

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (05)**  
 Minutes of a Meeting held on  
 Thursday 10<sup>th</sup> June 2010 in  
 Premier Inn, Glasgow South, 8- Balllater Street  
 Glasgow G5 0TW

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| <b>PRESENT:</b>       | Peter Daniels<br>Mr William Reid<br>Mrs Maura Lynch<br>Mrs Kay Roberts<br>Mr Gordon Dykes | Chair<br>Deputy Lay Member<br>Deputy Lay Member<br>Non Contractor Pharmacist Member<br>Contractor Pharmacist Member                      |
| <b>IN ATTENDANCE:</b> | Trish Cawley<br>Robert Gillespie<br>Janine Glen   | Community Pharmacy Development Supervisor<br>Lead - Community Pharmacy Development<br>Contracts Manager – Community Pharmacy Development |

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

**ACTION**

**1. APOLOGIES**

Apologies were submitted on behalf of Colin Fergusson.

**Section 1 – Applications Under Regulation 5 (10)**

**2. APPLICATION FOR INCLUSION IN THE BOARD'S PHARMACEUTICAL LIST**

**Case No: PPC/INCL03/2010**

**Carol Ann Burns – 1399 London Road, Glasgow G31 4PF**

The Committee was asked to consider an application submitted by Mrs Carol Ann Burns to provide pharmaceutical services from premises situated at 1399 London Road, Glasgow G31 4PF under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended.

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

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

The hearing was convened under paragraph 3 (2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Mrs Carol Ann Burns (“the Applicant”), assisted by Mr Thomas Burns. The Interested Parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Mr John Rossi (“the Interested Party”) assisted by Mr Eddie Cairns.

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant's proposed premises, existing pharmacies, GP surgeries and facilities in the immediate area and surrounding areas of: Ballater Street, King's Drive, James Street, Mackeith Street, Main Street, Dalmarnock Road, Springfield Road, London Road, Causewayside Street, Tollcross Road, Crail Street, Westmuir Street, Gallowgate, Fielden Street, Dunn Street, Newhall Street, and the Green.

The Committee noted that the premises were constructed, although the pharmacy was not yet fitted out. The Committee had gained access to the premises themselves and had toured the wider vicinity

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

The Committee noted that Mr Rossi had submitted additional information after the Board's cut-off point for such issues. In accordance with the Committee's agreed procedures, the Chair had reviewed the contents of the information and had agreed not to allow this as part of the oral hearing.

### **The Applicant's Case**

**Mrs Burns** advised that her pharmacy in Springfield Road had served the community of Dalmarnock for 15 years under her ownership and for many years before with her predecessors. The area had witnessed many changes in that time, but had always provided the necessary and desirable range of pharmaceutical services from these premises.

The neighbourhood, for the purposes of the application, Mrs Burns considered to be Canmore Street to the East, Glamis Road, continuing across Springfield Road to Celtic Park

Stadium to the North, Kinnear Road, from London Road to Baltic Street to the West and Dalmarnock Road till it met with the River Clyde to the South. Mrs Burns considered this area to define the catchment of the population presently utilising the pharmaceutical services from the current location and the population she hoped to continue to provide services to from the new location. The area was one of the most deprived in Glasgow scoring high on levels of deprivation on Economic Activity, Education, Housing and Health.

Mrs Burns accepted that the concept of neighbourhood was not an exact science and had no formal definition, and that there could be other interpretations of boundaries. However, even if the much larger neighbourhood was considered by the Area Pharmaceutical Committee then she suggested this application remained valid. There were pharmacies certainly within the larger area but they were all positioned to service the north of the neighbourhood. Even Mr Rossi's suggested neighbourhood extended the boundary further north to include another four pharmacies none of which were relevant to the area and population south of London Road. Mrs Burns advised that her present contract covered this population in the south of the neighbourhood and would continue to do so from the proposed location.

