

**NOT YET ENDORSED AS A CORRECT RECORD**

**Pharmacy Practices Committee (05)**  
Minutes of a Meeting held on  
Monday 27<sup>th</sup> July 2009 in  
Best Western Pond Hotel, Great Western Road,  
Glasgow G12 0XP

<b>PRESENT:</b>	Mr Peter Daniels	Chair
	Dr Catherine Benton	Vice Chair
	Mr Alan Fraser	Lay Member
	Mr William Reid	Deputy Lay Member
	Mrs Kay Roberts	Non Contractor Pharmacist Member
	Mr Colin Fergusson	Contractor Pharmacist Member

<b>IN ATTENDANCE:</b>	Dale Cochran	Community Pharmacy Development Supervisor
	Richard Duke	Contracts Manager – Community Pharmacy Development
	Janine Glen	Contracts Manager – Community Pharmacy Development
	David Thomson	Deputy Lead - 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 received on behalf of Mrs Charlotte MacDonald.

**2. MATTERS ARISING NOT INCLUDED IN AGENDA**

None.

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

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

**Case No: PPC/INCL15/2008**

**Lloydspharmacy, Unit 5 485/507 Glasgow Road, Clydebank G81 1JP**

The Committee was asked to consider an application submitted by Lloydspharmacy to provide general pharmaceutical services from premises situated at Unit 5 485/507 Glasgow Road, Clydebank G81 1JP under Regulation 5(10) of the National Health Service

(Pharmaceutical Services) (Scotland) Regulations 2005 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 Lloydspharmacy agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 2005 as amended ("the Regulations"). In terms of this paragraph, the PPC "shall determine an application in such a manner as it thinks fit". In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether "the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List."

The Applicant was represented in person by Mr Nisith Nathwani ("the Applicant). The interested parties who had submitted written representations during the consultation period and who had chosen to attend the oral hearing were Dr William Wilson (Thistle Pharmacy), assisted by Mr Garry Scott ("the Interested Party").

The Chair asked Mr Scott to confirm that he was not appearing before the Committee in the capacity of solicitor, counsel or paid advocate. Mr Scott confirmed that he was not.

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: Yoker (Kelso Street & Dyke Road); Whitecrook (North Elgin Street, Fleming Avenue, Johnston Avenue, East Barnes Street); Clydebank (Glasgow/Dumbarton Road to Boquhanran Road).

The Committee noted that the premises were constructed but not fitted out as yet. The Committee had gained access to the premises and was able to view the size and layout of the site.

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

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

**Mr Nathwani** thanked the Committee for providing Lloydspharmacy the opportunity to present their case.

For the purpose of the hearing Lloydspharmacy defined the neighbourhood as:

**North: railway line that intersected Kilbowie Road near Clydebank railway station;**  
**East: Kelso Street;**  
**South: The River Clyde;**  
**West: Kilbowie Road.**

Mr Nathwani advised that the neighbourhood was characterised by geographical boundaries such as the railway line and the River. There was a change in housing type on the northern side of the railway line, which differentiated between different neighbourhoods. Taking both sides of Glasgow Road into consideration provided a reasonably sized neighbourhood with much housing development both ongoing and recently completed. Queens Gate homes near Clydebank College was due to complete 40 new homes in September 2009. The neighbourhood also incorporated a High School, a mixture of housing types, although mainly flatted and high density housing and a large college which currently had 10,000 on its roll, which constituted a large transient population in the area from 9.00am – 6.00pm who would also access the pharmacy.

Within the defined area there were no pharmacies.

The nearest pharmacy to the proposed site was Thistle Pharmacy on Dumbarton Road, which was 0.7 miles away. This was a small independent pharmacy which did not have any consultation room. They had also reached capacity for methadone patients and were currently turning patients away. The pharmacy had limited access, a narrow entrance and little room for pushchairs or wheelchairs. It was also not particularly easy to park outside the pharmacy. In the age of the Pharmacy Contract and the emphasis on patient consultation and long-term management of patient conditions, although a private consultation area was not a compulsory part of the contract, it was most definitely desirable and must cast doubt over the pharmacy's capability to deliver all aspects of the contract.

