

PPC[M]2017/04

Pharmacy Practices Committee

Minutes of a Meeting held on Wednesday, 30 August 2017 at 11:30 hours, in the Boardroom, Administration Block, Gartnavel Royal Hospital, Glasgow, G12 0XH

PRESENT:

Mr Alan Cowan	Chair
Mrs Catherine Anderton	Lay Member
Mr Stewart Daniels	Lay Member
Mr Gordon Dykes	Non-Contractor Pharmacist Member
Mr Kenneth Irvine	Contractor Pharmacist Member
Mrs Maura Lynch	Lay Member
Ms Yvonne Williams	Contractor Pharmacist Member

IN ATTENDANCE:

Mrs Janine Glen	Contracts Manager, NHS GG&C
Mrs Susan Murray	Legal Advisor, Central Legal Office
Ms Jenna Stone	Secretariat, NHS NSS, SHSC

	<u>MINUTES OF PPC OF 30 JUNE 2017</u>
	The Minutes of the meeting of 30 June were approved.
	Mrs Glen noted a request that members of the Committee have the maximum time to consider draft notes of the hearing. Mrs Glen agreed to amend the process relating to the notes so that this could be facilitated, but reminded members that there could still be occasions where they could be required to respond within tight timescales, although this would be avoided where possible.
	<u>MINOR RELOCATION OF EXISTING PHARMACEUTICAL SERVICES</u>
	The Committee having previously been circulated with Paper 2017/07 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:
	Case No: PPC/MRELOC001/2017 – A C Still Ltd, T/A Still Pharmacy, 45 Angus Road, Greenock, PA16 0PD
	A C Still Ltd made an application to the Board to relocate their existing pharmacy from 6 Cumberland Walk, Greenock, PA16 0UD to the above premises.

	The Lead Pharmacist for Community Care recommended that the application fulfilled the criteria for a minor relocation. The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee also recommended that the application fulfilled the criteria for a minor relocation.
	The Chairman, on the recommendation of the Board's advisors determined that the application did fulfil the criteria of a minor relocation, and therefore should be approved under Regulation 5(4) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.
	Given the above, the Chairman agreed that the criteria required by the Regulations were fulfilled , and accordingly approved the application.
	HOMOLOGATED/-
	<u>PPC/INCL06/2017 - APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST - Ms Humrya Ahmed & Mr Ahmed Manzoor, 5/7 Kennedy Path, Townhead, Glasgow, G4 0PP</u>
	<u>PRELIMINARY DISCUSSION</u>
	The Pharmacy Practices Committee (PPC) convened at 11:25am. Mrs Murray was also in attendance, along with Mrs Glen.
	Before the Applicant and Interested Parties were invited into the meeting, the Chair referred to the Applicants' Pharmacy Questionnaire (and responses thereto, which had been produced by the Applicants and submitted with their application as additional information). The Chair explained that this questionnaire had been conducted outwith the formal joint consultation process required by the regulations and he was keen to understand whether under the NHS (Pharmaceutical Services) (Scotland) Regulations 2009, Schedule 3, paragraph 3, sub-paragraph 1(d) " <i>In considering an application to which regulation 5(10) applies, the Board shall have regard to any information available to the Board which, in its opinion, is relevant to the consideration of the application</i> ", the PPC were obliged to consider the Applicants' Pharmacy Questionnaire. Mrs Murray acknowledged that the Joint Consultation Exercise had been created in order to render any consultation conducted by the Applicant as unnecessary. Mrs Murray also acknowledged that the Applicants' Pharmacy Questionnaire was relevant, and stated it was up to the PPC to decide what weight they gave to the information that had been provided.
	<u>The Chair was advised that Mr Mohammed (Interested party) had requested to table information on bus services in the area. After comprehensive discussion with the Committee, the Chair agreed that the PPC should not accept the tabled information. The Chair asked that it be explained to Mr Mohammed that the PPC already had information relating to travel in their information packs and suggested that Mr Mohammed incorporate the information into his verbal presentation. This decision was accepted by Mr Mohammed.</u>

	<u>INTRODUCTION & APOLOGIES</u>
	The Applicant and Interested Parties were invited into the meeting. The Chair welcomed all and noted that a representative from Townhead and Ladywell Community Council had hoped to attend but was subsequently unable to do so. The Applicant and Interested Parties were advised that a preliminary meeting had taken place at 0830 when all present were invited to state any interest in the application. No interests were declared. The meeting was adjourned and a site visit carried out to familiarise the Committee with Townhead and the surrounding area.
	The site visit followed: North Hanover Street, Kennedy Street, Kennedy Path, the Proposed Premises, Parson Street, the walkway across Stirling Road to Castle Street, Kennedy Street, Saint James Road, Stirling Road, Cathedral Street, North Hanover Street, Baird Street, Springburn Road, Fountainwell Drive, Springburn Road, Castle Street, Townhead Health Centre, Castle Street, and High Street.
	The Chair advised all present of the necessary housekeeping and health and safety information.
	The Applicants were represented by Ms Humyra Ahmed , (“the Applicant”) accompanied by Ms Sabinah Ahmed. The Interested Parties who had submitted written representations during the consultation period required under Schedule 3 of the Regulations and who had chosen to attend this Hearing, were (i) Mr Colin Fergusson representing Fergusson Pharmacy, (ii) Ms Kathleen Cowle representing Boots UK, accompanied by Mr Dave Greer, (iii) Mr Andrew McMurdo representing Sighthill Pharmacy, (iv) Ms Gillian Tarbet representing Townhead Health Centre Pharmacy, (v) Mr Asgher Mohammed representing High Street Pharmacy, accompanied by Mr Robert Meikle and (vi) Mr Abdal Alvi representing Abbey Chemist, accompanied by Mr Siraj Mohammed (together the “Interested Parties”).
	The Chair stated that the oral hearing had been convened under Section 3, Paragraph 2 of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). The Committee was to consider the application submitted by Ms Humyra Ahmed and Mr Ahmed Manzoor (the Applicants) to provide pharmaceutical services from premises situated at 5-7 Kennedy Path, Townhead, Glasgow, G4 0PP (“the Proposed Premises”).
	The purpose of the meeting was for the Committee 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 Applicants’ proposed premises were located.
	Confirmation was sought by the Chair that the Applicant, Interested Parties and those assisting/supporting were not attending this hearing in the capacity of solicitor, counsel or paid advocate. All parties individually confirmed that this was the case.

	The Chair advised all parties of the hearing procedure to be followed stating that only one person was allowed to speak on behalf of the Applicant and each Interested Party.
	Confirmation was sought that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All individually confirmed their agreement.
	Finally, the Chair confirmed that the Committee had read all the papers submitted so invited the Applicant to speak in support of the Application.
	<u>THE APPLICANTS' CASE</u>
	The Applicant introduced herself and thanked the Committee for taking the time to hear the application.
	The Applicant stated that her family had had business in Townhead for over 16 years. Customers had realised that she was a pharmacist (as a result of helping her father with his business) and many residents had informed her that a pharmacy was needed in the neighbourhood.
	Given the lack of pharmaceutical services in Townhead, and with the support of the local residents, the Applicant strongly believed that Townhead required a pharmacy to service the growing healthcare needs of the community. The Applicant added that residents were eagerly awaiting the outcome of the application, and said that the community would regularly approach her for pharmaceutical advice, as they believed their needs were not being met. The Applicant stated that her vision was to use the close ties and knowledge of the community to improve the residents' health.
	BOUNDARIES The Applicant defined the boundaries of the Townhead neighbourhood (which description matched the one illustrated in the Glasgow City Centre Strategy & Action Plan 2014-2019) as : NORTH: Kyle Street onto Baird Street as it meets the motorway boundary; EAST: Stirling Road; SOUTH: Cathedral Street; WEST: North Hanover Street including back around to Kyle Street.
	To the North of Townhead and on one side of the motorway boundary lay Sighthill.
	To the West, lay Cowcaddens and the City Centre, Glasgow Caledonian University, Buchanan Bus Station and Buchanan Galleries, which acted as natural barriers since there was a shift from residential housing to educational and transport facilities.
	To the East of Townhead lay the Royston neighbourhood, separated by the

	<p>M8. The Glasgow Royal Infirmary also lay to the east of Townhead. Springburn Road, together with the motorway slip roads, acted as a physical barrier between both sides.</p>
	<p>To the South lay Merchant City. The Applicant stated that these were all distinct neighbourhoods with their own communities and residents.</p>
	<p>TOWNHEAD IN GENERAL</p> <p>The Applicant stated that Townhead was a large residential area, estimated to have a population of just over 4500, and added that the community of Townhead did not have access to pharmaceutical services within her defined neighbourhood. The Applicant asserted that services were both necessary and desirable for a population of this size and added that the numerous applications in the past within the area indicated the obvious demand and need for pharmaceutical services.</p>
	<p>The Applicant said that the four 24-storey high rise flats were a distinct feature of the community, which illustrated that although Townhead may appear to be a small area, it was densely populated. The Applicant added that almost 60% of housing in Townhead was owned by the Glasgow Housing Association (GHA), 23% owner occupied, and 17% privately rented.</p>
	<p>The Applicant stated that within the neighbourhood were the Townhead Village Hall, St Mungo's Primary School, St Mungo's Church, The Redeemed Church of God (City of God, Glasgow), the Mena Centre, local shops, cafes, takeaways, laundrettes and a park, as well as a variety of other businesses and warehouses. The Applicant commented that as well as the resident population, the working population in the area also required access to pharmaceutical services.</p>
	<p>PREVIOUS APPLICATIONS</p> <p>The Applicant reported that the last time a new pharmacy application had been submitted for the neighbourhood had been in 2009 (8 years ago); prior to that the previous application had been in 2007 when the application had been initially agreed.</p>
	<p>Within that space of time, the Townhead Village Hall had opened (2013) after approximately 10 years of campaigning by residents. The Applicant believed this community hub highlighted the strong community presence in Townhead, adding that it was busy in the day and evening with classes, and a function room available for hire.</p>
	<p>The Applicant stated that, more recently, the new City of Glasgow college super-campus had been constructed, which was to merge numerous sites and would see an influx of around 40,000 students per year. Since its opening, the Applicant stated that she had seen an inflow of students and staff, and also noted major developments taking place in the area: numerous student accommodation projects were underway (with some completed), which would see an influx of more than 2500 people in the area.</p>

