

IN CONFIDENCE – FOR MEMBERS' INFORMATION ONLY

MINUTE: PPC/08/179

Minute of Meeting of the Pharmacy Practices Committee held on Friday 5th December 2008 in Meeting Room 1, Law House, Airdrie Road, Carluke, ML8 5ER.

Chairman: Mr B Sutherland

Present: Lay Members Appointed by the Board

Mr Alistair Baird
Mrs Margaret Caraher

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr Edward Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr Parbez Aslam

Attending: Officers from NHS Lanarkshire - Primary Care

Mr G Lindsay, Chief Pharmacist
Mr A MacKintosh, Primary Care Manager
Ms K Beattie, Administration Assistant

179 **APPLICATION BY MR AHDUL F MOHAMMED, 37 MAIN STREET, CALDERBANK, ML6 9JL**

(a) There was submitted application by Mr Ahdul F Mohammed, received 2nd October 2007, for inclusion in NHS Lanarkshire's Pharmaceutical List

(b) **Submissions of Interested Parties**

The undernoted documents were submitted:

Letter received on 10th October 2007 from Alliance Pharmacy
Letter received on 11th October 2007 from Munro Pharmacy (Contract now owned by Lloyds Pharmacy Ltd)
Letter received on 15th October 2007 from Health Pharmacy
Letter received on 30th October 2007 from Monklands Pharmacy
Letter received on 1st November 2007 from J.E Robertson Pharmacy
Letter received on 2nd November 2007 from Boots The Chemist Ltd

(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 and interested parties entered the meeting.

The Chairman introduced himself and the Members, as well as the officers in attendance from NHS Lanarkshire - Primary Care, and asked that attendees confirm that they had received all papers relevant to the application and hearing.

The Chairman explained that the meeting was being convened to determine the application submitted by Mr Abdul F Mohammed in respect of 37 Main Street, Calderbank, ML6 9JL, according to the Statutory Test set out in Regulation 5(10) of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 1995, 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. From the interested parties who were entitled to attend the hearing, Health Pharmacy was represented by Mr A Majid and Dr I Majid ("Interested Party").

(e) **Evidence Led**

The Chairman invited Mr Mohammed to speak first on behalf of the application

Neighbourhood

Mr Mohammed thanked the Committee for the opportunity to attend to present his case and gave the following overview in support of the application:

The neighbourhood is defined as the village of Calderbank.

Given the wider role for pharmacies as set out in the new pharmacy contract, I firmly believe that new pharmacy services in Calderbank are not only desirable, but will be crucial in an area that is recognised as having severe and chronic health issues. The population of Calderbank according to mid-2006 estimates is 1,670. Calderbank is a neighbourhood for all purposes. Amenities include: three general convenience stores, a post office, two primary schools, a church, children's play area, community day centre, function hall and public houses amongst other retail Units. Part-time general medical facilities are available; however there is no community pharmacy within this defined neighbourhood.

The nearest pharmacy to Calderbank is situated in Chapelhall. It would take a healthy adult walking at a brisk pace approximately 30 minutes to walk the 1.7 mile route. On leaving Calderbank, Main Street continues onto the national speed limit B802. The footpath is very narrow, badly lit and of a poor standard. Two pedestrians with prams coming in opposing directions would not be able to pass safely, without one having to move onto the road. Facilities for wheelchair users or those pushing a pram are not available. There are no pedestrian crossings.

The B802 is used as a thoroughfare for many vehicles travelling from Glasgow/Edinburgh into Airdrie. This national speed limit road is characterised by a high flow of fast moving vehicles, many of which are HGV's. The B802 has to be crossed to continue on the single footpath on the other side. At the point where pedestrians are forced to cross the B802, visibility is compromised by a bend on the right hand side of the road. This crossing is very dangerous, even for the young and able. Many in the village do not consider the route suitable.

The journey description is important when you consider that in Calderbank, 40.7% of households have no car ownership and so are reliant on walking or public transport. There is currently no bus service to Chapelhall. There is an hourly bus Service available from Calderbank into Airdrie town centre, a 2.5 mile journey. For those residents of Calderbank who have no use of a vehicle, and who are unable or unwilling walk to Chapelhall, accessing pharmacy Services in Airdrie town centre then becomes the only option. When taking into consideration the waiting and journey time, followed by the time it would take to access a pharmacy service then make the trip back to Calderbank, there may be a round trip of up to three hours.

Lloyd's pharmacy in Chapelhall offer an NHS funded prescription collection and delivery Service to Calderbank. This Service takes four days from the day of requesting the prescription and still involves the patient collecting their medication from an off-sales/grocery shop. I feel this service is not adequate as new contract services cannot be implemented via a collection/delivery service. With the vast range of Services offered in a modern day pharmacy it is unfortunate that the people of Calderbank are not benefiting from the most accessible primary care health provider, a pharmacy.

Calderbank is an area of high deprivation. The Scottish Index of Multiple Deprivation (SIMD) 2006 shows parts of Calderbank to be in the most deprived 15%. Using the 2001 census and SIMD information, the health statistics which compare Calderbank to national averages and to Airdrie averages, paint a bleak picture. Hospital admissions due to heart disease for residents in the 'ML6 9' postlude sector are 21% above the Scottish average and hospital admissions due to stroke are a staggering 28% above the Scottish average.