The second closest pharmacy to the proposed site was the Boots on North Elgin Street. Again about 0.7 miles away. Although adequately fitted out and having a consultation area, it was situated in a discrete location and was not easily identifiable and accessible if driving along Glasgow Road. Parking was also not particularly easy outside this pharmacy. To access the Boots pharmacy from the proposed premises involved crossing the railway.

Mr Nathwani advised that the proposed site was easily accessible from Glasgow Road with plenty of parking available. There was a Farmfoods adjacent and terms had been agreed with Costcutter to take the premises between the proposed premises and the Farmfoods unit. The site would provide the full range of pharmaceutical services with a consultation room, have a comprehensive retail offering and be fully DDA compliant.

There were also plans to build on the land across from the site with a newsagent and Greggs being raised as possible tenants by the landowners, transforming the area into a small community hub, of which a pharmacy would be a worthwhile addition.

Mr Nathwani advised that Thistle Pharmacy was closed between 1.00pm and 2.00pm during the week and opened only until 1.00pm on a Saturday. The pharmacy in North Elgin Street also closed at 1.00pm on a Saturday. Lloydspharmacy proposed to provide a service from 9.00am – 6.00pm Monday to Friday and 9.00am – 5.00pm on a Saturday, when demand for pharmaceutical services may be higher due to the closure of GP

surgeries at this time.

Lloydspharmacy estimated the current population of the proposed neighbourhood to be in the region of 3,000. The census data from 2001 showed there were 1,500 people living in the neighbourhood and this would have increased with new accommodation being built over the past eight years. Much of the waterfront development was already occupied. The total proposed number of new houses for the waterfront development was around 1,200 to be built as part of the regeneration programme.

Mr Nathwani accepted that some of the new housing would be for commuters but contended that around 20% of new housing had to accommodate social housing. In the 2001 data, 57% of the population of the neighbourhood did not have access to a car compared to a national average of 27%. It was therefore a community which was more dependent on having services close to them, and having to leave the neighbourhood to access pharmaceutical services could be perceived to create a gap in adequacy.

Also from the 2001 data, 15% of the population were not considered to be in good health, compared to a national average of 9%, and 44% were living in rented accommodation compared to just 19% nationally, which gave a flavour of the economic status of the population of the neighbourhood.

Lloydspharmacy would submit that there was a gap in the current level of adequacy of existing pharmaceutical provision within and in the surrounding vicinity of the neighbourhood, and therefore the application was desirable to secure adequate provision. The Committee might consider that approving the application would lead to a degree of over provision, however Lord Drummond Young stated a degree of over provision was acceptable providing it closed/addressed the gap in adequacy.

Mr Nathwani contended that the neighbourhood would benefit from the provision of pharmaceutical services as the current provision could not be considered at a level that was adequate.

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

In response to questioning from **Dr Wilson**, Mr Nathwani confirmed his assertion that the distance between the proposed premises and the pharmacy in North Elgin Street was approximately 0.7 miles. He advised that this distance had been calculated by driving the shortest route between the two locations. He accepted that the route used by pedestrians might be shorter in distance but only by 0.1mile approximately in his opinion.

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

In response to questioning from **Mr Reid**, Mr Nathwani confirmed his neighbourhood as:

**North: railway line that intersected Kilbowie Road near Clydebank railway station;**  
**East: Kelso Street;**  
**South: The River Clyde;**  
**West: Kilbowie Road.**

In response to further questioning from Mr Reid, Mr Nathwani advised that his population statistics had been taken from the 2001 Census statistics along with information obtained from the council and the numbers of new housing occupied.

In response to further questioning from Mr Reid, Mr Nathwani accepted that the current economic climate might have a bearing on potential new development in the area. He had contacted some of the developers to gain an idea of this effect, however had only managed to receive confirmation from one. Queens Gate had confirmed that their development would in fact be complete by September 2009. He did not feel any delay would have a significant effect on the proposed pharmacy as he was confident that the current resident population and the transient population from the college were sufficient to support the venture.