	<p>WHY, THE BARRIERS AND CHALLENGES</p> <p>The Applicant said that, following continuous engagement with the local community, she had been met with a vast amount of support: 229 residents had signed a petition in support of a pharmacy being opened in Townhead. Many residents were unsatisfied due to inadequate pharmaceutical services and did not know where they should communicate their concerns. The Applicant added that the residents comprised many elderly, students, young families and those with mobility issues, with some remaining housebound. Each group had unique needs and the Applicant believed the area required pharmaceutical services.</p>
	<p>The Applicant commented that there were overwhelming pressures on GPs, which she believed was something that could be reduced through the provision of pharmacy services. There was currently no such services in the densely populated area of Townhead, and the addition of pharmaceutical services in the area would not only benefit the community, but would also meet their needs to an adequate standard.</p>
	<p>The Applicant believed that the main inadequacy lay with the fact that there were no pharmaceutical services within her defined neighbourhood, which forced residents to seek services from adjacent areas and the busy city centre. With the level of development taking place in the area, together with the changes since previous applications, the Applicant considered her application to be highly desirable to secure adequate pharmaceutical services.</p>
	<p>ACCESS</p> <p>The Applicant said that in a day and age where getting an appointment with a GP was near impossible, patients were being advised to see their pharmacist first. However, for the Townhead community, this was not something that residents could easily do, since the closest pharmacies were outwith the neighbourhood – Boots the Chemist in Buchanan Galleries and Townhead Health Centre Pharmacy which was situated within the Glasgow Royal Infirmary.</p>
	<p>The Applicant stated that the majority of residents were not car owners and thus relied on walking or public transport in order to access the pharmacies, which was extremely challenging for the elderly and those with mobility issues, since walking for this group, could be extremely difficult and not manageable. So walking times could be doubled for this disadvantaged group.</p>
	<p>The Applicant said it was not desirable for any resident to cross busy roads, such as Stirling Road or Castle Street. The Applicant added that travelling by foot was not always an option, since the area had a large elderly population who suffered from long term health conditions who would find it challenging. The Applicant averred that the distance that local residents were expected to travel to access pharmaceutical services was excessive and as such this rendered current services inadequate.</p>

	<p>OTHER PHARMACIES</p> <p>The Applicant noted that Townhead Health Centre Pharmacy was located in a busy health centre and alleged that many residents had complained to her, expressing dissatisfaction over the length of waiting times. The Applicant added that the pharmacy was also closed at weekends, which left a gap in services. The Applicant said that local residents believed they faced challenges in accessing the pharmacy as patients were required to cross busy Stirling Street, and then Castle Street, and walk all the way around the entrance to get into the Health Centre which was located within the Glasgow Royal Infirmary. The Applicant added that residents had also raised concerns that the pharmacy did not always have an item in stock, which resulted in them having to make another unnecessary trip.</p>
	<p>The Applicant noted that Boots the Chemist, located in both the Buchanan Galleries and Queen Street, did not serve a particular neighbourhood and instead catered to a transient population. The Applicant said that the City of Glasgow mainly served a business function, and added that the congested City Centre streets, steep inclines and main roads were not ideal for the elderly, those with mobility issues or young families. The Applicant commented that Boots was located on the 1st floor of one of the City's busiest shopping centres, which did not make for easy access, and the Queen Street branch was located at the bottom of a sharp incline, which was not an acceptable journey, especially for the elderly or those with impaired mobility.</p>
	<p>The Applicant noted that High Street Pharmacy was located within the busy Merchant City, and was 0.7 miles from Townhead, and was on an incline. The Applicant referred to Google maps which said it should take 14 minutes to walk to, and claimed it would take much longer for those with mobility issues.</p>
	<p>The Applicant commented that Sighthill Pharmacy had been granted its application primarily based on the regeneration plans, and not in relation to the Townhead community. 650 homes and flats had still to be built as well as student accommodation for approximately 500 people. The Applicant added that this would see an increase in demand for services from their own neighbourhood as the development neared completion, and would not be impacted by the community in Townhead. The Applicant referred to Google maps, saying it would take the average person 24 minutes to walk to Sighthill, and repeated that this would be much longer for those who struggled to walk long distances due to physical impairments such as arthritis, or those with breathing difficulties. The Applicant acknowledged that residents could travel on the No.88 Bus from Baird Street to Springburn Road, and added that the person would still need to walk from Springburn Road to the pharmacy. The Applicant believed this would be a costly journey for patients to undertake, and was unnecessary – especially for those who did not have the financial means to do so.</p>
	<p>ADDITIONAL QUESTIONNAIRE</p> <p>The Applicant reported that the results from the Pharmacy Questionnaire</p>

	<p>that she had conducted had shown that</p> <ul style="list-style-type: none"> • Approximately 20% of the community were young families, and almost 20% were over 65. • 46% of respondents were registered with a GP at Townhead Health Centre, while 42% chose the “other” option as their surgery was not on the list. • 61% of respondents were prescribed medication, with 28% being prescribed more than 5 medicines. This illustrated that many have multiple long term and complex conditions. • 24% of respondents use Boots the Chemist in the Buchanan galleries, 31% use Townhead Health Centre Pharmacy, and 28% answered “other” as the pharmacy they used was not on the list. • 61% accessed services by walking, and 20% used public transport, with a small number using taxis. The additional comments included in the results indicated a clear need for a pharmacy and conveyed that many residents found it a challenge to access a pharmacy.
	<p>The Applicant added that 229 people had signed a petition in support of a new pharmacy, which reinforced the support within the community. A pharmacy presence in the heart of the neighbourhood would ensure access to core and additional services, leading to improved health outcomes. Therefore, this application was both necessary and desirable for the current and future residents of Townhead.</p>
	<p>APPLICANTS’ PROPOSAL</p> <p>The Applicant stated her vision to provide services above and beyond those specified in the NHS contract. This included the Minor Ailment Service (MAS), Public Health Service (PHS), Chronic Medication Service (CMS), Acute Medication Service (AMS), Stoma Services, unscheduled care, EHC, and gluten free food service, with a view to also include Blood Pressure (BP) monitoring, cholesterol monitoring, weight management, and also becoming part of the palliative care network, all of which are subject to varying criteria. The Applicant added that they would also offer a prescription collection service from a wide range of practices, eliminating the need for patients to make unnecessary journeys.</p>
	<p>The Applicant hoped to get other Health Care Professionals (HCPs) involved, such as nurses and independent prescribers. The Applicants’ pharmacy would act as a central hub for all healthcare related matters, and it was intended to have 3 consultation rooms which would be available for other HCPs to use. The Applicant aimed to raise public health awareness on a variety of issues such as smoking and alcohol consumption.</p>
	<p>The Applicant aspired to become an independent prescriber in the near future, and added that the education of future pharmacists was an area in which she would like to be involved, by offering placements and pre-registration training opportunities.</p>

	<p>The Applicant stated that pharmacies in the community were now the first port of call for patients, as NHS24 routinely referred patients to their local pharmacy, to be dealt with by the pharmacist. Overwhelming pressure on GPs and their practices had resulted in long waits for appointments, and some GP practices were now promoting patients to visit pharmacists first. The Applicant commented that The “Pharmacy First” pilot in Inverclyde highlighted the evolving role of a pharmacist and how it would decrease the pressures on GPs. The Applicant added that this was something that had been highlighted in the “Achieving Excellence in Pharmaceutical Care for Scotland” publication, where the aim was to have more people using a community pharmacy as a first port of all. The Applicant expressed her aim to be in a position whereby her pharmacy was fulfilling the local’s needs.</p>
	<p>The Applicant stated that her vision was in line with the Prescription for Excellence strategy and the Pharmacy 2020 vision. She hoped to run poly-pharmacy clinics to help reduce the number of hospital admissions and strain on GPs. The vision was for patients of all ages and care settings, so this would include students and those that may be physically impaired. The Applicant wanted to see patients getting the best outcome from their medication, and noted that the increased aging population will bring those with multiple long term conditions, which would lead to more complex needs.</p>
	<p>The Applicant stated that her pharmacy opening hours would be :</p> <ul style="list-style-type: none"> • Monday-Saturday (9am-7pm) • Sunday (9am-5pm) <p>The Applicant explained that they would offer a 7-day opening, based on feedback from residents. Those that worked would particularly benefit from the late closing.</p>
	<p>OBJECTIONS</p>
	<p><u>Methadone</u></p> <p>The Applicant reported that a few residents had voiced concerns about the impact that a substance misuse service could have within the area, as they saw a negative impact a specific client group had caused in other pharmacies and did not want to see that in Townhead. The Applicant had discussed the matter with many residents and had explained that patients cannot simply walk into any pharmacy, and instead an arrangement is made with the prescriber beforehand. While she hoped to provide the service, the Applicant noted that it would be limited to a small number of patients.</p>
	<p><u>Shop</u></p> <p>The Applicant reported that at a specially convened pharmacy-related meeting held by the Townhead Community Council, some residents had raised concerns over losing the shop. The Applicant stated that if the application was granted, the shop would locate to a nearby unit. City Properties (the branch that deal with the leasing of units of Kennedy Path)</p>

	<p>were currently holding two units on that basis and were awaiting the outcome of the application, in order to make the appropriate arrangements.</p>
	<p><u>Students</u></p> <p>The Applicant said that in the past, many people had argued that there was a large student population in Townhead. They saw this group as being young and not needing pharmaceutical services. However, the Applicant countered that the majority of students who moved away from home had not registered with a GP. Students had health needs like everyone else and the Applicant said she regularly came across students suffering from a variety of ailments who needed advice and treatment. The Applicant referred to when she was a student, and had not registered with a GP, and had ended up in OOHs a few times. With the influx of such a large number of students to Townhead, the Applicant said it would be more important than ever to be able to address their pharmaceutical needs.</p>
	<p>SUMMARY</p> <p>The Applicant repeated her thanks for being given the opportunity to present her case, and urged the panel to grant the application in light of her presentation. The Applicant strongly believed that this would benefit the local community and improve their health, management and understanding of the medication in the long run. This would also reduce the pressure on GPs and provide ease of access to those who were less mobile.</p>
	<p>The Applicant concluded her presentation by stating that she was passionate about the local community in Townhead being provided with access to adequate pharmaceutical services, and strongly believed it was a necessary addition, given the expected rise in the number of people in the community. The Applicant stated that if the application was granted, Townhead would finally have adequate access to a pharmacy.</p>
	<p><u>QUESTIONS FROM THE INTERESTED PARTIES TO THE APPLICANT</u></p>
	<p><u>QUESTIONS FROM MR McMURDO TO THE APPLICANT</u></p>
	<p>Mr McMurdo sought clarity as to the reason the Applicant had decided to create a second questionnaire (“Applicants’ Pharmacy Questionnaire”), and noted that the formal Joint Consultation Exercise, which had been conducted over 90 working days, had elicited 55 responses, with 58% in support of a new pharmacy, in comparison to the Applicants’ own questionnaire which had elicited over 200 responses, with 100% in favour.</p> <ul style="list-style-type: none"> • The Applicant argued that the complex terminology and jargon contained in the joint consultation questionnaire were not always easy to be understood by some residents, which had led to confusion. The Applicant added that one person with whom she had spoken thought the Joint Consultation Questionnaire referred to the GP surgery rather than a pharmacy. The Applicant acknowledged that, in hindsight, she should have ensured that the original joint consultation questionnaire was easier to understand, adding that some community residents were unable to express themselves, or were unable to understand the