The biggest changes in the area had taken place in recent times. Glasgow City Council had been planning regeneration of the area and the award of hosting the Commonwealth Games 2014 had secured a very bright future for the area. The area would however go through a period of major disruption before the plans came to fruition. This disruption had affected the building within which the pharmacy was presently located, and had sometimes made it difficult to maintain the high level of service which the pharmacy strived for.

Mrs Burns advised the Committee that it was never within in her plans to move premises voluntarily, but events had overtaken this. A compulsory purchase order was placed on the property in 2008 and following all the legalities was finalised by the Scottish Government in January 2010. The final paperwork had now been received and as of the 28<sup>th</sup> June 2010, Glasgow City Council could insist on vacant possession of the premises by giving fourteen days notice. They were however sympathetic to the service that was being provided to the community and as they were away that she was actively seeking relocation they were willing to temporarily extend her tenure.

She had been seeking temporary alternative premises for some time, however this has not been successful such far. Clyde Gateway Development in conjunction with Glasgow City Council had hoped to provide these premises, but due to financial constraints this had not been forthcoming and is not likely to be at any point in the future.

As a result, Mrs Burns had started to look at other options. Although the majority of the prescriptions dispensed from the Springfield Road branch (55%) came from the immediate area (G40), a significant number, (15%) came from the area of London Road at the junction with Springfield Road and the major new development of Belvidere Village opposite the proposed site, the remaining portion (30%) come from postcodes outwith these areas.

Glasgow Housing Association (GHA) was the only organisation who could make a firm offer of premises to allow the Applicant to relocate in the area. These were the premises the Committee visited at 1399 London Road. Although the premises were currently in a state of ill repair, GHA had a remit to improve the area for the forthcoming Commonwealth Games

and as such had offered to refurbish the unit to Mrs Burns specification (within limits) to assist in the relocation. This had made the potential move possible. Mrs Burns was offered a 20 year lease on the premises, but as she saw this as a temporary move she had negotiated a lease which would allow a break in the lease at the end of five years upon six months notice.

Mrs Burns advised that she would be able to continue to provide services to the same population as she had previously. She accepted this would involve a longer walk for the people who were in her current immediate neighbourhood, but advised that the proposed location would be more accessible for others from the London Road area and the new developing Belvidere Village. The proposed new site would remain the nearest pharmacy to the majority of Mrs Burns's current patients, living in the G40 area. These were patients who Mrs Burns had built up a professional relationship with over many years. She had maintained their patient medication records over a long period of time. This would become even more relevant with the roll out of the Chronic Medication Service (CMS). For this service patients would be identified from their records. If her present cohort of patients for whom she maintained these records were to be deprived of her continuous service it would effectively rule them out of participation in the CMS at its roll out as they could not be assessed in the absence of the medication records.

Mrs Burns suggested that she would provide, as she did at present, a collection service from local surgeries and would introduce a delivery service. She had already consulted the local community on this development and they were very keen and supportive of this service. This could be very helpful where a patient was receiving repeat medication on a regular basis or an acute medication where a patient may benefit from the direct service, particularly the old and frail, of which there was a high proportion in the area, and families with small children where transport could be a problem. She was however fully aware that this did not negate the need for a face to face contact with a pharmacist for such services as the Minor Ailment Service (MAS), and reviews of current medication. Although the proposed delivery service would not be carried out by a pharmacist, there was ample opportunity of a pharmacist home visit by arrangement as the full time pharmacist already in her employ would have the full backing of cover when and if necessary.

Within the new premises, Mrs Burns intended to provide a consultation room and also a quiet area within the pharmacy for more private conversation. She intended to provide all the services that were presently available such as Smoking Cessation, providing Monitored Dose Systems, Heart Failure Service, Methadone supervision and Domiciliary Oxygen. The pharmacy also participated in the Keep Well Project and the Health Start Programme and would continue to do so. This was in addition to the core services of Public Health Services, MAS (for which the pharmacy had many registered patients), Acute Medication Service and CMS (for which the staff were full trained and ready). The application to relocate was necessary to maintain (not increase) the pharmaceutical services already provided in the area.