In response to final questioning from Mr Reid, Mr Nathwani advised that the parking outside the proposed premises was better than that beside the two nearest pharmacies.

In response to questioning from **Mr Fergusson**, Mr Nathwani advised that the proposed premises would, like all Lloydspharmacy branches, offer the full range of core services. The new pharmacy might undertake service specific to the student population as an additional service.

In response to further questioning from Mr Fergusson regarding his comments around methadone supervision, Mr Nathwani confirmed that Lloydspharmacy had contacted Thistle Pharmacy asking if they could take on one of the Lloydspharmacy methadone patients. The response from Thistle Pharmacy was that they were unable to take on any more patients. Mr Nathwani confirmed he had no evidence from Glasgow Addictions Service to support his claim that Thistle Pharmacy had reached capacity for methadone patients.

In response to questioning from **Mr Thomson**, Mr Nathwani advised that of the 1,200 new houses being developed within the area, 40 of those could be attributed to Queens Gate.

In response to questioning from **Mrs Roberts** regarding the signage in the car park beside the proposed premises which seemed to suggest parking was for patrons of the Farmfoods unit only, Mr Nathwani confirmed his certainty that parking spaces would be assigned to the new pharmacy.

In response to questioning from **Mr Fraser**, Mr Nathwani disagreed that most of the students attending the college would access pharmacy services nearer their own homes. He contended that while in the neighbourhood during college hours the students could use the pharmacy for services such as the Minor Ailments Service (MAS) and Acute Medication Service (AMS) if there was no guarantee that they would return to their own neighbourhood before their local pharmacy closed.

In response to further questioning from Mr Fraser, Mr Nathwani stated that although there was a high percentage of residents in the area without cars, they would probably use public transport to visit Thistle Pharmacy if they required services.

In response to further questioning from Mr Fraser regarding whether Lloydspharmacy Ltd

had considered Dyke Road as an Eastern boundary, Mr Nathwani advised that Kelso Street had been chosen as the East boundary as it was a major road.

There were no questions to the Applicant from Dr Benton or the Chair.

### **The Interested Party's Case –**

**Dr Wilson** advised the Committee that Thistle Pharmacy had received no complaints over the last 30 years of service. The pharmacy provided a wide range of services including supervised methadone. He refuted the allegation that the pharmacy was not accepting new methadone patients and advised the Committee that the example put forward by the Applicant during his presentation had related to exceptional circumstances where the potential patient was one who Lloydspharmacy had excluded from their pharmacy. Dr Wilson contended that Thistle Pharmacy had not been eager to accept this patient not because they had no spaces left but merely due to the reasons put forward for the request.

Thistle Pharmacy provided compliance aids and was part of the Community Pharmacy Palliative Care Network, holding additional stock of opiates for the area.

He accepted that the lack of a separate consultation area was a difficult one; however there were on-going plans to improve the premises.

Dr Wilson provided the Committee with a brief history of discussions that had been ongoing for some time around potential relocation to a new build facility across the road, which was to be in partnership with the nearest GP surgery and which was to have been developed with Park Lane, the major developer of the waterfront site. These discussions had been going on for nearly four years and progress had been favourable until around a year ago. Park Lane Ltd (the developer) had become a casualty of the downturn in the economic climate and had now pulled back their operations. As such the offer of the new build surgery/pharmacy was no longer available and progress had been halted. There was no indication of when Park Lane would be in a position to resume their building programme. As such it was imperative for Dr Wilson to find a local solution.

He had been approached by the landlord of the retail unit adjacent to the pharmacy which was currently occupied by Haddows off-license. The landlord was aware that Haddows were in the process of a major closure programme. Dr Wilson had contacted Haddows to ascertain the possibility of taking over the unit, however the company were reluctant to enter into negotiations until the closure programme was complete. They had asked Dr Wilson to contact them again in September 2009. If successful the Pharmacy could develop into the adjacent unit which would provide them with almost twice the floor space. In addition, Dr Wilson had secured a premises grant from the Health Board which would contribute to costs of the development work. This was Dr Wilson's preferred plan.

