

**IN CONFIDENCE – FOR MEMBERS' INFORMATION ONLY**

**MINUTE: PPC/06/163**

Minute of Meeting of the Pharmacy Practices Committee held on Tuesday 5<sup>th</sup> September 2006 in Committee Room 2, NHS Lanarkshire Primary Care Division Headquarters, Strathclyde Hospital, Airbles Road, Motherwell.

Chairman: Mr B Sutherland

Present: Lay Members Appointed by the Board

Mrs M Nimmo  
Mr AE McIlwain

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr I Calder

Pharmacist Nominated by Area Pharmaceutical Committee

Mr I Allan  
Mr P Martin

Attending: Officers from Lanarkshire Primary Care Operating Division

Mr G Lindsay, Chief Pharmacist  
Ms A Harrison, Administration Team Leader  
Ms L Tannock, Personal Secretary

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**APPLICATION BY MS R SALANI, 4 CENTRE STREET, GLENBOIG**

(a) There was submitted application by Ms Rafedah Salani, received 28<sup>th</sup> April, 2006, for inclusion in NHS Lanarkshire Primary Care Division's Pharmaceutical List

(b) **Submissions of Interested Parties**

The undernoted documents were submitted:

Letter received 9<sup>th</sup> May 2006 from Alliance Pharmacy

Letter received 15<sup>th</sup> May, 2006 from Lanarkshire Area Pharmaceutical Committee

E-mail received 15<sup>th</sup> May, 2006 from James Semple, Invercoast Ltd t/a Glenmavis Pharmacy

E-mail received 30<sup>th</sup> May, 2006 from Monklands Pharmacy

(c) **Procedure**

Prior to arrival of parties the Chairman asked Members to confirm that they had both received and considered the papers relevant to the meeting. Having ascertained that no Members had any personal interest in the application the Chairman confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers.

(d) **Attendance of Parties**

The applicant entered the meeting.

The Chairman introduced himself and the Members, as well as the officers in attendance from NHS Lanarkshire Primary Care Division.

The Chairman explained that the meeting was being convened to determine the application submitted by Ms R Salani in respect of 4 Centre Street, Glenboig, ML5 2RY according to the Statutory Test set out in Regulation 5(10) of The National Health Service (Pharmaceutical Services)(Scotland) Regulations, as amended (the Regulations).

The Chairman then continued to explain the procedures to be followed and ascertained that no member of the Committee had any interest in the application. The applicant Ms R Salani was in attendance. It was noted that none of the interested parties who were entitled to, attended the hearing.

(e) **Evidence Led**

The Chairman then invited Ms Salani to speak in support of her application.

Ms Salani stated that she deemed the neighbourhood to be defined as the villages of Glenboig and Gartcosh, which had a combined population of 2500 (2001 Census), although she stated that according to North Lanarkshire Council, the population had increased to approximately 3000. She then proceeded to provide a brief history of her neighbourhood, emphasising the community links, which still exist between the two villages, commenting that the 2001 Census highlighting the number of elderly residents within the neighbourhood requiring more health and social attention which led to the residents of

Glenboig and Gartcosh claiming attendance allowance well in excess of the national average. In providing a detailed breakdown of the services and amenities available to the residents of Glenboig and Gartcosh which included a GP service, social club, convenience stores, hairdressers, Post office and two public houses, she highlighted the fact that residents did not have to access essential services elsewhere, and that there were also environmental features which local residents could access such as Garnqueen Loch and Glenboig Villlage Park. Furthermore, Ms Salani had ascertained from North Lanarkshire Council, Planning and Environment Department that planning permission had been granted for the construction of a nursing home, sheltered housing, telecommunications tower, tea room, 20 dwellings and the development of roadside facilities incorporating a hotel, drive-through restaurant, pub/restaurant and 24 hour petrol station the following residential developments in the Gartcosh area, whilst in the Glenboig area Greenfinch Homes had completed the construction of 20 houses, with Barrett currently constructing 93 houses to the west of the village and Redrow Homes in the latter stages of the construction of 93 dwellings in the centre of Glenboig. Planning permission has also been granted for a further 112 dwellings within the site of the former brickworks, which she felt would attract families with children and also those with professional status. Furthermore, planning application had been granted for a joint school campus and multi-purpose pitch, which is currently under construction within the village of Glenboig. Ms Salani also stated that North Lanarkshire Council, following a study of the area and surrounding regions, had identified a need to expand development and that The Banks Group had secured agreements on approximately 150 acres of development land, but are also committed to facilitating development and improvement on land within the wider community, and had presented proposals to the local residents in a public exhibition in 2005 which had received strong support. The key components of the proposals would be the development of 1500 new houses, a civic centre, new primary school, library and other undisclosed facilities, new accommodation for existing facilities such as the post office and village shops, construction of a new village square, upgrading of existing football pitches and improvements to road and pavement surfaces.