	<p>complex language contained in the joint consultation questionnaire.</p> <ul style="list-style-type: none"> • The Applicant referred to the low number of responses to the Joint Consultation Exercise, reflected in the Consultation Analysis Report (CAR) and replied that she had been perplexed by the low number of responses, given that so many people had expressed an interest. The Applicant stated that the main reason for preparing a separate questionnaire was due to the poor level of responses to the original joint consultation questionnaire. She had also wanted to find out more information including age groups, where the residents' local GP surgery was based, how they accessed services. • In terms of the timing, the Applicant said that she had limited it to 7 days due to the deadline of submitting the application. • With regard to the response rate, the Applicant claimed that the reason she had received a 100% approval response was that only those residents who were interested in a new pharmacy, had wanted to complete the form. Those who were not in favour of the pharmacy did not complete a form, although she acknowledged that there may be other reasons. <p>The Applicant added that residents commented that they did not know how to get their voice heard, and said that she had had to look at the complaints procedure, which she had found ambiguous and commented that light needed to be shed on the subject.</p>
	<p>Mr McMurdo asked who had structured the methodology of the Applicants' Pharmacy Questionnaire, to which the Applicant replied that the Pharmacy Questionnaire had been constructed by herself.</p>
	<p>The Chair interjected that the Committee had also discussed the Applicants' Pharmacy Questionnaire in a preliminary discussion and had taken advice from Mrs Murray, in her capacity as legal adviser. The Chair referred to Schedule 3, paragraph 3, sub-paragraph 1(d) of the Regulations (as amended) , which stated: <i>"In considering an application to which regulation 5(10) applies, the Board shall have regard to any information available to the Board which, in its opinion, is relevant to the consideration of the application"</i>. The Chair stated that the advice received by Mrs Murray had been that the Committee had to decide what weight to give to the additional information received (i.e. the Applicants' Pharmacy Questionnaire) alongside the other evidence already provided. The Chair acknowledged that whilst there was nothing in the Regulations which prevented the Applicant from conducting their own consultation, the Regulations had introduced the concept of a formal joint consultation agreed between the Applicant and the Health Board, in order to avoid the necessity for an Applicant to conduct their own.</p>
	<p>Mr McMurdo referred to the Applicant's comments about the growing needs of the community, and with reference to the number of students, he said that he could not see the need for a pharmacy in the area, as students generally did not suffer from chronic conditions and would therefore not be frequent or regular users of pharmaceutical services.</p>

	<p>The Applicant replied that the pharmacy was for everyone, not just people with chronic conditions, adding that students also suffered from a variety of conditions. The Applicant acknowledged that in terms of numbers of prescriptions, students may not require pharmaceutical services as frequently as those with chronic conditions, but said that students would still need those services.</p>
	<p>Mr McMurdo referred to the Applicant's comments about walking to a pharmacy and added that the majority of residents would be able to manage a walk of 5-10 minutes to a pharmacy.</p> <p>The Applicant replied that many residents had mobility issues, and some were disabled. Many had said to her that if there was a pharmacy in the neighbourhood, then they would use it to access the services but because pharmacies were too far away, they could not access them.</p>
	<p>Mr McMurdo pointed out that it could be argued as convenience, and that residents could still access pharmaceutical services.</p> <p>The Applicant said that it was a fine line to say convenience, and added that people were unhappy, but did not know how to complain. The Applicant commented that residents would be unlikely to go a pharmacy that provided the services to them in order to complain.</p>
	<p>Mr McMurdo queried the Applicant's comment on limited bus services, and referred to services:</p> <ul style="list-style-type: none"> • To the West of her boundary was Buchanan Bus Station • To the South was, one of the busiest bus routes in the City • Buses to Sighthill / Ayr Street ran every few minutes <p>The Applicant acknowledged that while there were transport links on Cathedral Street and Baird Street, it was not acceptable to expect people to pay in order to access pharmaceutical services, so why should they be out of pocket in order to have to go to another neighbourhood in order to access those services. The Applicant iterated that the majority of residents could not easily get around, and emphasised that all the nearby neighbourhoods had a pharmacy, but Townhead was the only neighbourhood without.</p>
	<p>Mr McMurdo asked for the Applicant's evidence that there was inadequacy of service or performance with the existing pharmacies.</p> <p>The Applicant responded that she had received verbal complaints, which explained why she was making the application – on behalf of the community. The Applicant repeated that residents did not know how to complain, and would be happy to provide information to residents on how to make a complaint.</p> <p>Mr McMurdo had no further questions.</p>
	<p>QUESTIONS FROM MS GILLIAN TARBET TO THE APPLICANT</p>
	<p>Ms Tarbet refuted the Applicant's comments that the needs of patients attending her pharmacy were not being met and stated that Townhead</p>

	<p>Health Centre Pharmacy had 2 pharmacists, one of which had been employed for 25 years, and the other for 10 years.</p> <p>The Applicant replied that the residents with whom she had spoken had informed her that they had been unable to have a relationship with the pharmacists at Townhead Health Centre Pharmacy, and that patients had had a long time to wait, did not like hanging around, and would often have to go out of their way to visit another pharmacy to ensure their needs were met.</p>
	<p>Ms Tarbet acknowledged that there would sometimes be surges, when patients came out of the GP surgery with prescriptions which might lead to increased waiting times, and acknowledged that the Townhead Health Centre Pharmacy provided a delivery service. Ms Tarbet added that they had 10 methadone patients.</p> <p>The Applicant responded that she had not brought that up in her application. Ms Tarbet had no further questions.</p>
	<p>QUESTIONS FROM MR FERGUSSON TO THE APPLICANT</p>
	<p>Mr Fergusson asked the Applicant to explain what she meant by “taking the pressure off GPs”.</p> <p>The Applicant replied that many patients had difficulty in trying to get an appointment with their GP, and that if they went to a pharmacy first, the pharmacist would be able to advise them on potential treatments, or to refer them on to other services. The Applicant believed that some patients went to their GP unnecessarily, so a pharmacy in the neighbourhood could reduce the number of people going to see the GP in the first instance, which in turn would make more GP appointments available for those that needed them.</p>
	<p>Mr Fergusson referred to the Applicant’s comments on cost of utilising public transport and asked if she was aware that travel was free to people over 60.</p> <p>The Applicant replied that Mr Fergusson was not taking account of the rest of the population, and her comments had not just related to the over 60s, but others including families with young children.</p>
	<p>Mr Fergusson asked what the Applicant would regard as reasonable amount of time for a person to travel in order to access pharmaceutical services, referred to the Applicant’s comments of people with mobility issues, and added that exercise would help mobility, and added that he believed it was a question of convenience.</p> <p>The Applicant responded that it was about the person not having to walk into the busy town centre. The Applicant acknowledged that exercise could help; there was a large chunk of the community that struggled to walk. The Applicant replied that she believed a walk time of 5-10 minutes to access a pharmacy was adequate for those without a car.</p> <p>Mr Fergusson had no further questions</p>

	QUESTIONS FROM MR MOHAMMED TO THE APPLICANT
	<p>Mr Mohammed said that the Applicant's population figure conflicted with the figure provided by the Community Council.</p> <p>The Applicant replied that the Community Council had said over 4000, and that she had based her statistics from the data obtained from Glasgow City Council (Mr MacGregor) which had said over 4.5k.</p>
	<p>Mr Mohammed remarked that the Applicants' petition of 229 signatures was very small.</p> <p>The Applicant acknowledged that she had expected a higher number of responses, but added that they had only had one week, which required time away from her business.</p>
	<p>Mr Mohammed also refuted the veracity of the Applicants' Pharmacy Questionnaire and claimed that the data may have been manipulated (i.e. if residents did not wish to have a pharmacy, then they did not complete a form), and said that the non-interested responses should have been included.</p> <p>The Applicant replied that some residents did have concerns, and wished to give their reflections and opinions. The Applicant explained that she had not omitted any responses received, and had assumed residents who did not have any concerns, did not wish to complete the form. However, the Applicant acknowledged that they may have had other reasons for not wishing to complete the questionnaire.</p>
	<p>Mr Mohammed disputed the distances between the pharmacies as mentioned by the Applicant and stated that, using Google maps, there were 4 pharmacies within 0.5 mile.</p> <p>The Applicant disagreed.</p>
	<p>Mr Mohammed referred to the Applicant's comments on transport links and stated that Bus CB1 was a regular service, which was free for those over 60 or with concessions, or otherwise only cost £1.40.</p> <p>The Applicant said that the bus fare was significant to some people, but acknowledged that the elderly travelled free.</p>
	<p>Mr Mohammed referred to the Townhead & Ladywell Community Council letter which had stated that they did not believe a pharmacy was necessary, and asked the Applicant to clarify why she said that customers said that a pharmacy was needed, and yet the Community Council had said that one was not required.</p> <p>The Applicant replied reluctantly that she felt that the Community Council was out of touch with the Community, and referred to several changes of Community Council members following the pharmacy meeting, including the secretary who had resigned. The Applicant stated that there had been little order at the pharmacy meeting and that many people had left as a result. The Applicant added that several community members had informed her</p>

	<p>that they did not attend Community Council meetings any more, as they felt the Council were out of touch.</p>
	<p>Mr Mohammed asked the Applicant about the two units being reserved to relocate the shop, and asked why she had not used her application for one of those units instead.</p> <p>The Applicant responded that the units had not been available when she had started the process, but that if the units had been available, she would possibly have considered applying for one of those units instead.</p>
	<p>Mr Mohammed referred to the Applicant's position on methadone and the low numbers she was willing to accept.</p> <p>The Applicant said that she would consider individual circumstances whether they would take on additional methadone patients.</p> <p>Mr Mohammed had no further questions.</p>
	<p>QUESTIONS FROM MS COWLE TO THE APPLICANT</p>
	<p>Ms Cowle noted the Applicant's comment that there was a large student population in the area and asked how many were involved in her own consultation process.</p> <p>The Applicant replied that only a small number of students had been consulted.</p>
	<p>Ms Cowle asked if the Applicant was aware of the delivery service that was available from the other pharmacies.</p> <p>The Applicant replied that a delivery service did not match a 1:1 face-to-face consultation that could be provided by a pharmacist, and added that patients needed to build strong relationships with their pharmacist, which Townhead should have.</p>
	<p>Ms Cowle asked if the Applicant was aware of residents requiring repeat prescriptions.</p> <p>The Applicant replied that she would offer the service, but believed that the majority of residents did not require repeated medication. She assumed that some would, in which case they would go to visit their GP in order to get a prescription.</p>
	<p>Ms Cowle referred to the Chronic Medication Service and advised that Boots provided this service to many patients and were in fact above the Health Board average.</p>
	<p>Ms Cowle asked whether the Applicant was aware of the NHS complaints procedure</p> <p>The Applicant replied that she was aware of the NHS GGC Complaints system, but stated that it was for generic complaints and said that there was nothing specific to pharmacies. The Applicant commented that it would be helpful to have a procedure to follow, and added that many residents were</p>