Mrs Burns advised that she would like to reassure her colleagues, who may have doubts that she only ever saw this move as temporary. As the Commonwealth Games came and went in 2014 the whole of the Commonwealth Village would be redeveloped to provide a new and exciting development of residential and commercial properties. There was a detailed planning application submitted to Glasgow City Council on 14<sup>th</sup> May, to provide a

residential development comprising 758 units providing accommodation for around 1,500 occupants, a 120 bed care home, and an energy centre with the associated roads and infrastructure. In addition also submitted was planning permission in principle for a further 350 residential units, 1,000 sq m Class 1 floor space and 2,000 sq m of commercial floor space a mix of Class 2, 3 and 4 with associated roads and infrastructure.

The commercial units were planned for development leading up to the games in 2014 and for use after the games were over and this was where the Applicant ultimately wanted to be situated permanently, in the heart of this new community. She had had a conversation with representatives of The City Legacy Consortium who were involved and had already expressed her interest. The Consortium agreed in principle that as a retail pharmacist and already established in the area, she would be a preferred tenant of the new commercial units but obviously so far down the line they could not make any firm commitment at this stage.

The Applicant had absolutely no intention moving to the proposed premises on a permanent basis, which is the reason why she negotiated the terms of the lease with the GHA to allow the break after five years. Mr Burns averred that if it would reassure her colleagues further she would be happy if the Committee were to grant the application with this condition. Her longer term view was always to move back into the heart of the community when retail units became available.

Mr Burns advised that the application had the fully support of the local community. It was supported by the local Dalmarnock Community Council who represented the residents of the area and also by local councillors Ruth Simpson and Alison Thewliss, and of the local MP Mr Anas Sarwar. These supporters were anxious that the current level of pharmaceutical services was not compromised. The Community Pharmacy Subcommittee of the Area Pharmaceutical Committee concluded in their discussion of the application, that the imminent demolition of the pharmaceutical premises at Springfield Road would result in a deficiency of provision in the area, and an adequate service would not, thereafter be provided.

As such, it was Mrs Burns' contention that the application was both necessary and desirable to secure the maintenance of adequate provision of pharmaceutical services to the area and she therefore urged the Committee to approve it.

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

In response to questioning from **Mr Rossi**, Mrs Burns confirmed that she had been advised that she would be unsuccessful if she applied for a minor relocation of existing services, despite the distance between her current premises and the proposed premises being less than half a mile.

In response to a series of questions from Mr Rossi around her choice of neighbourhood, Mrs Burns confirmed that she had chosen Glamis Road as a boundary as she considered the area beyond this to be waste ground and one which was used for fly-tipping. She further confirmed that she was unaware that some of her boundaries were taken from the political boundaries of Ward 9. She disagreed that London Road would constitute a more logical boundary and pointed to the three pedestrian crossings which existed between the

junction of Springfield Road and London Road. In Mrs Burns' opinion this showed that the road was not a physical boundary as crossing was relatively easy.

In response to further questioning from Mr Rossi, Mr Burns confirmed that she had confirmed the occupancy statistics of Belvidere Village with the developer. She reported that Belvidere Village was a phased development, which was not wholly occupied at the moment. The developers had informed Mrs Burns that Phase 1 had been sold allowing Phase 2 to commence.

In response to further questioning from Mr Rossi, Mrs Burns advised that she was aware that residents in the area already accessed services, however at the moment they had to move outwith the area to do so. It was unclear where they currently accessed services.

In response to further questioning from Mr Rossi, regarding the high rise flats situated on Helenvale Street, Mrs Burns confirmed she was unaware that egress from the flats was restricted to an exit on Springfield Road and that there was no way out for residents on Helenvale Street. She further confirmed that she was unaware of the population of the flats.

In response to questions from Mr Rossi, regarding what services Mrs Burns would offer from her pharmacy that were not already being offered by the current network, Mrs Burns advised that, in her opinion none of the existing pharmacies provided any pharmaceutical service to the neighbourhood commonly known as Dalmarnock. Her pharmacy would therefore in its relocated position continue to provide essential services to this neighbourhood which were not currently being provided by any other community pharmacy.