Dr Wilson advised the Committee that as Park Lane (the major developer) had scaled back their building programme, he was doubtful whether the new build quoted by the Applicant would actually be completed. He was further surprised by the inclusion of the college population in the Applicant's presentation. Dr Wilson voiced his agreement with members of the Committee that students would generally live at home and would access

pharmacy services in their own neighbourhood. He did not consider students to be an element of the population who spent a lot of time in pharmacies given their lack of ill health.

He further advised that the pharmacy in North Elgin Street was in his opinion a marginal pharmacy. It was known that much of the business of this pharmacy was obtained from the filling of stock orders from many GP surgeries. This was an element of the business built up by one of the previous owners and now served to keep the pharmacy in a position of viability. The pharmacy on North Elgin Street was, in Dr Wilson's opinion, only a short distance from the Applicant's proposed neighbourhood. The demand for pharmacy services in this neighbourhood was being met already.

### **The Applicant Questions Dr Wilson**

In response to questioning from **Mr Nathwani**, Dr Wilson advised that there was an area within Thistle Pharmacy where methadone clients could consume their daily dose in private. The counter was sub-divided making a kiosk which offered sufficient concealment.

In response to further questioning from Mr Nathwani about where the pharmacist currently conducted consultations, Dr Wilson advised that the dispensing area was also used but accepted that this was not ideal at the moment. He asserted that even though difficult the current area allowed for private consultation.

In response to further questioning from Mr Nathwani, Dr Wilson advised that he would contact Haddows in September 2009 to start negotiations around the adjacent unit. He accepted that he could not force Haddows to agree to give up the lease on the premises, however he was aware that his premises needed to be upgraded and if the arrangement with Haddows did not materialise he had other options he could pursue. One of these options involved another unit in the vicinity. The unit was larger than his present premises and could afford him the same opportunity to increase and improve his services.

In response to further questioning from Mr Nathwani, Dr Wilson advised that the Yoker area had a lower than average young population therefore the demand for the emergency hormonal contraception service was not high. He did not agree with Mr Nathwani's assertion that a pharmacy in the proposed premises would be useful for student's to access this service. He contended that students would be more likely to go to the Shopping Centre in Clydebanks than to travel to the unit on Glasgow Road.

### **The PPC Question Dr Wilson**

In response to questioning from **Mr Fraser**, Dr Wilson accepted that he was unable to force Haddows to enter into an agreement with him for the premises next to his pharmacy. He assured the Committee however that he had other options to pursue if this was the case.

In response to further questioning from Mr Fraser, Dr Wilson advised that most of the patients accessing services at Thistle Pharmacy were ambulant. The pharmacy did receive requests to deliver and they did their best to accommodate these requests. The

delivery service was not advertised as a major aspect of their service, but when requested by a patient, the request was met. Should the demand for this service increase, Dr Wilson said he would employ a dedicated person as he had in his other pharmacy in Glasgow.

In response to a question from **Mrs Roberts** regarding the Youth Health Centre in Kelso Street, Dr Wilson advised that this had had no material effect on Thistle Pharmacy.

In response to further questioning from Mrs Roberts, Dr Wilson confirmed that he did have plans to make his pharmacy more professional looking. He had been keen to conclude the negotiations with Park Land which would have led to a new build solution, however this had not materialised. The staff was very keen to take forward the development of the premises.

In response to further questioning from Mrs Roberts, Dr Wilson confirmed that he had no plans to extend his hours of opening at Thistle Pharmacy. The current opening hours were adequate to meet demand and were in line with those of the nearest GP surgery.

In response to questioning from **Dr Benton**, Dr Wilson confirmed that he employed one pharmacist. He further confirmed that Thistle Pharmacy was involved in the Smoking Cessation service.

In response to questioning from **Mr Thomson**, Dr Wilson advised that two of his counter staff had completed their NVQ 3 certificate with another one currently involved in the Interact Scheme.

