there were minor services provided in the area e.g. off-license, hairdressers, residents would be required to travel outwith the area to access other services.

### **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 was an adequate provision of pharmaceutical services provided by the existing contractor located immediately within the neighbourhood. There was no evidence available to the PPC that accessibility to services provided by the current pharmaceutical network was not adequate. While there was evidence of development in the area, the Committee were confident that those purchasing houses in the new development would either have access to their own transport, or would be existing residents in the Bearsden area who were downsizing their accommodation. These residents would be fully aware that they would require to travel outwith the defined neighbourhood to access services. The current pharmaceutical contractor provided all services expected by a local community including needle exchange, supervised methadone and domiciliary oxygen.

The Committee noted comments made by Mr Matt Cox in his representation and Board officers clarified that the letter of consultation was dated 2<sup>nd</sup> February 2007 and not 14<sup>th</sup> February 2007 as suggested by Mr Cox's letter.

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

The Committee having previously been circulated with Paper 2007/24

**Contractor  
Services  
Supervisor**

noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

#### **Change of Ownership**

**Case No: PPC/COO11/2007 – J A Hogarth Chemists Ltd, 1399 Dumbarton Road, Glasgow G14.9**

The Board had received an application from Mr Brian Dunnet for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as J A Hogarth Chemists Ltd T/A C H Bell (Chemists) at the address given above. The change of ownership was effective from 3<sup>rd</sup> May 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. CHANGE OF OWNERSHIP**

The Committee having previously been circulated with Paper 2007/25 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

**Case No: PPC/CO12/2007 – Lloydspharmacy Ltd, 15 Fenwick Road, Glasgow G46.6**

The Board had received an application from Lloydspharmacy Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as David & Karen Aitken T/A Merryvale Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> June 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.

#### **6. NATIONAL APPEALS PANEL DETERMINATION**

The Committee having previously been circulated with paper 2007/22 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:

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

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

**7. FEEDBACK FROM PHARMACEUTICAL SERVICES CARE PLANNING EVENT**

Mr Thomson advised the Committee that an event had taken place, organised by the Scottish Executive to update Boards around progress on the Pharmaceutical Services Care Planning Regulations.

The event had been somewhat of a disappointment in that the Executive had been unable to provide Boards with any further information around timescales for the implementation of the new arrangements. They had confirmed that the current PPC process would be in place for at least another two years pending.

Members of the Committee expressed their disappointment at the lack of progress and after further discussion, it was agreed that the Chair suggest that a letter be sent to the Executive expressing the Board's frustration and disappointment over the lack of progress and seeking an indication of when implementation may take place.

**Contracts  
Manager**

**8. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**9. DATE OF NEXT MEETING**

Scheduled for Monday 18<sup>th</sup> June 2007 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.20p.m.