In response to a series of questions from Mr Rossi, regarding her attempts to secure alternative accommodation within her current area, Mrs Burns confirmed that she had been looking for premises within the Dalmarnock area, as it had been her preferred intention to remain within the heart of the community which she currently served. She had consulted several landlords within the area; however they were unable to provide her with sufficient security of tenure that would provide her with relative long term stability.

In response to further questioning from Mr Rossi regarding specific alternative premises at 614 Dalmarnock Road, Mrs Burns advised that she was aware of these premises, but again reiterated that a private landlord would be unable to provide her with security of tenure in the long term.

In response to further questioning from Mr Rossi regarding alternative premises in the Bridgeton area, Mrs Burns advised that the community of Dalmarnock were not inclined to travel in this direction for any of their day to day needs. Relocating to this area was therefore not logical.

In response to further questioning from Mr Rossi regarding her notion that a break in residential housing defined the boundary of a neighbourhood, and why then she hadn't chosen to defined the break between Dalmarnock and Bridgeton as a boundary, Mrs Burns advised that she had chosen Dalmarnock Road as her southern boundary given the nature of the road.

In response to questioning from Mr Rossi regarding the potential for developing a temporary facility within the Dalmarnock area, Mrs Burns advised that she had fully explored this issue. There was scope to develop a portacabin facility within the area, however there were potential problems relating to the utilities and how these could be secured for the long term. The building development work being undertaken for the Commonwealth Games may impact on the ability of the Council to provide such utilities as electricity and water to the temporary accommodation. Mrs Burns reiterated that she had looked for premises which would provide her with the long term security and thus secure adequate provision of services for the neighbourhood which she currently served.

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

In response to questioning from **Mr Reid**, Mrs Burns confirmed that 55% of her prescription load was generated from the G40 post-code area, 15% from the G31 area and 30% from outwith these areas.

In response to further questioning from Mr Reid, Mrs Burns confirmed that within the last five years, there had been a change in the population within the neighbourhood. She further confirmed that most of the population was now concentrated around the proposed premises.

In response to further questioning from Mr Reid, Mrs Burns suggested that it would be more inconvenient for the resident population within the Dalmarnock area to access services at other community pharmacies as she would provide continuity of service from the proposed premises. In addition, her pharmacy would continue to be the nearest facility.

In response to further questioning from Reid, Mrs Burns confirmed that Belvidere Village was still being developed. She advised that this was the nearest concentrated population to the proposed premises. She further advised that she provided services to this population from her current premises; however she could not quantify these.

In response to final questioning from Mr Reid, Mrs Burns confirmed that the three agencies involved in the development of the area were City Legacy who was responsible for the development of the Commonwealth Games Village, Glasgow City Council and Clyde Gateway who were responsible for the development of Dalmarnock Road. She further confirmed that she had approached all three regarding alternative premises.

In response to questioning from **Mrs Roberts**, Mrs Burns confirmed that the majority of the prescriptions for patients in the G31 post-code area originated from patients who were registered with Dr Al-Zubairi, who practised from premises directly opposite Mrs Burns' current premises. Mrs Burns further confirmed that this GP practice would in all likelihood move to alternative premises, however at this stage the location was not known.

In response to further questioning from Mr Roberts, Mrs Burns confirmed that the development of Belvidere Village was a phased process which would take place over a significant period of time.

In response to questioning from **Mrs Lynch**, Mrs Burns confirmed that the prescriptions from G31 would not come from all areas of the post-code. The majority would derive from the area along London Road and to the mid-point of Springfield Road

In response to further questioning from Mrs Lynch, Mrs Burns advised that planning permission in principle had been given for a major development in the area including a 120 bed care home and retail premises. As an established community pharmacy within the neighbourhood, Mrs Burns had been advised that she would be considered a preferred tenant, however the developers would not make a firm commitment of a lease agreement this far in advance. She further confirmed that the location of the care home and the residential development had been decided and this would be only about 50 yards from her current premises.