In response to final questioning from Mr Thomson, Dr Wilson confirmed that Thistle Pharmacy collected prescriptions from GP surgeries in Kelso Street and Knightswood.

In response to questioning from **Mr Fergusson**, Dr Wilson accepted that work could have been undertaken to make the pharmacy more professional looking. He asserted however that he had been reluctant to invest resources into the current premises when negotiations were ongoing which may have led to a new build solution. He was aware that development was required and this would be his immediate focus.

There were no questions to Dr Wilson from the Chair.

### **Summing Up**

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

**Dr Wilson** advised that the biggest argument against the granting of the application was the close proximity of the Boots branch in North Elgin Street. The college argument put forward by the Applicant was spurious as most of the students didn't use a pharmacy or would access the services in the shopping centre next to the college. The development on the waterfront had slowed and all but stopped, however the argument of new housing was not adequate justification for a new pharmacy.

Dr Wilson contended that he was aware his pharmacy required development and upgrading. He had laid out his Plan A and Plan B to the Committee. Plan C would be to



renovate the existing premises which would sacrifice front shop selling space and change emphasis away from retail to more health oriented products.

**Mr Nathwani** advised that there was an inadequacy in the neighbourhood. Thistle Pharmacy was nearly 30 years out of date. Renovations and development should already have been carried out by now. He suggested that Boots non appearance at the hearing suggested that they were not against the application.

Before the Applicant and Interested Party left the hearing, the Chair asked each to confirm that he had had a full and fair hearing. All parties confirmed they had.

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:
  - Lloydspharmacy – 298 Dyke Road, Glasgow G13 4QU;
  - Thistle Pharmacy – 2354 Dumbarton Road, Glasgow G14 0JX;
  - Boots the Chemist – 98 Sylvania Way, Clydebank G81 2TL;
  - Your Local Boots Pharmacy – 48 North Elgin Street, Clydebank G81 1BZ;
  - National Co-operative Chemists – 4 High Street, Renfrew PA4 8QR;
  - Rowlands Pharmacy – 9 Hairst Street, Renfrew PA4 8QU.
- b) The NHS Greater Glasgow & Clyde Area Pharmaceutical Community Pharmacy Subcommittee;
- c) The Greater Glasgow & Clyde Area Medical Committee (CP Sub-Committee);

The Committee also considered;-

- d) The location of the nearest existing pharmaceutical services;
- e) The location of the nearest existing medical services;
- f) Demographic information regarding post code sectors G81.1, G81.2 and G14.0;
- g) Information from Glasgow City Council's Department of Development and Regeneration

regarding future plans for development within the area;

- h) NHS Greater Glasgow and Clyde plans for future development of services; and
- j) 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:

**West: north from the River Clyde and along Kilbowie Road to the railway line;  
North: the railway line above Glasgow Road/Dumbarton Road, travelling west below Barns Street/East Barnes Street to its meeting with Kelso Street;  
East: Kelso Street, travelling south crossing Dumbarton Road (A814) to Ferry Road, to its meeting with the River Clyde;  
South: the River Clyde, travelling west to the junction of Kilbowie Road and Dumbarton Road.**

The Committee agreed that the railway was a boundary, perhaps less because of its physical nature (there were several bridges giving access to the area to the north), but rather due to the change in housing stock in the two areas. Kilbowie Road was a significant trunk road acting as a main arterial road which marked the edge of the neighbourhood and led to Clydebank town centre. The eastern boundary marked the separation of the Yoker area from Clydebank and the River Clyde marked the south boundary which was a significant physical boundary.

### **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. There was however one pharmacy just outside the defined neighbourhood and another to the north of the defined neighbourhood which were within easy access to the neighbourhood. These pharmacies provided a comprehensive range of 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 regarding development within the area. Information received from Glasgow City Council and evidence gained from the Committee's site visit showed that development activity was slowing down. The current economic climate raised questions as to when much of the development would be completed especially when it was known that the main developer operating on the site had stopped operations completely. The Committee were mindful of the impact this would have on known firm plans for development and concluded that the level of development which was likely to reach completion in the short/medium term would not have an appreciable effect on the existing contractors.