	<p>not “tech savvy”.</p> <p>https://www.nhsinform.scot/care-support-and-rights/health-rights/feedback-and-complaints/complain-about-a-gp-pharmacy-dentist-or-hospital-in-scotland</p>
	<p>Ms Cowle referred to the Applicant’s statement that she would provide additional services in addition to the core services, and asked if the Applicant was aware of the process on how that came about.</p> <p>The Applicant replied that she was not aware of the process.</p>
	<p>Ms Cowle referred to the Applicant’s comment about any gaps identified by NHS GGC and asked the Applicant if she was aware of any such gaps identified.</p> <p>The Applicant replied that she was not aware of any gaps in service.</p> <p>Ms Cowle had no further questions.</p>
	<p>QUESTIONS FROM MR ALVI TO THE APPLICANT</p>
	<p>Mr Alvi asked the Applicant for her background in pharmacy, given her comment that she hoped to become an independent prescriber.</p> <p>The Applicant replied that she had worked at several busy pharmacies in the Central Belt, and had learned much – as there had been different demographics in the populations, different ways of working, and she acknowledged that it kept her “on her toes”.</p>
	<p>Mr Alvi acknowledged his own management experience and, observed that the Applicant did not have any management experience.</p> <p>The Applicant averred.</p>
	<p>Mr Alvi asked the Applicant to estimate the percentage of the student population from the whole of her figures provided.</p> <p>The Applicant estimated approximately 20%.</p>
	<p>Mr Alvi refuted the Applicant’s estimate and referred to several accommodation blocks within the Datazones - Birkbeck which was on the south side of Cathedral Street and Caledonian Court in Cowcaddens - and surmised that the student population was likely to be nearer 40% which had been alluded to in previous applications. Mr Alvi disagreed with the conflicting and confusing figures contained in the Applicant’s case which he believed should cover the full boundaries covered by the Datazones.</p> <p>The Applicant replied that both Birkbeck and Caledonian Courts were outwith her neighbourhood. The Applicant acknowledged that she had not considered the entire Datazones areas, and had only considered the boundaries that she had provided. The Applicant commented that her use of the Datazones was based on the housing in the area.</p>
	<p>Mr Alvi cited the Applicant’s reference to changes since the previous PPC application where the Applicant had mentioned new student</p>

	<p>accommodation, and sought clarity on what the other changes were.</p> <p>The Applicant replied that since the last application in 2009, there had been the addition of the Village Hall in 2013 which she believed strengthened the strong community presence.</p>
	<p>Mr Alvi asked the Applicant to clarify what she regarded as an “acceptable distance” to walk – commenting that it was a 12 minute walk to the Buchanan Galleries, and if people wished to travel by bus, there was a bus stop within 3-4 minutes of most places in the neighbourhood.</p> <p>The Applicant replied that she believed a walk of 5-10 minutes was acceptable.</p>
	<p>Mr Alvi commented that many residents travelled outwith the neighbourhood in order to do other things like their weekly shop, or going to bank.</p> <p>The Applicant replied that banking could be conducted online, there were many cash machines, and banking should not be compared to pharmacy services. The Applicant added that there were local shops in the neighbourhood for residents to do their weekly shopping, but acknowledged that some residents also chose to travel outwith the neighbourhood.</p>
	<p>Mr Alvi referred to the CAR where 55% of respondents to the Joint Consultation Exercise had confirmed they did have ease of access to pharmaceutical services and asked the Applicant why she believed residents did not have ease of access.</p> <p>The Applicant replied that she did not believe that residents understood the question. Mr Alvi disagreed.</p>
	<p>Mr Alvi referred to the Question 3 of the joint consultation questionnaire where 50% of respondents had confirmed the current provision of pharmaceutical services was adequate and asked for the Applicant’s opinion.</p> <p>The Applicant replied that she believed residents did not understand the meaning of the word “adequate”. Mr Alvi disagreed.</p>
	<p>Mr Alvi referred to the Applicants’ Pharmacy Questionnaire and asked the Applicant to comment on the fact that 40% of respondents were healthy.</p> <p>The Applicant replied that 60% of respondents were on prescribed medication. The Applicant added that even if the residents were fit and healthy, this did not mean that they would not require pharmaceutical services from time to time.</p>
	<p>Mr Alvi referred to the different percentages of respondents to the joint consultation reflected in the CAR and those in the Applicants’ Pharmacy Questionnaire who had responded positively to the suggestion that a pharmacy was needed in Townhead (58% vs. 100%) and asked the Applicant to clarify why she thought there should be such a disparity in percentages.</p> <p>The Applicant replied that all the residents who had agreed to complete the</p>

	<p>response for the Applicants' Pharmacy Questionnaire happened to be supportive.</p> <p>Mr Alvi had no further questions.</p>
	<p><u>QUESTIONS FROM THE COMMITTEE TO THE APPLICANT</u></p>
	<p><u>QUESTIONS FROM MR IRVINE TO THE APPLICANT</u></p>
	<p>Mr Irvine queried why the Applicant referred to specific sides of the road when defining her boundaries.</p> <p>The Applicant replied that some streets were busy, and provided natural barriers, and other roads changed use when being crossed, indicating a different neighbourhood.</p>
	<p>Mr Irvine asked whether the Applicant's comments regarding inadequacy had arisen from the verbal complaints she had received.</p> <p>The Applicant averred.</p>
	<p>Mr Irvine asked if the Applicant had seen the 2011 Census data.</p> <p>The Applicant confirmed she had.</p>
	<p>Mr Irvine quoted the Census 2011 figure that 84% of the population was healthy and asked the Applicant to comment.</p> <p>The Applicant replied that in her opinion the Census was outdated and that since 2011, more people were being diagnosed with long term medical conditions, more people were on medication, some patients had increased their medications and generally the number of people on medications had increased.</p>
	<p>Mr Irvine referred to the Census 2011 which quoted 10% of the population were over 60 and asked the Applicant to clarify why she believed there was an aging population in Townhead.</p> <p>The Applicant responded that in her opinion, the figure was nearer 20% and increasing. The Applicant explained that when she had carried out her Pharmacy Questionnaire, the categories were 55-65 and 65+, so there was an aging population over 60.</p>
	<p>Mr Irvine referred to the CAR and the Applicants' Pharmacy Questionnaire, and asked if the Applicant had agreed the content of the joint consultation questionnaire with the NHS GG&C.</p> <p>The Applicant confirmed that she had but, in hindsight, she realised that she should have asked for the language within the joint consultation questionnaire to be made simpler, as she had not appreciated the impact that the language would have on the response rate, which is why she had created her own Pharmacy Questionnaire.</p>
	<p>Mr Irvine asked the Applicant how she had conducted the Applicants' Pharmacy Questionnaire.</p>

	<p>The Applicant replied that she had distributed forms at the Village Hall, as well as carrying out door to door surveys.</p> <p>Mr Irvine had no further questions.</p>
	<p>QUESTIONS FROM MRS ANDERTON TO THE APPLICANT</p>
	<p>Mrs Anderton asked where the Applicant had conducted her door-to-door surveys.</p> <p>The Applicant acknowledged that she had not had time to cover the whole neighbourhood due to the large number of properties, and had concentrated her activity on one high rise tower block and some maisonettes.</p>
	<p>Mrs Anderton referred to the Community Council's letter commenting on the impact of the loss of the shop, which the Applicant had described as a convenience store, and asked where people would go if the shop was lost.</p> <p>The Applicant replied that an option had been taken on a second unit in the same parade to which the convenience store would be relocated if this application is successful, so that there would still be a shop.</p> <p>Mrs Anderton had no further questions.</p>
	<p>QUESTIONS FROM MR DYKES TO THE APPLICANT</p>
	<p>Whilst acknowledging that the Datazones overlapped, Mr Dykes referred to the 2011 Census and asked the Applicant to comment on the figure which stated that 80% of the population were students.</p> <p>The Applicant disagreed with the figure, and said that the neighbourhood consisted mainly of local residents, with only 17% of private rented accommodation.</p>
	<p>Mr Dykes asked the Applicant to comment on the figure in the 2011 Census that only 6% of the population were in poor or very poor health.</p> <p>The Applicant disagreed with the figure said believed that it was significantly higher.</p>
	<p>Mr Dykes referred to the 2011 Census and the figure where 86% had said their day-to-day activity was not limited, and commented that this would appear to indicate a youthful healthy, rather than aging population.</p> <p>The Applicant reiterated that the 2011 Census was out of date. The Applicant stated that people were living longer, and added that a significant number would be in the elderly category, whilst acknowledging that there were also many young families included in the demographic.</p>
	<p>Mr Dykes reminded the Applicant that pharmaceutical services did not need to be provided within the neighbourhood in order to be regarded as adequate, and asked the Applicant to provide examples of how the services were inadequate (and not just to say that services were not within Townhead).</p> <p>The Applicant replied that it was inadequate because residents had to travel</p>

	<p>outwith, that residents should have access to pharmaceutical services within their neighbourhood.</p>
	<p>Mr Dykes referred to housebound residents who would need another person to obtain their medications, and asked the Applicant if she agreed that it was similar to a carer who would need to travel to a pharmacy.</p> <p>The Applicant disagreed and said that it would be easier if the pharmaceutical services were local.</p> <p>Mr Dykes had no further questions.</p>
	<p>QUESTIONS FROM MRS LYNCH TO THE APPLICANT</p>
	<p>Mrs Lynch explained that the Committee needed evidence of complaints and asked if the Applicant had any evidence.</p> <p>The Applicant explained that her only evidence was from verbal complaints made to her by the residents.</p>
	<p>Mrs Lynch referred to the 2011 Census with the 16-29 age group being 70% of the population. Whilst acknowledging that people would be 6 years older, Mrs Lynch asked the Applicant to explain her comments about an aging population.</p> <p>The Applicant replied that the Census figures were based on Datazones which overlapped student accommodation and her neighbourhood. The Applicant maintained that the 2011 Census figures were incorrect.</p>
	<p>Mrs Lynch asked the Applicant to clarify her comments about residents having difficulty accessing services, when the responses in the Applicants' Pharmacy Questionnaire had stated that 60% of residents accessed services by walking,</p> <p>The Applicant explained that many managed to walk to a pharmacy, but struggled. The Applicant said that she had seen people with walking sticks who were struggling to move easily.</p> <p>Mrs Lynch had no further questions.</p>
	<p>QUESTIONS FROM MR DANIELS TO THE APPLICANT</p>
	<p>Mr Daniels asked how long the Applicant believed it would take to walk to pharmacies in Buchanan Galleries and at Townhead Health Centre Pharmacy.</p> <p>The Applicant estimated that it would take a healthy person 12-15 minutes to walk to the Buchanan Galleries, and slightly longer – at least 15 minutes – to walk to the Townhead Health Centre Pharmacy.</p>
	<p>Mr Daniels asked how the Applicant intended to restrict whom to supply methadone to.</p> <p>The Applicant replied that she intended to take on a small number of patients who used the methadone dispensing service and, in special</p>