In response to final questioning from Mrs Lynch, Mrs Burns advised that she did not know if her defined neighbourhood could be defined by a name.

In response to questioning from **Mr Dykes**, Mrs Burns further confirmed that she had explored all alternative premises within the area surrounding her current premises. She advised that she was unable to secure a position that would provide her with the long term security of tenure that she required to ensure the continued provision of services to the defined neighbourhood.

In response to further questioning from Mr Dykes, Mrs Burns confirmed that her current premises had approximately 300 patients registered for MAS. She confirmed that she was unaware how this compared with the average amount for Glasgow.

In response to further questioning from Mr Dykes regarding her level of comfort that she would secure premises within the new development, Mrs Burns confirmed that she would ensure that she was best placed to obtain one of the new premises. She advised that she had the support of Dalmarnock Community Council and she would be trying her utmost to ensure that she moved back in to the heart of the community which she currently served.

In response to final questioning from Mr Dykes, Mrs Burns confirmed that she was aware that her pharmacy may not be successful in securing the pharmacy contract for the proposed care home.

In response to questioning from **the Chair**, Mrs Burns agreed that she had had to define a neighbourhood for the purposes of the application. She had defined the neighbourhood ostensibly as Dalmarnock, but had to include an area to the north of this, as this was where many of her prescriptions came from. She advised that the majority of her prescriptions came from the G40 area; however some did come from the G31 area. She accepted that the logical neighbourhood may be bigger than the one she defined. In this case she would suggest that the current network served the population to the north of London Road, between them. She was the only pharmacy serving the population to the south of London Road and this would continue from her proposed premises.

In response to further questioning from the Chair, Mrs Burns expanded on her definition of neighbourhood by confirming that she had chosen Canmore Street and not Methven Street as a boundary by driving around the area and identifying the break in housing. She



had noticed the break in housing, constituting a physical break between an area of residential housing and an area of vacant ground

In response to final questioning from the Chair, Mrs Burns confirmed that in her opinion residents living in Glamis Road would not identify themselves with any residents living in Tollcross Road or in Dalmarnock.

**There were no questions to the Applicant from Mr Gillespie.**

**The Interested Party's Case (Mr John Rossi – Tollcross Pharmacy)**

**Mr Rossi** invited the Committee to reject the application as there was already good provision of pharmaceutical services in the neighbourhood.

He advised that within the neighbourhood there were currently six pharmacies within a 500m radius of the Applicant's pharmacy. He further advised that if the application was granted someone living in Tollcross Road between the Applicant's proposed premises and Young and Mair (Gallowgate) would have a choice of seven pharmacies within 500m.

According to Mr Rossi, the current pharmacies provided a wide range of services including extended hours, Sunday and weekend opening, drug addiction and extensive collection and delivery services. The local population had a wide choice of where to access pharmaceutical services. Locating an additional pharmacy at London Road would do nothing to improve access to pharmaceutical services in the area.

He advised that to justify this application, Mrs Burns had had to define an unrealistic neighbourhood. He suggested that the application defined by Mrs Burns in the neighbourhood did not exist. An area had been sketched out on the map avoiding local pharmacies but extending almost two miles away towards the River Clyde while making sure the Applicant's existing pharmacy was included. He advised that new pharmacy services must be located according to the needs of existing neighbourhoods. The neighbourhood should not be designed around a location where someone wanted to open a new pharmacy in order to justify the application.

He advised that currently on this neighbourhood model someone looking for a pharmacy living in McBeth Street, McDuff Street or Glamis Road would not look to Westmuir Street, Tollcross Road or Parkhead Cross, but would rather travel down to Dalmarnock over a mile away. The notion that Methven Street was not in the same neighbourhood as Canmore Street but Dalmarnock Road at the bridge over the River Clyde was clearly incorrect.