Ms Salani then went on to provide a health profile of her neighbourhood, stating that North Lanarkshire compares unfavourably with the rest of Scotland and the UK in terms of a healthy life expectancy and in the incidences of serious health risks such as cancer, heart disease and stroke, and that 24% of her neighbourhood has limiting long term illness, in comparison

to the Scottish average of 20%. The number of sick/disabled people unable to work is 8% above the Scottish average with unemployment also at a higher rate. She stated that with the overall general health of the neighbourhood comparing unfavourably with the rest of Scotland and smoking being a prevalent issue in the neighbourhood, with the rate of smokers in Glenboig and Gartcosh being 48% and 36% higher than the Scottish average, the primary focus should be the improvement of general health by tackling lifestyle issues and health factors that create poor health and reduce life expectancy.

Ms Salani commented that around 600,000 people in Scotland visit their pharmacy every day for a range of advice on healthcare and medicine and that Community Pharmacists are often people's first and only contact with a health professional, which makes them ideally placed to meet the daily healthcare needs of their communities and that in addition to the provision of the following services detailed in her application: Minor Ailment Service; Chronic Medication Service; Health Promotion Service; Acute Medication Service; a repeat medication collection and delivery service; provision of healthcare information and advice; assessing compliance aid need and provision; promoting diagnostic testing and health screening; methadone supervision; supply of oxygen and the promotion of public health issues, she would also include the following services: PCG and urgent supply of repeat medication; supply of ostomy products; supply of influenza vaccination and other surgery needs; support and NRT supplies for smoking cessation, palliative care services; motivational interviews as part of regular pharmacy medication reviews; supplementary prescribing; supporting pharmaceutical needs identified by Supported Discharge Teams and Rapid Response Teams; marketing of pharmacy, GSL medicines. The re-design of the site at 4 Centre Street, Glenboig would be in accordance with the Disability Discrimination Act and will also incorporate a consultation/advisory area and that as the site is within close proximity to the general medical practice, she would expect to obtain at least 95% of the dispensing prescriptions and would further expect 95% of the eligible population to register with eMAS and any other additional services.

Ms Salani stated that the provision to allow the GP to dispense had been introduced to provide patient access to dispensing services in rural communities not having reasonable access to a community pharmacy but that there is currently no pharmacy providing the services she anticipates providing within the defined neighbourhood, and that the historical pattern of concurrent prescribing and dispensing would have to change

with the introduction of the new Pharmacy Contract, which would allow the proposed community pharmacy to manage minor ailment demands and patients with long term conditions through monitoring and clinical review, whilst raising public awareness of public health issues. She further stated that the comprehensive delivery of Pharmaceutical services within the new Pharmacy contract would complement the services delivered by the local GP. She also commented that it was unfair to ask local residents to travel a minimum of three miles by bus or taxi to a community pharmacy to purchase essential over the counter supplies and that as there was an inadequate provision of pharmaceutical services that it was necessary to provide this service and desirable because it would be easily accessible to residents, and would deliver real health benefits to the community whilst generating long term investment in the area.

**The Chairman then invited questions from Members of the Committee to Ms R Salani.**

Mr Allan stated that he would be interested to hear more concerning the viability and business plan for the application as viability was an important issue in this instance, to which Ms Salani replied that viability was an issue but that she had thoroughly looked into this and has a business model with which she is comfortable in accepting that the business would be viable. Mr Allan then enquired about the lease of the premises and whether she could provide a date for opening of the pharmacy, to which Ms Salani replied that she has had a meeting with the owner of the premises to go through the details of leasing and that it was now with the lawyers. She further stated that she has had support and input from Business Gateway and Scottish Enterprise in putting together a long term plan and has strong financial support from her family. Mr Allan then asked if she knew how many prescriptions would she need to break even and also how long the lease was for. Ms Salani advised that it was a long term lease for 20 years plus. Mr Martin then asked whether she had an option to break the lease, to which she replied yes, after 1 year. Mr Allan then asked if she knew how many prescriptions Dr Bawa prescribed and how many would go through the pharmacy. Ms Salani replied that she had tried but due to confidentiality, had been unable to obtain the number of prescriptions prescribed by Dr Bawa or by the GPs in Coatbridge but that she expected 95% of Dr Bawa's prescriptions to come through the pharmacy and that she also expected substantial counter trade. Mr McIlwain asked when the pharmacy would be opening to which Ms Salani replied within 6 months and that the premises was at an