	<p>circumstances, would consider applications to take on additional patients.</p>
	<p>Mr Daniels asked the Applicant what would happen to methadone patients who had difficulty walking to a pharmacy.</p> <p>The Applicant replied that the majority of patients on the methadone dispensing services did not have any challenges walking, and said that many people preferred to receive their medicines outwith their area. The Applicant added that she would review the situation as circumstances changed, did not anticipate having to place a cap on numbers, and would consider individual circumstances.</p> <p>Mr Daniels had no further questions.</p>
	<p>QUESTIONS FROM MS WILLIAMS TO THE APPLICANT</p>
	<p>Mrs Williams asked the Applicant how she proposed to staff the pharmacy, given that she proposed opening 68 hours per week.</p> <p>The Applicant said that she would be the main Pharmacist, and would employ a part-time pharmacist for 1-2 days per week, and to begin with she would also have one full time and one part-time dispenser.</p>
	<p>Mrs Williams asked if the Applicant would have more than one pharmacist present at any time.</p> <p>The Applicant replied that it would be unlikely, to begin with, but it depended on demand.</p>
	<p>Mrs Williams referred to the fluctuation in student numbers and asked how the Applicant intended to manage capacity in term time with the influx of a large number of students into the Neighbourhood.</p> <p>The Applicant replied that, for a new pharmacy, it would not be an issue; if it was not manageable; she would employ more staff and therefore did not anticipate any problems.</p>
	<p>Mrs Williams referred to the additional services referred to by the Applicant, in particular the medication review clinic, and asked how she proposed delivering the additional services when only one pharmacist was on duty.</p> <p>The Applicant replied that initially one pharmacist should be able to provide the additional services, and intended to increase to two pharmacists.</p>
	<p>Ms Williams asked the Applicant how she expected to fund the additional services.</p> <p>The Applicant replied that, at the moment, it would come out of her business, and admitted that she had not yet looked into the details, and added that she would explore this aspect at a later stage.</p>
	<p>Ms Williams referred to the Applicants' Pharmacy Questionnaire where 100% support had been garnered from 201 responses, which had been gained through knocking on doors. Ms Williams asked how many doors had been knocked on and how many residents had chosen not to complete</p>

	<p>forms.</p> <p>The Applicant replied that she was unable to provide an exact number, but said that less than 10 people had chosen not to complete a form, but the majority had been keen to complete the form.</p> <p>Ms Williams had no further questions.</p>
	<p>QUESTIONS FROM THE CHAIR TO THE APPLICANT</p>
	<p>The Chair reminded the Applicant that one of the key points for the Committee to ascertain related to adequacy, and referred to the CAR where a ratio of 2:1 respondents to the Joint Consultation Questionnaire had replied that the current service was adequate, and a ratio of 3:1 agreed that they had ease of access to service. The Chair asked the Applicant to respond with the evidence that she had to indicate inadequacy.</p> <p>The Applicant responded that she had received verbal complaints, where people had come to her, and provided examples of what they said such as “if only there was a pharmacy here, then I could access the services”, “It is difficult for me to get to the other pharmacy”. With regard to the Stop Smoking Service and Minor Ailments Service, patients currently needed to go out of their way by going to another pharmacy, which they had said that would come to her for if there were a pharmacy in the area. The Applicant added that people were more likely to access services that were in their area.</p> <p>The Chair had no further questions</p>
	<p><u>THE INTERESTED PARTIES CASES</u></p> <p>The Chair invited each Interested Party to state their case.</p>
	<p><u>HIGH STREET PHARMACY</u></p>
	<p>Mr Mohammed explained that most of his case had been covered by his letter.</p>
	<p>Mr Mohammed said that a number of people had previously applied, with two going to the National Appeals Panel, and they had decided that services were adequately provided from adjacent pharmacies.</p>
	<p>Mr Mohammed said that his pharmacy happily complied with requests from NHS GG&C Health Board, and that would include offering a 7 day a week service if that was felt to be necessary. Mr Mohammed confirmed that High Street Pharmacy had previously provided a 7 day service however had had to stop due to the lack of demand for services.</p>
	<p>In terms of accessibility, Mr Mohammed noted that there were a number of patients without GPs, and added that when people registered with other health centres, there were usually pharmacies nearby. Mr Mohammed said that patients went to Boots, High Street and other pharmacies.</p>
	<p>Within the neighbourhood, there were a significant number of pharmacies</p>

	and people had access to a wide range of pharmaceutical services. Therefore accessibility and adequacy had been demonstrated.
	In terms of the feedback from the Joint Consultation Exercise, Mr Mohammed noted that there had not been a high number of respondents. With regard to the Applicants' Pharmacy Questionnaire, there had been 200 responses from a population over 4000, which was not a large number and was not representative of the population.
	Mr Mohammed highlighted that the Community Council, who had been active in the area for years, had also objected to the Applicants' application and suggested that this should also be taken into consideration.
	Mr Mohammed looked at viability and said that up to 20% of High Street Pharmacy's customers came from the Townhead area, and added that whether existing services were available within or in an adjacent neighbourhood was important to note. Mr Mohammed reminded the Committee needed to take into consideration adjacent neighbourhoods, notwithstanding the Applicant's desire for a pharmacy in her own neighbourhood.
	Mr Mohammed referred to the influx of Students, and said that High Street noted an influx in September and June, noting that the majority were healthy although obviously some students required medications. Mr Mohammed also noted that the majority of students were mobile and "tech-savvy".
	Mr Mohammed observed the Applicant had not been able to provide any concrete evidence on complaints, and commented that information had been obtained from the 2011 Census or Datazones, and stated that the Application should be rejected as a new pharmacy was neither necessary nor desirable.
	<u>QUESTIONS FROM THE APPLICANT TO MR MOHAMMED</u>
	The Applicant asked how Mr Mohammed had arrived at his figure that 20% of patients using High Street Pharmacy came from Townhead. Mr Mohammed said that it was commercially sensitive information, but had obtained the information from the number of prescriptions dispensed, which had suggested that 20% had come from Townhead.
	<u>QUESTIONS FROM THE INTERESTED PARTIES TO MR MOHAMMED</u>
	There were no questions from the other Interested Parties
	<u>QUESTIONS FROM THE COMMITTEE TO MR MOHAMMED</u>
	<u>QUESTIONS FROM MR DYKES TO MR MOHAMMED</u>
	Mr Dykes asked if Mr Mohammed altered his staffing arrangements with regard to the student number influx. Mr Mohammed confirmed that he did, and that his pharmacy could absorb

	the additional capacity without a problem.
	<p>Mr Dykes referred to the Datazones and asked what percentage of students by demographic did Mr Mohammed recognise as being more valid – the 80% or 20-40% for Townhead.</p> <p>Mr Mohammed said that he had not studied the Datazones, but had seen more students, which were a transient population. There were also an increasing number of student flats. Mr Mohammed concluded that although he did not have evidence and found it difficult to estimate, he believed the figure could be in the middle – possibly around 50%.</p> <p>Mr Dykes had no further questions.</p>
	<u>QUESTIONS FROM MR IRVINE TO MR MOHAMMED</u>
	<p>Mr Irvine asked whether Mr Mohammed agreed with the Northern boundary of the Applicants' proposed neighbourhood.</p> <p>Mr Mohammed replied that while it could be argued that the boundary could be pushed further back, he considered that the Applicants' boundaries were reasonable.</p> <p>Mr Irvine had no further questions</p> <p>This concluded questioning from the PPC.</p>
	<u>BOOTS UK</u>
	Mrs Cowle confirmed that Boots were comfortable with the boundaries as defined by the Applicant.
	Mrs Cowle referred to previous applications, which had already been mentioned – with outcomes being put forward by the PPC that there was satisfactory access to pharmaceutical services for the neighbourhood.
	Mrs Cowle acknowledged that although the boundaries in the Applicants' application were not exactly the same, she recognised that it represented Townhead. Mrs Cowle stated that she was not aware of any significant changes to the population since the previous 3 applications had been refused.
	Mrs Cowle said that if the PPC adopted the neighbourhood defined by the Applicants, then they should consider all the current pharmaceutical services available outwith the boundaries, and stated that there were 9 pharmacies within one mile of the Applicants' proposed premises.
	Mrs Cowle disagreed with the Applicant that access to pharmaceutical services was challenging for residents. Many students chose to walk and therefore had adequate access. The 0.5 mile walk to Buchanan Galleries would take approximately 11 minutes to walk, and Mrs Cowle noted that the bus services had already been mentioned.
	With regard to adequacy, Mrs Cowle commented that Boots provided all

	NHS Services, and had a good relationship with NHS GGC; meeting with Board officers regularly to discuss issues. Any gaps would be identified during these discussions. Mrs Cowle added that, currently, there were no gaps highlighted by NHS GGC. Mrs Cowle remarked that Boots went over and above what was required in the national contract.
	Mrs Cowle recognised that there was a large student population and said Boots' vaccination service for meningitis etc, was frequently taken up by the students.
	Mrs Cowle did not believe in placing a cap on the drug user service, and said that Boots attempted not to discriminate.
	Mrs Cowle said Boots services were available 7 days a week with late night access also available. Mrs Cowle recognised that some patients within the neighbourhood were housebound – and would remain unable to leave home – regardless if there was a pharmacy within the neighbourhood. Mrs Cowle said these patients were recognised and included in national services such as the Chronic Medication Service as Boots could conduct CMS consultations over the phone.
	Mrs Cowle said that, fundamentally, the Applicant had not been able to provide evidence to show that the current level of service was inadequate.
	Mrs Cowle said that the CAR had been discussed at length, as well as the Applicants' Pharmacy Questionnaire. Mrs Cowle highlighted that many health boards did not encourage independent surveys: as methodology was unclear. Mrs Cowle added that the joint consultation exercise was perfectly adequate, and said that within that process the Applicant had the opportunity to see how the consultation was progressing. Because of the lack of clarity and parity of the Applicants' Pharmacy Questionnaire, which Mrs Cowle believed undermined the process, since the Applicant had only shown positive responses.
	Mrs Cowle summarised that a number of pharmacies provided adequate service to the neighbourhood; the Applicant had been unable to prove inadequacy in facts or figures and concluded that provision was therefore adequate and requested that the application be refused.
	<u>QUESTIONS FROM THE APPLICANT TO MRS COWLE</u>
	The Applicant asked Mrs Cowle to quantify the number of residents that came to her pharmacy from Townhead. Mrs Cowle replied that she was unable to quantify the figure.
	<u>QUESTIONS FROM THE INTERESTED PARTIES TO MRS COWLE</u>
	<u>QUESTIONS FROM MR MOHAMMED TO MRS COWLE</u>
	Mr Mohammed asked Mrs Cowle to clarify whether there were two Boots branches in the area, with more services being available to Townhead

	<p>residents.</p> <p>Mrs Cowle confirmed that it was correct, and added that Boots also provided a delivery service.</p> <p>There were no questions to Mr Mohammed from any of the other Interested Parties.</p>
	<p><u>QUESTIONS FROM THE COMMITTEE TO MRS COWLE</u></p>
	<p><u>QUESTIONS FROM MR IRVINE TO MRS COWLE</u></p>
	<p>Mr Irvine asked whether Mrs Cowle considered the Boots in Buchanan Galleries to be a town centre pharmacy or a pharmacy providing services to a local population.</p> <p>Mrs Cowle responded that Boots provided pharmaceutical services to the local population. They had two large pharmacies nearby and had good relationships with patients. Mrs Cowle advised that in terms of the ready reckoner which gave an indication on how many patients each pharmacy should have registered for the Chronic Medication Service; both Boots branches were providing the service to their fair share of patients. Mrs Cowle stated that that whilst Boots were able to respond to different requirements, they also had local customers – some of whom would want to “come for a blether”.</p> <p>Mr Irvine had no further questions</p>
	<p><u>QUESTIONS FROM MRS LYNCH TO MRS COWLE</u></p>
	<p>Mrs Lynch asked if there was a demand for pharmaceutical services on Sundays.</p> <p>Mrs Cowle admitted that demand was not exceptional, and acknowledged that Boots reviewed services periodically as to whether they required a second pharmacist. Mrs Cowle added that 3 Boots pharmacies in the area opened 7 days a week.</p> <p>Mrs Lynch had no further questions.</p>
	<p><u>QUESTIONS FROM MS WILLIAMS TO MRS COWLE</u></p>
	<p>Mrs Williams asked about the relocation of the Queen Street store due to the redevelopment of the Station and asked how services had been adapted for capacity in the new location.</p> <p>Mrs Cowle explained that Boots worked with the Health Board to ensure everyone had been communicated with and added that when they returned to the completed development, they would be in a better position as they would have purpose built premises which would better suit their needs and they would have been purpose built.</p> <p>Ms Williams had no further questions.</p> <p>This concluded questioning from the PPC.</p>