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 Member of the Committee Colin Fergusson and Board Officers were excluded from the decision process:**

**DECIDED/-**

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

**Contractor  
Services  
Supervisor**

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

**5. APPLICATIONS STILL TO BE CONSIDERED**

The Committee having previously been circulated with Paper 2009/19 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:

**- Mr Fraser MacPherson – The Old Post office, Faith Avenue, Quarriers Village, Bridge of Weir PA11 3SX**

**- Mr James McKeever – Unit 7 Crosslee Crescent, Houston PA6 7DT**

**6. MODEL HOURS OF SERVICE SCHEME – UPDATE TO MONITORING EXERCISE**

The Committee having previously been circulated with Paper 2009/20 noted the contents which gave details of applications received by the Board to operate opening times which did not meet the current Model Hours of Service Scheme.

**i) JF Forbes, 193 Kirkintilloch Road, Glasgow G64 2LS**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy opened at 10.00 and closed at 12.30pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the contractor had been granted permission via the PPC in September 2002 to operate these hours.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**ii) Lightburn Pharmacy, 971 Carntyne Road, Glasgow G32 6LY**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed at 12.30pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

iii) **Millar & McGowan, 104 Stonelaw Road, Rutherglen, Glasgow G73 3ED**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed all day Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the contractor had been granted permission via the PPC in June 1996 to operate these hours. The contractor had however opened the Pharmacy on a trial period for approximately four weeks. The trial had little success and the contractor was applying to retain their original authorised hours.

***DECIDED/-***

**That the Applicant be required to comply with the current Model Hours of Service Scheme for a further trial period of six months. At the end of which, the Committee will review the application pending the submission of activity information.**

iv) **Auchinairn Pharmacy, 167 auchinairn Road, Glasgow G64 1NG**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed at 12.30pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

v) **Lloydspharmacy, 83 Seres Road, Glasgow g76 7NW**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed all day on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Sub-

committee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the contractor had been granted permission via the PPC in June 1996 to operate these hours.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the Applicant be required to comply with the current Model Hours of Service Scheme for a trial period of six months. At the end of which, the Committee will review the application pending the submission of activity information.**

**vi) Lloydspharmacy, 19 Station Road, Dumbarton G82 1NR**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed all day on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**vii) Spateston Pharmacy, 27 Hallhill Road, Johnstone PA5 0SA**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed all day on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the contractor had opened the pharmacy on a Saturday for a three month trial period. The Board were currently seeking the contractor's feedback on the trial. This was not available at the time of the Committee's consideration of the application.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**viii) A A Hagan Ltd, 115 Grieve Road, Greenock PA16 7AW**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed for more than one hour at lunchtime.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to bring their opening hours in line with the current Scheme.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**ix) David Wyse, 11-13 Fore Street, Port Glasgow PA14 5EE**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed at 12.00pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**x) McAnerney Pharmacy, 182 Dunlop Street, Greenock PA16 9DP**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed at 12.30pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

**xi) Alliance Pharmacy, Kirk Road, Houston PA6 7AR**

The Committee noted that the current hours of opening for this pharmacy was less than the minimum stipulated under the Model Hours Scheme in that the pharmacy closed at 12.30pm on a Saturday.

The Greater Glasgow & Clyde Area Pharmaceutical General Practitioner Subcommittee advised that the Applicant should be asked to open the premises on a Saturday between 9.00am and 1.00pm.

The Committee noted that the Model Hours of Service scheme provided the minimum level of service required to ensure the Board's population had reasonable access to pharmacy services. It was the Committee's contention that all contractors included on the Board's Pharmaceutical List should comply with this minimum requirement unless there were extenuating circumstances which physically prevented them from opening.