advanced stage to allow contractors to put shelving in. Mr Calder then asked if she was confident of meeting the Pharmaceutical Society's requirements, to which Ms Salani replied yes and that the premises would also be compliant in accordance with the Disability Discrimination Act and that she would also be putting in a consultation/advice area. Mr McIlwain then asked what plans did she have to make the premises DDA friendly. Ms Salani replied that she would be liaising with her brother who was a tradesman and who would be doing the alterations. Mr McIlwain asked if any structural changes were required, to which Ms Salani replied no. Mrs Nimmo then proceeded to ask what the square area of the premises was, to which Ms Salani replied 800 or 900 square feet. Mrs Nimmo then asked what proportion would be for the confidential area. Ms Salani replied that she hadn't given it much thought but probably about 100/200 square feet. Mr Sutherland asked what plans Ms Salani had for staffing the pharmacy. Ms Salani advised that she would have a dispenser and one person to manage the counter and that her brother would provide the delivery service. Mr Sutherland then asked why, when mentioning necessity, was it not reasonable for resident to travel by bus or taxi to Coatbridge, had she tested this and what her links were with the community. Ms Salani replied that Glenboig and Gartcosh are villages and she could sense that residents want to retain their "villageness" and that residents would welcome being able to access pharmacy services locally and that they have a convenience store and GP surgery and travelling would mean going outwith the village and they would prefer to stay within. She further stated that they also had a library, village square and want to build a civic centre and that it would be a shame not to have a pharmacy as well. Mr Sutherland asked if she had tested this in the neighbourhood to which Ms Salani replied that she hadn't spoken to the people in terms of a pharmacy but how they felt about the area and that she had recently moved to the Glenboig area. Mr Martin asked if she lived in Glenboig to which Ms Salani replied yes. Ms Salani went on to state that the residents want to retain their village status and be distinct from Airdrie and Coatbridge. Mr Martin enquired that as she had classified the neighbourhood as Glenboig and Gartcosh would be from one or the other, to which Ms Salani replied yes but that they do have a lot in common. Mr Martin then suggested that the neighbourhood was Glenboig and Ms Salani replied that there is only 0.8 miles between them and the close proximity of the two villages had strengthened the desire to place them together and that they had a lot in common such as religious ties, similarities in a social sense, farming environment and they were both mining villages, and that in local neighbourhood events both communities came

together. Ms Salani further stated that North Lanarkshire Council, in their local plan, had identified them as one area. Mrs Nimmo then asked whether the statistics presented by Ms Salani had been combined for both villages, to which Ms Salani replied yes. Mr Martin then asked whether she had considered any of the 3 new retail units which had been built to which Ms Salani replied that she was not sure what they were going to be. Mr Martin then asked who had advised her on the option to end the lease after one year, to which Ms Salani replied me and my brother.

**Having ascertained that there were no further questions, the chairman then invited Ms Salani to sum up in relation to her application.**

In her summation Ms Salani stated that from research carried out by the Department of Health, there were three essential businesses that ensured economic prosperity in a community and these were a GP surgery, pharmacy and a source of cash, usually a post office, and if any of these were absent it would jeopardise the business community. She continued by saying there is no comprehensive pharmaceutical service in Glenboig, and although there is some dispensing this could not be considered to be an adequate pharmaceutical provision as the local GP surgery does not counter prescribe, offer eMAS, public health services, emergency supply or provision or patient medication reviews. She went on to state that the community pharmacy is recognised as an organised service provided on a CHP locality level and that the agenda for CHPs is to shift the balance of care to a more local setting. A community pharmacy in Glenboig will promote focus on the individual's role in managing his/her own condition, therefore increasing confidence, well being and patient satisfaction. Ms Salani concluded by stating that the proposed pharmacy would be based in the heart of the community and located at a site next to the GP surgery and would provide quicker assessment, efficient prescribing, proficient dispensing, expert counselling and improved medication concordance, and that it would be a responsive service on a local level, providing a strong pro-active support mechanism to the planned and delivered care provided by the local GP surgery, therefore making it necessary to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood.