	<u>ABBAY CHEMIST (TRONGATE)</u>
	Mr Alvi stated that Abbey Chemist did not serve a large number of Townhead residents, but admitted that, if the application was granted, it would have a negative impact on his pharmacy.
	Mr Alvi said that Abbey Chemists, Trongate serviced a wide range of patients including those who used substance abuse services and walk-ins, and said that many people came into town for shopping, banking or other needs, and would come to his pharmacy for the professional service they offered. Mr Alvi said that students also regularly accessed their pharmaceutical services.
	Mr Alvi said that the legal test within the pharmacy regulations looked at whether there were adequate pharmaceutical services whether in the neighbourhood itself or provided to the neighbourhood from an adjoining neighbourhood. Inadequacy needed to be proven. Mr Alvi said that there were good transport links – including a community bus service – to High Street and Trongate, and noted that it would take approximately 12 minutes to walk to Abbey Chemists, Trongate from the Townhead area. Mr Alvi also noted that a small percentage of residents were housebound, and said that there were delivery services offered by a wide range of established pharmacies.
	Mr Alvi estimated the number of students within the Townhead area at around 40% - this element of the population were generally young, healthy and mobile, and would travel outwith the neighbourhood on a daily basis, not just for educational purposes. Students asked their help to register with local GPs, and even with the new student accommodation being built, Mr Alvi anticipated no significant change from previous applications that would require a new contract to be granted.
	Mr Alvi said that previous applications – which had been more thoughtful and detailed – had still been refused.
	Mr Alvi said that the Datazones had included students from Strathclyde & Caledonian Universities, which varied from the Applicants' figures – and commented that this falsely inflated the population, which could set a worrying precedent as residential pockets such as this neighbourhood could be found accessing services elsewhere. Mr Alvi continued that to have many new pharmaceutical contracts would be detrimental, rather than beneficial.
	Mr Alvi said that the Joint Public Consultation had not been in favour of the Applicants, where half of respondents confirmed they had ease of access to other pharmaceutical services, and only 57% had indicated that there would be a positive impact if a pharmacy opened in this area. Mr Alvi added that more than half of respondents thought current pharmaceutical services were adequate, which Mr Alvi believed was the crux of the test.
	Mr Alvi indicated that the purpose of the Joint Public Consultation – with an

	open and transparent methodology - was to eliminate the need for an Applicant to conduct their own independent survey, and observed that the Applicants' Pharmacy Questionnaire had shown 100% of respondents were in favour of a new pharmacy, even though 40% of respondents were not on any prescribed medication.
	Mr Alvi said that neither the age range nor the population of the Applicants' Pharmacy Questionnaire were accurately represented.
	Mr Alvi remarked that it was up to the Applicant to prove that a new contract was both desirable and necessary. Mr Alvi added that the Applicant had shown convenience, which did not equate to necessity. Mr Alvi believed the current pharmaceutical service provision was adequate and requested that the Committee reject the application.
	<u>QUESTIONS FROM THE APPLICANT TO MR ALVI</u>
	<p>The Applicant asked whether the possibility of 1200 new homes being built next to the Abbey Chemist could increase demand pressures on the pharmacy.</p> <p>Mr Alvi replied that the new houses were part of the new development planned adjacent to Abbey Chemists. This would give the pharmacy the opportunity to move to larger premises; Mr Alvi acknowledged they were in a good position to cope with the extra demand because of increased capacity due the larger premises and employing more staff.</p> <p>The Applicant had no further questions.</p>
	<u>QUESTIONS FROM THE INTERESTED PARTIES TO MR ALVI</u>
	There were no questions from the Interested Parties.
	<u>QUESTIONS FROM THE COMMITTEE TO MR ALVI</u>
	<u>QUESTIONS FROM MS WILLIAMS TO MR ALVI</u>
	<p>Ms Williams asked for a rough percentage of prescriptions dispensed by Abbey Chemists from patients within the Townhead area.</p> <p>Mr Alvi was unable to quantify due to the exact boundaries but estimated approximately 10-15% were from Townhead.</p> <p>Ms Williams had no further questions.</p>
	<u>QUESTIONS FROM MR DYKES TO MR ALVI</u>
	<p>Mr Dykes asked about the Minor Ailments Scheme and asked if this service was accessed by the same local residents, or the working population, or whether new people were frequently registering.</p> <p>Mr Alvi replied that generally it was a transient population since people travelled into town to access a variety of services, and then visited their pharmacy in Trongate.</p>

	Mr Dykes had no further questions.
	<u>QUESTIONS FROM MRS ANDERTON TO MR ALVI</u>
	<p>Mrs Anderton asked about the 1200 new housing units and asked whether all the units would be within Trongate, who it was for, and where it would be situated.</p> <p>Mr Alvi replied that the new development was situated behind the Abbey Chemist premises in Trongate – with the developer building a hotel, a retail area and student units as well as houses. Mr Alvi hoped that Abbey Chemists would be part of the new retail area with a new and larger pharmacy based in the same location.</p>
	<p>Mrs Anderton noted that the 1200 units were not all long term accommodation and asked for more detail.</p> <p>Mr Alvi replied that there would be some long-term housing, but agreed that a large number would be transient, and noted that the 1200 units was currently a guesstimate.</p> <p>Mrs Anderton had no further questions.</p>
	<u>QUESTIONS FROM MR IRVINE TO MR ALVI</u>
	<p>Mr Irvine asked whether Mr Alvi agreed with the Applicants' Townhead neighbourhood boundaries.</p> <p>Mr Alvi noted that although previous applications had listed George Street as the southern boundary, he agreed with the Applicants' boundary of Cathedral Street.</p>
	<p>Mr Irvine asked about the age range demographic of people accessing pharmaceutical services at Abbey Chemist.</p> <p>Mr Alvi said it was a wide range and that, because they were on the periphery of the city centre, people entered the area for many reasons. There was therefore a wide age range of people accessing the pharmacy.</p> <p>Mr Irvine had no further questions.</p> <p>This concluded questioning from the PPC.</p>
	<u>FERGUSSON PHARMACY</u>
	Mr Fergusson stated that he agreed with the Applicants' neighbourhood boundaries, and acknowledged that although there was no pharmacy at the epicentre, there were several located outwith the defined neighbourhood.
	Since the last application in 2009, Mr Fergusson said that there had been no material changes other than student accommodation development. The decision at the PPC in 2009 had been to decline the application.
	Of the student figures that had been quoted, Mr Fergusson noted that a high percentage of the students in the area were mobile, and would be more

	likely to go into town and visit either the High Street Pharmacy or Boots.
	Mr Fergusson said that the majority of the Townhead population would travel outwith the neighbourhood – to visit other shops such as Lidl, Tesco and Springburn Shopping Centre just off Springburn Road, and Mr Fergusson noted that there were regular and frequent bus services to Springburn Road.
	Mr Fergusson said that his pharmacy had opened 10 years ago next to a GP surgery. This GP surgery had initially been located within Townhead Health Centre and many of the patients from Townhead remained registered with the practice after it moved to Petershill Road.
	Mr Fergusson remarked that over 1000 of their patients came from the Townhead area, at least half of whom were students.
	Mr Ferguson said that they delivered MDS boxes to patients in the Townhead area.
	Mr Fergusson said that they provided a prescription delivery service in order to ensure that housebound patients were not inconvenienced, with a pharmacist visiting patients to conduct assessments and ensure that they understood everything, and also provided an initial contact for housebound patients.
	Mr Fergusson noted that the CAR had been discussed at length and noted that the CAR had reported that 55% of respondents to the joint consultation questionnaire felt that they had adequate ease of services currently provided to the neighbourhood
	In summary, Mr Fergusson said that a new pharmacy contract was neither necessary nor desirable.
	<u>QUESTIONS FROM THE APPLICANT TO MR FERGUSSON</u>
	The Applicant asked where Mr Fergusson had obtained his figures relating to the number of students. Mr Fergusson explained that he had referred back to the previous application, which he acknowledged may be out of date.
	The Applicant asked what was the age range of the students who used his pharmacy. Mr Fergusson replied that the previous application had reported that half the patients from the G1 and G4 postcodes had been students.
	The Applicant stated that Mr Fergusson's information was out of date and added that Townhead did not include the G1 postcode. The Applicant had no further questions.
	<u>QUESTIONS FROM THE INTERESTED PARTIES TO MR FERGUSSON</u>

	There were no questions from the Interested Parties.
	<u>QUESTIONS FROM THE COMMITTEE TO MR FERGUSSON</u>
	<u>QUESTIONS FROM MR DYKES TO MR FERGUSSON</u>
	Mr Dykes asked for Mr Fergusson to clarify the neighbourhood boundaries, and Mr Fergusson confirmed he agreed with the Applicants' neighbourhood boundaries. Mr Dykes had no further questions. This concluded questioning from the PPC.
	<u>TOWNHEAD HEALTH CENTRE PHARMACY</u>
	Ms Tarbet advised that in her opinion, the Applicant had not demonstrated any inadequacy in the neighbourhood.
	Ms Tarbet reported that Townhead Health Centre Pharmacy conducted deliveries and pharmacist visits in the area.
	Ms Tarbet acknowledged that they only had a few methadone patients and had currently provided MDS trays to 180 patients, some of which were resident within the Townhead area.
	Ms Tarbet said that they had 2 pharmacists within the pharmacy who had been employed for a considerable period of time. The pharmacists could and did, if required, conduct house visits.
	Ms Tarbet acknowledged that there were times that the pharmacy was busy which could lead to longer waiting times, but explained that they were adjacent the GP surgery and that people coming out from appointments would then submit their prescriptions. Ms Tarbet added that an hour later the pharmacy would be quiet.
	<u>QUESTIONS FROM THE APPLICANT TO MS TARBET</u>
	The Applicant asked if Ms Tarbet agreed with her defined boundaries. Ms Tarbet confirmed she agreed. The Applicant had no further questions.
	<u>QUESTIONS FROM THE INTERESTED PARTIES TO MS TARBET</u>
	There were no questions from the Interested Parties.
	<u>QUESTIONS FROM THE COMMITTEE TO MS TARBET</u>
	<u>QUESTIONS FROM MR IRVINE TO MS TARBET</u>
	Mr Irvine referred to the staffing levels and enquired whether there were 2 pharmacists on duty at all times.