***DECIDED/-***

**That the application is refused and the Contractor required to provide services in line with the current Model Hours of Service Scheme.**

## **7. CHANGE OF OWNERSHIP**

The Committee having previously been circulated with Paper 2009/21 noted the contents



which gave details of applications received by the Board to change the ownership of the undernoted pharmacies:

**i) Case No: PPC/COO04/2009 – BUPA Home Healthcare, Units 3+5 Weardale Lane, Queenslie Industrial Estate, Glasgow G33 4JJ**

The Board had received an application from BUPA Home Healthcare for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Clinovia Ltd at the address given above. The change of ownership was effective from 19<sup>th</sup> July 2008.

The Committee noted that the level of service was not reduced by the new contractor.

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

**AGREED/-**

**ii) Case No: PPC/COO05/2009 – Hilltide Ltd, 150 Petershill Road, Glasgow G21 4AL**

The Board had received an application from Hilltide Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Colin and Anne Fergusson T/A Colin Fergusson Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> May 2009.

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

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

**AGREED/-**

**iii) Case No: PPC/COO06/2009 – Hilltide Ltd, 150 Petershill Road, Glasgow G21 4AL**

The Board had received an application from Hilltide Ltd for inclusion in the Board's Pharmaceutical List at a pharmacy previously listed as Colin and Anne Fergusson T/A Colin Fergusson Pharmacy at the address given above. The change of ownership was effective from 1<sup>st</sup> May 2009.

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

Given the above, the Committee agreed that the application could be granted in

terms of Regulation 4 of the current Pharmaceutical Regulations.

**AGREED/-**

**8. PROVISION OF SERVICES OVER FESTIVE PERIOD – 2009/2010**

The Committee having previously been circulated with Paper 2009/22 noted the contents which gave details of applications received by the Board to vary the hours of service of the undernoted pharmacies during the festive period 2009/2010:

- Morrison's – 900 Crow Road, Glasgow G13
- Morrison's – Ravenswood Road, Baillieston, Glasgow G69 7HU
- Morrison's – The Triangle, Kirkintilloch Road, Glasgow G64 2TR
- Morrison's – 117 Riverford Road, Glasgow G43 1PU

The contractors had applied to close at 5.00pm on 24<sup>th</sup> December 2008 and 31<sup>st</sup> December 2008 and the full day Saturday 26<sup>th</sup> December 2009.

**DECIDED/-**

**The Committee agreed approval of the application.**

**9. NATIONAL APPEALS PANEL**

The Committee having previously been circulated with paper 2009/23 noted the contents which gave details of the National Appeals Panel's determination of appeals lodged against the Committee's decision in the following cases:

**Assura Pharmacy Ltd – 32a Brucehill road, Dumbarton G82 4EW (INCL18/2008)**

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

**Mr Mohammed Ameen – 668 Eglinton Street, Glasgow G5 9RP (INCL20/2008)**

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

**Mr David James Dryden & Mr Michael Balmer – 16 Kyle Square, Spittal, Rutherglen, Glasgow G73 4QG (INCL22/2008)**

The Committee noted that the National Appeals Panel had upheld the Appeal submitted against the PPC's decision to refuse Mr Dryden and Mr Balmer's application to establish a pharmacy at the above address. As such the Applicants' names were included in the Board's Provisional Pharmaceutical List. The new pharmacy was due to open towards the

end of 2009.

**NOTED/-**

**10. MANAGEMENT OF PPC MINUTES**

The Committee having previously been circulated with paper 2009/24 noted the contents which provided discussion around the management of the PPC minutes.

The Committee noted the background to this issue and after comprehensive discussion agreed to adopt **Option 1** contained in the paper. This being:

Minutes drafted and Community Pharmacy Development Pharmacist present at meeting makes comments, Minutes distributed electronically to all members of the Committee (who attended the meeting). – 6 working days;

Members make comments/amendments (all comments are copied to all) – 2 working days;

Amended minutes forwarded to Chair for final review and approval. – 2 working days.

Finalised minutes forwarded to head of Board Administration for inclusion in Health Board website.

**AGREED/-**

**11. ANY OTHER COMPETENT BUSINESS**

None.

**12. DATE OF NEXT MEETING**

To be arranged.