He advised that beyond London Road towards Dalmarnock was currently a wasteland. There was nothing there. This in itself would separate it from other neighbourhoods. Patients would not wish to make that journey to access pharmaceutical services. Most residents would travel in the opposite direction towards Bridgeton to access other services such as GPs, shops and post offices. Mr Rossi advised that the South of London Road was not the same as the area to the North. He advised that when turning left at Springfield Road, you had to travel around half a mile along London Road before you encountered housing. He further advised that the potential redevelopment of the athlete's

village into housing and commercial facilities would take many years to complete. It would be a long time before these facilities were suitable for families.

He commented that the Applicant had mentioned the development at Belvidere Village. Mr Rossi averred that this had had little or no effect on the local population. He advised that in recent years areas of high density housing around the Canmore Street and Methven Street had been removed, but had been replaced by lower density housing. The population hadn't increased. The Belvidere Village had, according to Mr Rossi, been deeply unpopular with very few units of the First Phase sold. The housing at the Commonwealth Village was many years away and would be served by Mrs Burns's new unit when this opened in Dalmarnock.

Mr Rossi advised that rather than make an application to relocate to premises in London Road, the Applicant had failed to explore all the alternatives within her current location of Dalmarnock. He had undertaken a simple investigation which had identified several alternatives within the area. He was aware of an empty unit at 614 Dalmarnock Road, which was available for rent and which in his opinion would involve a minor relocation of services for the Applicant. There were further premises available in Main Street, Bridgeton which he felt would be a better option for the Applicant and it was closer to her current location and was also in the area which most residents in Dalmarnock would naturally travel to. Mr Rossi further suggested that the Applicant had failed to fully explore the potential to relocate into temporary accommodation within the Dalmarnock area. In Mr Rossi's opinion it would not be difficult to site a portacabin in several locations around the area.

He questioned whether Mrs Burns was aware that the proposed premises had had to close due to a ceiling collapse and had previously been earmarked for demolition. It was Mr Rossi's understanding that the building was subject to a structural report because of this. Mr Rossi saw this as further evidence that a portacabin solution would be better.

He advised that it may well be the case that the population of Dalmarnock would fall significantly during the new few years due to developments. This may make pharmacy in the area less appealing. In those circumstances, Mr Rossi suggested, it was not appropriate to open an unnecessary pharmacy in an adjoining area. The proposed location would add nothing to services in either area.

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

In response to questioning from **the Applicant**, Mr Rossi confirmed that he did not consider Tollcross Road to be a boundary. He advised that many of the residents living along Tollcross Road would access services in Westmuir Street.

In response to further questioning from the Applicant regarding the current pharmacies in the area, Mr Rossi accepted that by taking his neighbourhood up to Shettleston Road he had brought in a further four pharmacies, and that these pharmacies could not be considered to serve the population south of London Road. He advised that his neighbourhood did not include Dalmarnock. It went from London Road to Shettleston. He accepted that someone living in Canmore Street wouldn't say a pharmacy in Tollcross Road was their local pharmacy. He further accepted that there was no other pharmacy

south of London Road.

In response to further questioning from the Applicant, Mr Rossi accepted that her pharmacy would continue to be the nearest community pharmacy to the population of Dalmarnock even if the relocation was approved and the pharmacy moved to London Road.

In response to further questioning from the Applicant around Belvidere Village, Mr Rossi confirmed that he was including this in his definition of neighbourhood.

In response to further questioning from the Applicant, Mr Rossi agreed that Tollcross Road would be too far for the population of Dalmarnock to travel to for services. He advised that it was a matter for the Applicant whether the Dalmarnock area was left devoid of pharmaceutical services. He advised that access to the proposed premises would be no easier for the population of Dalmarnock than access to his pharmacy on Tollcross Road.

In response to final questioning from the Applicant, Mr Rossi did not agree that the area around Canmore Road was waste ground, nor did he agree that people would only cross the area if they had to. He would define this area as empty ground.

#### **The PPC Question the Interested Party**

In response to questioning from **Mr Dykes** around how the completion of the M74 motorway extension might affect traffic patterns in the area, Mr Ross advised that he didn't think it would affect local access, but had not considered what affect it would have on the general traffic coming into the area.