	<p>Ms Tarbet confirmed that the pharmacy was open 5 days per week, but provided pharmacist time equating to a 7 day service, – the main pharmacist worked 2 full days and 2 mornings, and the other pharmacist worked 4 full days, which meant that there was always an overlap at the busiest times.</p> <p>Mr Irvine had no further questions.</p>
	<p><u>QUESTIONS FROM MR DYKES TO MS TARBET</u></p>
	<p>Mr Dykes asked about the number of students visiting the pharmacy.</p> <p>Ms Tarbet noted that the students would mainly attend the GP surgery and said that student numbers did not make a huge difference to their pharmacy.</p> <p>Mr Dykes had no further questions.</p>
	<p><u>QUESTIONS FROM MRS LYNCH TO MS TARBET</u></p>
	<p>Mrs Lynch queried the capacity and ability to cope with demand.</p> <p>Ms Tarbet explained that there were times the pharmacy was busy, and other times it was quiet. Ms Tarbet added that patients who were experiencing delays were those who had been to see their GP, where they may have waited for an hour to see their GP and then experienced a further delay for their prescription to be dispensed. Ms Tarbet remarked that they tried to get through the waiting prescriptions as quickly as possible.</p> <p>Mrs Lynch had no further questions.</p> <p>This concluded questioning from the PPC.</p>
	<p><u>SIGHTHILL PHARMACY</u></p>
	<p>Mr McMurdo said that from their morning site visit, the Committee would have noted the easy access to the Sighthill Pharmacy, along the boundary of Springburn Road.</p>
	<p>Mr McMurdo reported a redevelopment of the Sighthill area was underway, with a new footbridge being built – as an alternative connection across the M8 - would connect Sighthill to Townhead and would cut walking times to approximately 10 minutes.</p>
	<p>Mr McMurdo acknowledged that granting a new pharmacy contract in Townhead would have a detrimental effect on the viability of Sighthill Pharmacy.</p>
	<p>Mr McMurdo said that the legal test meant that the Applicant had to prove inadequacy, and that a new pharmacy was both necessary and desirable. In his opinion, a new pharmacy could be considered desirable – but, as could be seen by the low number of responses to the Joint Public Consultation, and the Community Council’s objection – this indicated a lack of interest for a new pharmacy from both residents and the Community Council members. The voice of the community had proven that a new pharmacy was not, in fact desirable.</p>

	<p>Mr McMurdo noted that the setting of Townhead was unique – insofar as although there was no pharmacy in the centre of the neighbourhood, there were several on the boundaries. Mr McMurdo added that Townhead itself had better access to pharmaceutical services than most neighbourhoods – including benefitting from extended hours from Boots. Mr McMurdo said that if he was a Townhead resident and needed access to a pharmacy on Sunday or late at night, Boots was within approximately 10 minutes walking distance.</p>
	<p>With regard to access, Mr McMurdo said that many Townhead residents came to Sighthill pharmacy by several means - whether they were driven, travelled by bus or walked, and that for customers who were unable to attend, Sighthill Pharmacy offered a delivery service. Mr McMurdo excluded the housebound customers, since they would be unable to access a pharmacy in person regardless of where it was situated.</p>
	<p>Mr McMurdo noted a massive student population, which would normally be housed in student flats, high rise buildings or maisonettes. Mr McMurdo noted the Community Council's comment that there was an abnormally high number of Homes of Multiple Occupancy (HMOs) in the area in order to house students. However, Mr McMurdo said that although the number of students should be taken into account, they were not a major group of users of pharmaceutical services, and noted that they were also largely mobile. Mr McMurdo noted that the majority of students travelled outwith the neighbourhood in order to access pharmaceutical services.</p>
	<p>Mr McMurdo noted the APC comments that no needs were unmet, noted a high level of pharmaceutical services in the area and recommended against approval of the application.</p>
	<p><u>QUESTIONS FROM THE APPLICANT TO MR McMURDO</u></p>
	<p>The Applicant said that the high rise flats were GHA owned.</p> <p>Mr McMurdo noted, and amended his earlier comment to omit the high rise flats but to include the maisonettes.</p> <p>The Applicant had no further questions.</p>
	<p><u>QUESTIONS FROM THE INTERESTED PARTIES TO McMURDO</u></p>
	<p><u>QUESTIONS FROM MR MOHAMMED TO MR McMURDO</u></p>
	<p>Mr Mohammed asked how Mr McMurdo had obtained his figures regarding the high numbers for student housing.</p> <p>Mr McMurdo replied he had based it on information from the Glasgow Planning Portal.</p> <p>Mr Mohammed had no further questions.</p>
	<p><u>QUESTIONS FROM THE COMMITTEE TO MR McMURDO</u></p>

	<u>QUESTIONS FROM MR DYKES TO MR McMURDO</u>
	<p>Mr Dykes asked when the Sighthill redevelopment would be completed.</p> <p>Mr McMurdo replied that the date had been pushed back and was likely to be in 2020-21, but added that the timeline was still fluid as they still were selling land for houses and were planning to have a new school built.</p> <p>Mr Dykes had no further questions.</p>
	<u>QUESTIONS FROM MRS ANDERTON TO MR McMURDO</u>
	<p>Mrs Anderton asked whether the housing in the new development would be private affordable housing rather than social housing.</p> <p>Mr McMurdo confirmed this to be the case.</p> <p>Mrs Anderton had no further questions.</p>
	<u>QUESTIONS FROM MR IRVINE TO MR McMURDO</u>
	<p>Mr Irvine asked if Mr McMurdo agreed with the Applicants' boundaries.</p> <p>Mr McMurdo agreed.</p>
	<p>Mr Irvine asked about the footfall to Sighthill pharmacy and what percentage came from Townhead.</p> <p>Mr McMurdo estimated approximately 20%.</p>
	<p>Mr Irvine queried what amount of the Townhead population would travel outwith the neighbourhood to Tesco, Costco or further afield.</p> <p>Mr McMurdo replied that he estimated that approximately 20% travelled outwith the area.</p> <p>Mr Irvine had no further questions.</p> <p>This concluded questioning from the PPC.</p>
	<u>SUMMING UP</u>
	<u>ABBAY PHARMACY</u>
	<p>Mr Alvi said it was up to the Applicant to prove it was necessary and desirable for a new pharmacy contract to be granted, and said that the Applicant had only proved convenience, not necessity and therefore concluded that current pharmaceutical services were adequate.</p>
	<u>BOOTS UK</u>
	<p>Mrs Cowle said that there had been a significant lack of evidence provided by the Applicant – only verbal comments which could not be substantiated.</p>
	<p>Ms Cowle reminded those present of the NHS Complaints procedure, and</p>

	that pharmacies were required to submit information on complaints received to the Health Board. She noted that only 13 complaints had been recorded as being received by pharmacies in the area within the past 12 months.
	Mrs Cowle concluded that a new pharmacy contract was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services in the area.
	<u>HIGH STREET PHARMACY</u>
	Mr Mohammed said that previous applications had been declined Existing pharmaceutical services provided everything needed and that there was nothing new proposed by the Applicant.
	Mr Mohammed said that the legal test had not been proven beyond reasonable doubt that a new pharmacy contract was required, and it was up to the PPC to decide.
	<u>FERGUSON PHARMACY</u>
	Mr Fergusson said that the student population was mainly mobile, and an adequate service to residents was already provided by existing pharmacies. Transport services were also good and therefore a new contract was neither necessary nor desirable.
	<u>TOWNHEAD HEALTH CENTRE PHARMACY</u>
	Ms Tarbet said that she did not believe that there was an inadequate pharmaceutical service in the area.
	<u>SIGHTHILL PHARMACY</u>
	Mr McMurdo said that there was no need to grant the application as the Townhead residents already had adequate access to pharmaceutical care in the area.
	<u>APPLICANT</u>
	The Applicant said that, following overwhelming feedback and support from the Community and, given the major developments in the area, she believed that now more than ever, Townhead needed a pharmacy.
	The Applicant disagreed with the Community Council's opinion, given that their submission had originally been based on the issue of a pharmacy v shop, and subsequently there was an option for the shop to relocate to another unit within the same parade.
	The Applicant concluded that it was necessary and desirable that residents were able to access core and other pharmaceutical services within the neighbourhood.
	<u>CONCLUSIONS OF ORAL HEARING</u>

	The Chair thanked everyone for listening to the Applicants' case.
	The Chair then invited each of the parties present that had participated in the hearing to individually and separately confirm that a fair hearing had been received and that they had nothing further to add.
	Having been advised that all parties were satisfied, the Chair advised that the Committee would consider the application and representations prior to making a determination, and that a written decision with reasons would be prepared and submitted to the Health Board within 10 working days. All parties would be notified of the decision within a further five working days. The formal notification would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
	The Chair invited the Applicant and Interested Parties to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice in which case, the hearing would be reconvened and the parties would be invited to come back to hear the advice and to question and comment on that advice. All parties present acknowledged an understanding of that possible situation.
	The Applicant, Interested Parties, Legal Advisor and Contracts Manager left the meeting. The meeting adjourned at 1.50pm
	<u>SUPPLEMENTARY INFORMATION</u>
	In addition to the oral evidence presented, the PPC took account of the following:
	<ul style="list-style-type: none"> i) Copy of Application and Supporting documents – including the Applicants' Pharmacy Questionnaire – received by email from Ms Humyra Ahmed & Mr Ahmed Manzoor on 23 May 2017. ii) Letter received by email from NHS GG&C Area Medical GP Sub-Committee dated 7 June 2017 iii) Letter received via email from Lloyds Pharmacy Ltd dated 16 June 2017 iv) Letter delivered by hand from Colin Fergusson Pharmacy dated 19 June 2017 v) Letter received by email from Boots UK Limited dated 27 June 2017 vi) Letter received from Sighthill Pharmacy dated 20 June 2017 vii) Letter received from Townhead Pharmacy Ltd dated 26 June 2017 viii) Letter received from Royston Pharmacy dated 21 June 2017 ix) Letter received by email from NHS GG&C Area Pharmaceutical CP Sub Committee dated 4 July 2017 x) Letter delivered by hand from High Street Pharmacy dated 1 July 2017