(f) **Retiral of Parties**

The Chairman then invited the Applicant to confirm that she had received a fair hearing, and that there was nothing further she wished to add.

Having being advised that all parties were satisfied, the Chairman then informed the Applicant that the Committee would consider the application and their representations and make a determination, and that a written decision with reasons would be prepared, and a copy sent to them as soon as possible. The Applicant was also advised that anyone wishing to appeal against the decision of the Committee would be informed in the letter as to how to do so and the time limits involved.

At the Chairman's request the Applicant withdrew from the meeting

(g) **Supplementary Submissions**

Following consideration of the oral evidence

**THE COMMITTEE**

noted:

- (i) the location of the Dispensing Doctor's surgery in relation to existing Pharmacies in Coatbridge, and the site of the proposed pharmacy
- (ii) prescribing statistics of the Doctors within Coatbridge and Airdrie during quarter ended 30<sup>th</sup> June 2005
- (iii) the dispensing statistics of the existing Pharmacies in Coatbridge for the quarter ended 31<sup>st</sup> December 2005
- (iv) demographic information on Glenboig taken from the 2001 Census
- (v) Information containing the range of Pharmaceutical Services provided by existing contractors within Coatbridge

(h) **Decision**

**THE COMMITTEE**

then discussed at length the oral representations of the Applicant, and the content of the supplementary submissions



received, prior to considering the following factors in the order of the Statutory Test contained within Regulation 5(10) of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995, as amended

(i) Neighbourhood

**THE COMMITTEE**

defined the neighbourhood to be the village of Glenboig. In reaching it's definition the Members considered that the villages of Glenboig and Gartcosh, although sharing close community links, were two distinct neighbourhoods and could not be considered as being one neighbourhood.

(ii) Existing Services

**THE COMMITTEE**

noted that the local GP surgery in Glenboig provided a dispensing service for acute and repeat medicines along with a methadone dispensing and supervision service to the residents of Glenboig, with contracted opening times of 8.00am to 6.00pm Monday, Tuesday, Wednesday, Thursday and Friday and 8.00am to 12 noon on a Wednesday. The Members also considered the pharmaceutical services provided by a number pf Pharmacies in the nearby areas of Coatbridge and Muirhead and their availability throughout the week and weekends.

(iii) Adequacy

**THE COMMITTEE**

in considering adequacy paid due regard to the following factors:

- that there had been no objections or complaints received by Lanarkshire Primary Care Operating Division concerning the lack of provision Pharmaceutical Services by residents of the neighbourhood
- the information provided detailing the full range of pharmaceutical services provided by the Pharmacies in nearby Coatbridge, which identified that residents could access a full range of services consistent with the breadth and standards of service delivery which can be reasonably expected in 2006.
- that the business plan for the pharmacy seemed to be neither clear or robust, therefore raising some concern

that the application may not secure an adequate pharmaceutical service within the neighbourhood

Thus the services available to patients within the neighbourhood could be considered adequate.

(iv) Necessity

In discussing the necessity for an additional Pharmaceutical Contract

**THE COMMITTEE**

reviewed the availability and accessibility of existing, comprehensive Pharmaceutical provision and standards against the criteria for adequacy, and was of the opinion that it was not necessary to provide a new contract in order to provide an adequate Pharmaceutical service.

(v) Desirability

In considering the factor of desirability for an additional Pharmaceutical Contract:

**THE COMMITTEE**

were conscious that services were deemed adequate and accessible, Members were also mindful to ensure that they differentiated between the concept of desirability for adequacy, not convenience, and that existing Pharmaceutical provision could be judged adequate.

Following the withdrawal of Mr I Allan and Mr P Martin, in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 1995, as amended.

**THE COMMITTEE**

agreed unanimously that an additional contract was neither necessary nor desirable to secure adequate Pharmaceutical Services within the neighbourhood, and agreed to reject the application subject to the right of appeal as specified in Paragraph 4.1, Schedule 3 of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 1995, as amended.

**Mr I Allan and Mr P Martin returned to the meeting**