In response to further questioning from Mr Dykes, Mr Rossi confirmed that there were six pharmacies within his defined neighbourhood. He advised that the main drivers for adequate pharmacy services were the provision of core services. He disagreed that pharmacies should be bunched together and felt it important to have a rational distribution of pharmacies.

In response to further questioning from Mr Dykes, Mr Rossi advised that he would still object to the application if there was a mechanism available within the current pharmacy regulations to force the Applicant to return to her original location. He advised that he felt there to be better options for the community of Dalmarnock, which were closer and more accessible.

In response to questioning from **Mrs Lynch**, Mr Rossi confirmed that someone living in Glenshee Avenue would travel to Westmuir Street for their day to day needs. They would travel up Methven and Canmore Streets to Westmuir Street.

In response to further questioning from Mrs Lynch, Mr Rossi accepted that there was a low level of car ownership in the Dalmarnock area. He confirmed that Mrs Burns proposed premises would continue to be the nearest facility for these residents. He reiterated however that the other pharmacies in the area provided extensive collection and delivery services. He further confirmed that the residents of this area would access Bridgeton for many of their services, however he did not consider they would travel their by foot.

In response to questioning from **Mrs Roberts**, Mr Rossi confirmed that the neighbourhood of Tollcross Pharmacy and the neighbourhood of the proposed pharmacy were two different things. He further confirmed that he would not expect anyone living in Springfield Road to access services at Tollcross Road.

In response to final questioning from Mrs Roberts, Mr Rossi confirmed that if the Applicant moved from her current location, the residents of the Dalmarnock area would not have access to adequate pharmaceutical services.

In response to questioning from **Mr Reid**, Mr Ross confirmed that his neighbourhood included the development of Belvidere Village, which was just south of London Road.

In response to questioning from **the Chair**, Mr Rossi confirmed his neighbourhood as:

North: Shettleston Road to the Forge Shopping Centre;

West: the middle of the Forge Shopping Centre, travelling south across Gallowgate to Springfield Road to London Road;

South; south of London Road, taking in Belvidere Village, following the development and London Road to the east;

East: Braidfauld Street, following this north at the edge of Tollcross Park to Shettleston Road.

**There were no questions to Mr Rossi from Mr Gillespie.**

### **Summing Up**

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

**Mr Rossi** advised that the space between London Road and the area of Dalmarnock was too large to be considered a single neighbourhood. There were six community pharmacies in the area he described as Parkhead. Adding a seventh would not enhance or secure adequate provision of services of pharmaceutical services in the neighbourhood.

He advised that the Applicant had chosen to relocate her premises and had not been forced by the compulsory purchase order. There were options within the Dalmarnock area including the premises at 614 Dalmarnock Road, which provided a better opportunity. There were also alternative available premises in the Bridgeton area which was closer to the existing premises and was an area which was less well served by an existing network. Moving to this area would provide better access for patients, albeit not be a pedestrian route. The Applicant's proposed premises were situated in an area where the people of Dalmarnock would not want to go.

Mr Rossi suggested that the Applicant had not exhausted all options available to her. He had been able to obtain information around alternative accommodations in one afternoon. All in all the application was not necessary and he asked the Committee to reject the application.

**Mrs Burns** advised that her application for relocation should be considered purely on

pharmaceutical needs of the neighbourhood. The granting of the application would only serve to continue the service which was already in place. If it had been deemed necessary in the past, and the level of dispensing and service provision from the current location would back that up, then it would be unfair to deprive this community of it in the future. This would result in an area where there would be deficiency of provision and an adequate service would not be maintained.

She advised that it was not an application to try to disrupt the provision from any other contractor or to try to take any of their customers. Granting this application would result in no appreciable effect on any other contract in the area, but merely serve to continue and maintain the continuity of service already provided. The refusal of this application would leave this neighbourhood, already deprived in so many ways, deprived of an essential pharmaceutical service on which they already relied. The temporary relocation of this service was not just desirable to the neighbourhood but was a necessity to continue to meet the needs of the people who had relied on it in the past. For these reasons, Mrs Burns urged the Committee to approve the application.