	<ul style="list-style-type: none"> xi) Letter delivered by hand from Abbey Chemist dated 1 July 2017 xii) Email from Townhead and Ladywell Community Council dated 4 July 2017 xiii) Letter from Development & Regeneration Services at Glasgow City Council dated 15 June 2017 xiv) Population Census Statistics of 2011 extracted by Community Pharmacy Development Team xv) Details of service provision and opening hours of existing pharmacy contracts and medical practices in the area xvi) Distance from Proposed Premises to local pharmacies and GP Practices within a one mile radius xvii) Number of prescription items dispensed during the past 12 months , and quarterly information for the Minor Ailments Service xviii) Summary of Applications previously considered by PPCs in this area xix) The CAR developed from the Joint Consultation Exercise carried out between 1st November 2016 and 13th March 2017 xx) Results from Applicants' Pharmacy Questionnaire submitted as additional information to the initial application.
	<p><u>DISCUSSION</u></p>
	<p>In considering the evidence relevant to the Application which had been submitted by the Applicant and Interested Parties during the period of consultation and presented by them during the hearing, and using its own observations from site visits, the Committee first had to decide the question of the neighbourhood in which the premises, to which the application related, are located.</p>
	<p>Neighbourhood</p>
	<p>The Committee noted the neighbourhood as defined by the Applicants, the Area Pharmaceutical Sub Committee or previously defined by the PPC or National Appeals Panel. The Committee also took account of the views expressed by the Interested Parties.</p> <p>A number of factors were taken into account by the Committee when seeking to define the neighbourhood, including those resident in it, natural and physical boundaries such as amenities, schools, shops and community buildings, major roads, crossing-points, open land, the mixture of public and private housing and plans for additional development within or adjacent to the proposed neighbourhood. The Committee also took account of the distances that residents had to travel to access pharmaceutical and other services, the availability of public transport and the level of mobility of the residents and level of car ownership (which was low). The Committee noted wide consensus by the Interested Parties with the neighbourhood boundaries proposed by the Applicants.</p>

	<p>The Committee determined that the Western boundary of the neighbourhood was North Hanover Street leading into Kyle Street (A804), heading north until it intersected with Baird Road. The Committee considered these roads to form an appropriate western boundary as there was a marked difference in land use from one side to another, there being mixed residential use to the East of these roads (the area known as Townhead), and retail, commercial and education use to the West (the area known as Cowcaddens).</p>
	<p>The Committee determined that the Northern boundary was formed by Baird Street (A804), travelling in an easterly direction until it crossed the M8 and then following the M8 in an easterly direction until it crossed Springburn Road (A803). The Committee considered that these roads formed a structural barrier and an appropriate Northern boundary for the neighbourhood.</p>
	<p>The Committee determined that the Eastern boundary was formed by the A803 slip road, leading up to its intersection with Stirling Road and following this road South until it intersected with Cathedral Street. Again the Committee considered that such major roads formed significant structural barriers which, in this instance, also marked the end of residential land use and the start of commercial and health care use.</p>
	<p>The Committee determined that the Southern boundary was formed by Cathedral Street heading East to its intersection with North Hanover Street. Recognising that Cathedral Street dissected the University of Strathclyde campus, the Committee nevertheless considered that it did form a natural boundary for the area of Townhead and that the area to the South of this boundary was more likely to be considered to be a separate neighbourhood by residents of Townhead. The area south of Cathedral Street consisted largely of University buildings whereas the area to the north of Cathedral Street whilst having some campus buildings and student accommodation also had substantial residential and other uses including community uses.</p>
	<p>Accordingly the Committee agreed that the Defined Neighbourhood should be defined as follows:</p> <p>To the West: North Hanover Street, heading north along Kyle Street (A804) until its intersection with Baird Street.</p> <p>To the North: From Baird Street, following the A804 slip road where it intersects with the A803 Springburn Road.</p> <p>To the East: From the A803 slip road heading south along Stirling Road to its intersection with Cathedral Street.</p> <p>To the South: From Cathedral Street, heading West until its intersection with North Hanover Street.</p>
	<p>The Committee noted that the neighbourhood that it had determined was in fact consistent with the Applicant's defined neighbourhood, and had also been agreed by the Interested Parties.</p>

	<p>Amenities</p>
	<p>In seeking to ensure that the defined Neighbourhood was ‘a neighbourhood for all purposes’, the Committee took account of the following amenities within the Defined Neighbourhood:</p> <ul style="list-style-type: none"> • Community Centre • Pub • Primary School • Small range of Shops • Church • MENA Centre • Sports Complex • Transport opportunities (bus stops) • University accommodation and buildings
	<p>Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability</p>
	<p>Having reached a conclusion as to Defined Neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services within or to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the Defined Neighbourhood.</p>
	<p>The Committee noted that although there were no pharmaceutical services provided within the Defined Neighbourhood, there were a number of pharmacies on the periphery of the neighbourhood. They were:-</p> <ul style="list-style-type: none"> • 5 pharmacies located within a one mile radius of the proposed premises • A further 6 pharmacies located within 1- 1.5 mile radius of the proposed premises • A further 2 pharmacies located within 1.5 - 2 miles radius of the proposed premises. <p>All of these pharmacies provided core services and some provided a range of additional services.</p>
	<p>The Committee took account of population and health profiles for the neighbourhood, as contained in the Census conducted in 2011. It took particular account of the fact that :-</p> <ul style="list-style-type: none"> • 68% of the neighbourhood population were in the age range of 16-29 • 94% of the neighbourhood population assessed their health as good or very good • Only 5% of the neighbourhood population assessed their health as poor or very poor <p>The Committee concluded that the neighbourhood population was predominantly young and healthy, making it likely that they would be sufficiently mobile to enable them to access pharmaceutical pharmacies</p>

	<p>outwith the neighbourhood by undertaking a 10-12 minutes walk.</p>
	<p>The Committee also took account of the employment profile of the neighbourhood population, as contained in the 2011 Census. It particularly noted that :-</p> <ul style="list-style-type: none"> • 40% of the neighbourhood population were economically active and that the majority of them (63%) were full time students • 60% of the neighbourhood population were economically inactive and that the majority of them (80%) were students. <p>As a result, the Committee concluded that students formed the majority of the population in the neighbourhood.</p>
	<p>The Committee considered information contained in the 2011 Census relating travel patterns of the population. Although it noted that 80% of the neighbourhood population did not have access to a vehicle, it nevertheless concluded that, for the reasons already stated the great majority of the population was mobile, either being able to walk or use public transport in order to access pharmaceutical and other services outwith the neighbourhood. On this subject of ease of access, the Committee also noted that many of the Interested Parties had indicated that they already provided a pharmacy delivery service to less mobile patients in the neighbourhood.</p> <p>In light of this, the committee then reviewed the various ways that individuals from this neighbourhood would access existing pharmaceutical services. Bus services serving the proposed neighbourhood were regularly available and footpaths and pavements were noted to be in good condition. Access via walkways, bridges and recognised safe crossing points to the wide range of services adjacent to the proposed neighbourhood were noted to be available.</p> <p>Given the age profile of this community, The committee concluded that the majority of the community were mobile and would either be able to walk 10-12 minutes or use public transport in order to access the wide range of services, including pharmaceutical services outwith but close by the Defined Neighbourhood.</p>
	<p>The Committee noted that only 13 formal complaints had been received over the past year, which the Committee regarded as very low, given a population of around 3.5k (as indicated in the 2011 Census) and over 1.1m prescriptions being dispensed. The Committee concluded that this did not support the proposal that pharmaceutical services were inadequate. In addition, the Committee acknowledged that although the Applicant had been asked several times to provide evidence of complaints or gaps, she had not been able to provide any evidence, other than referring to verbal complaints made to her.</p>
	<p>The Committee noted the Applicants' planned opening hours and proposal to offer a 7 day service. The Committee also noted that Boots located just outwith the neighbourhood already offer such a 7 day service. However, the Committee took account of the model hours and the comments of the</p>

	interested parties that Sunday opening had not been successful for any of them other than Boots.
	Consultation Analysis Report (“CAR”)
	The Committee then went on to consider in detail the CAR.
	<p>The Committee acknowledged that only 55 people had responded to the joint consultation questionnaire, which was a very low response rate. From the responses reflected in the CAR, the Committee noted:</p> <ul style="list-style-type: none"> • 87% of respondents lived within the neighbourhood (Question 2) • 55% of respondents had ease of access to a current community pharmacy (Question 4), and while • 58% of respondents were in favour of a new pharmacy at Kennedy Path (Question 11) 40% were not.
	<p>The Committee considered the following statistics which emerged from the CAR to be significant. They were that :-</p> <ul style="list-style-type: none"> • By a ratio of 2:1, respondents had agreed that pharmaceutical services were adequate. (Question 3) • By a ratio of 3:2, respondents had agreed that they had ease of access to an existing community pharmacy. (Question 4)
	Whilst recognising the time and effort taken by NHS staff in association with the Applicant in conducting the Joint Public Consultation, the Committee expressed disappointment by the uptake and number of responses received and that respondents comments in support of the application related to ‘convenience’ rather than necessity
	Applicants’ Pharmacy Questionnaire
	The Committee noted that the Applicant had conducted her own survey of opinion within the neighbourhood, which had resulted in over 200 completed questionnaires being generated. The Applicant had explained during the hearing that the survey had been conducted door-to-door over a period of one week, with 100% of those surveyed in favour of a new pharmacy at the premises. However, the Applicant had only admitted under questioning during the hearing that residents who had not been supportive of a new pharmacy (which the Applicant claimed to be less than 10) had opted not to complete a form.
	The Committee drew the conclusion that the methodology that had been used by the Applicant to conduct a survey of opinion outwith the CAR arrangements did not accord with recognised public consultation processes, including that it had not been made transparent by the Applicant that some residents canvassed had not been in favour of the application.
	Development Projects
	The Committee recognised that there was significant structural development ongoing in the area of the neighbourhood, with a total of 966 units being

	developed, which would likely increase population.
	The Committee noted the Applicant's assertion that there was potential for an additional 40,000 students arriving into the area due to expansion of the City of Glasgow College.
	However, the Committee noted particularly that only one module of such projected development was contained within the neighbourhood (student accommodation in the region of Kennedy Street/North Hanover Street) and that the remainder of such development was located closer to existing pharmacies in the area.
	In order to consider capacity and the ability of existing pharmacies to cope with any increased demand for pharmaceutical services as a result of ongoing developments, the Committee considered the number of prescriptions issued by existing pharmacies over the past year. It concluded that such prescription numbers were low. Therefore, it was the view of the Committee that there was additional capacity for existing pharmacies to manage any increased demand for pharmaceutical services should the neighbourhood population increase significantly.
	The onus was on the Applicant to demonstrate an inadequacy of pharmaceutical provision in the neighbourhood. Despite ample opportunity in questioning to provide evidence that supported her application she was unable to do so. The applicant had indicated that there was no pharmacy in the neighbourhood, that some members of the local population had told her that they would like to see a pharmacy in Townhead and of her desire and commitment to help improve the health of the local population.
	In accordance with the statutory procedure, the Pharmacist Members of the Committee namely Mr Dykes, Mr Irvine and Ms Williams left the room while the decision was made.
	<u>DECISION OF THE COMMITTEE</u>
	The Committee noted Lord Drummond Young set out legal text relating to adequacy in 2004. He described a 'two stage approach' in which the decision maker (PPC) must consider whether existing provision of pharmaceutical services in the neighbourhood is adequate. If it decides that such a provision is adequate, that is the end of the matter and the application must fail.
	In considering the application, the Committee took account of all relevant factors concerning neighbourhood and adequacy of existing pharmaceutical services in the neighbourhood in which the premises were located, in terms of Regulation 5(10).
	It also took account of all information available to it, which was relevant to the application. For the reasons set out above, it was the view of the Committee that the provision of pharmaceutical services in the neighbourhood was adequate, given the level of service currently being

	provided by existing pharmacy contractors located outwith the neighbourhood. It was therefore neither necessary nor desirable to grant the application.
	It was the unanimous decision of the PPC that the application be refused.