Before the Applicant left the hearing, the Chair asked Mr Rossi and Mrs Burns to confirm that they had had a full and fair hearing. Mr Rossi advised that he was unhappy that the Chair had not allowed his additional information to be entered into the hearing. He advised that this information had only come to him recently and that he had not been in possession of the information in time to meet the Board's timescale for submission of information.

Mrs Burns advised that she would be unhappy if Mr Rossi amended his definition of neighbourhood from his original written representation.

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

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

In addition to the oral submissions put before them, the PPC also took into account all written representations and supporting documents submitted by the Applicant, the Interested Party and those who were entitled to make representations to the PPC, namely:

- a) Chemist contractors within the vicinity of the Applicant's premises, namely:
  - Boots UK Ltd – various addresses;
  - Young and Mair – 1432 Gallowgate, Glasgow G31; and
  - Tollcross Pharmacy – 229 Tollcross Road, Glasgow G31
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;

- c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee);

**The Committee noted that in accordance with the requirement to consult the public, notification of the application had been sent to:**

- d) - The Glaswegian Newspaper (advert run on Wednesday 21<sup>st</sup> April 2010) – one response received;
- e) - East Glasgow CH(C)P – no response received;
- f) The following community councils:  
Auchenshuggle – response received;

The Committee also considered;-

- g) The location of the nearest existing pharmaceutical services;
- h) The location of the nearest existing medical services;
- i) Demographic information regarding post code sectors G31.4, G31.5 and G40.3;
- j) Information from Glasgow City Council's Department of Land & Environmental Services and Development & Regeneration Services regarding future plans for development within the area;
- k) NHS Greater Glasgow and Clyde plans for future development of services; and
- l) Patterns of public transport in the area surrounding the Applicant's proposed premises.

### **DECISION**

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

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, and the Community Pharmacy Subcommittee in relation to the application. The Committee considered that the neighbourhood should be defined as follows:

**North: Tollcross Road (south side) to its meeting with Springfield Road;**  
**East: Springfield Road travelling south across London Road to Bogside Street;**  
**South: from Bogside Street travelling west to meet the curve of the River Clyde, following the River west, taking in the Belvidere Village development, crossing London Road;**  
**West: Maukinfauld Road to its meeting with Tollcross Road (south side).**

The Committee agreed that the north of Tollcross Road demarked a different

neighbourhood. Tollcross Road was a main trunk road, along which many bus services operated into the city centre. As well as being a significant physical boundary, the Road marked a difference in topography. The area directly to the south of Tollcross Road was mainly vacant ground and a bus station. The River Clyde to the south was a significant physical boundary. Springfield Road to the West marked a boundary especially in its current state taking into consideration the significant development currently taking place along it. Maukinfauld Road marked a boundary in terms of type of housing.

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

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

The Committee noted that within the neighbourhood as defined by the PPC there were no pharmacies. The nearest existing pharmacies were located in the main shopping area of Westmuir Street, Parkhead Forge and Gallowgate. These pharmacies provided pharmaceutical services including core services and supplementary services. The Committee considered that the level of existing services provided satisfactory access to pharmaceutical services within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee noted the Applicant's comments around how a relocation of premises would not increase the number of contracts in the neighbourhood. They were however mindful that their only consideration was the application of the legal test. In so doing, they noted that the existing pharmaceutical network provided adequate services.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source which demonstrated that the services currently provided to the neighbourhood were inadequate.

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

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

#### **DECIDED/-**

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

**Contractor  
Services  
Supervisor**

was the unanimous decision of the PPC that the application be refused.

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

**5. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2010/19 noted the contents which gave details of applications received by the Board and which had still to be considered. The Committee agreed the following applications should be considered by means of an oral hearing:

- M Ameen and M Rashid, 1/3 Kennishead Avenue, Glasgow G46.8
- Invercoast Ltd, 32a Brucehill Road, Dumbarton G82.4

**6. ANY OTHER COMPETENT BUSINESS**

There was no other competent business.

**7. DATE OF NEXT MEETING**

To be arranged.