The granting of a new pharmacy contract in the heart of this community will go a long way in tackling these health inequalities. These statistics are the result of a number of socio-economic problems, with lifestyle and lack of education being major contributing factors to such problems. I believe that in conjunction with local health services, I will be able to promote healthier lifestyles and be in an ideal position to educate the community in line with the new pharmacy contract Services, and in particular the Public Health Service. (PHS)

I believe that every aspect of the new pharmacy contract will help this community. With the vast majority of the residents in Calderbank eligible for the Minor Ailments Service (MAS), these residents will have, for the first time, local access to free advice and treatment, without the need to wait over a week for an appointment for a minor ailment. Having worked as a locum in small villages, I am very aware of how beneficial MAS can be. This will also ease pressure on an already busy GP surgery in Calderbank. My training as a supplementary prescriber has ensured that the community will have a pharmacist ready for the future. With the re-structuring of primary care, pharmacies are becoming the first port of call for many health related matters. Local access to a pharmacy is essential in order for new contract services to be delivered.

The proposed pharmacy is situated on the main Street in the village, only 50 yards from the doctor's Surgery. The premises will be designed to fulfil the demands of a modern pharmacy. There would be a discrete advice area and a professional consultation room. All passageways, consultation areas and toilets will allow disabled access. There are also 15 off-road parking spaces in the Street directly facing the proposed site. The proposed pharmacy will offer a full NHS dispensing service and would also provide the following services:

- Prescription collection and delivery service
- Health promotion and screening
- Pregnancy testing
- Methadone supervision
- Domiciliary oxygen therapy service
- Compliance aids
- Medication review clinic

These Services will compliment the MAS and PHS elements of the new pharmacy contract.

The test for this application under Regulation 5(10) is whether this application is necessary or desirable to secure pharmaceutical provision in the neighbourhood. I believe there is evidence of inadequacy in Pharmaceutical services and that under this application I offer to secure pharmaceutical service provision that will be adequate for the people of Calderbank.

The Chairman then invited questions from Interested Parties to Mr Mohammed.

Dr Majid advised that Mr Mohammed had not given any information regarding the viability of a new pharmacy. Mr Mohammed responded by stating that t he was confident the pharmacy would be viable and referred to information he had on a pharmacy in Glenboig and Gartcosh as well as Coalburn. He advised that his business plan was predicated on moving forward with the new pharmaceutical contract and was more service based rather than prescription based. Mr Mohammed also stated that he was confident that outlying areas of Calderbank would also use the pharmacy.

The Chairman then invited questions from Members of the Committee to Mr Mohammed.

Mr Aslam asked Mr Mohammed how many prescriptions were issued by the GP. Mr Mohammed advised that he thought this was between 50 to 80 per day, however went on to state that the volume of prescriptions was not critical as his business plan was more service based. Mr Aslam enquired about the costs of setting up and running the new pharmacy. Mr Mohammed advised that he had a business plan which included data on prescription throughput which was approximately 2094 items per month, however he would also offer extra services such as supplementary prescribing and had an interest in drug misuse, diabetes and cardio vascular disease. Mr Mohammed advised that his estimate to fit out the premises was around £20,000. Mr Aslam enquired to Mr Mohammed how long it would take to open the premises if the contract was awarded. Mr Mohammed advised that as no planning consents were required approximately 2 months.

Mr Mallinson asked Mr Mohammed to advise on the process on how patients registered with the GP practice would get their repeat prescription. Mr Mohammed advised that the turnaround period would be within 48 hours and compared this with the current 4 day turnaround period. Mr Mohammed advised that prescriptions would be collected from the surgery. Mr Mallinson asked Mr Mohammed what had changed since the previous application for a pharmaceutical contract. Mr Mohammed replied that in the intervening period the new pharmacy contract had developed and the benefits were becoming clearer, these were not apparent 2 years ago. Mr Mallinson acknowledged that there was a clear move away from only dispensing to the provision of a wider range of services to the public and asked Mr Mohammed that in terms of his supplementary prescribing qualification if there had been any discussion with the GP practice. Mr Mohammed advised that Dr MacInnes was happy to work with him and referred to approximately 20% of consultations were minor ailment related.

Mrs Caraher asked Mr Mohammed to specify why the current service was not good enough. Mr Mohammed responded by stating that if an acute prescription was needed the patient would have to go to Airdrie or Chapelhall and advised that any unnecessary delays were not good in the interest of the patient. Mr Baird sought clarification from Mr Mohammed regarding an aspect of Mr Mohammed's presentation regarding a 4 day delay. Mr Mohammed advised that this was in relation to getting an appointment with a GP. Mr Baird sought clarification regarding complaints regarding the current provision of services and wondered if these were formal complaints or hearsay. Mr

Mohammed replied that details had been sent to NHS Lanarkshire Primary Care. Mr Baird asked if pharmacists deal with telephone calls and advice. Mr Mohammed advised that telephone advice was a routine aspect of a pharmacist's job, however as an example emergency hormonal contraception could not be given over the telephone.

Mr Sutherland sought clarification from Mr Mohammed regarding the retail aspect of the business and also staffing. Mr Mohammed replied that dispensing and public health would be the main areas, retail would not be a large aspect of the business and the staffing would be Mr Mohammed and 1 other member of staff opening hours would be 8.30am-6.30pm Monday to Friday and 9am-5pm Saturday.

The Chairman, having ascertained that there were no further questions to Mr Mohammed, invited Dr Majid to state his representation.

Dr Majid advised that the status quo had remained for some time and that the previous application for a pharmaceutical contract in Calderbank had been rejected. Dr Majid stated that the new pharmacy contract had a fixed budget and was concerned that the addition of a new pharmaceutical contract would dilute the fixed amount of money available in the area thereby making the ongoing viability of those pharmacies questionable. Dr Majid went on to state that most people wanted a pharmacy for convenience and if this was the case further contracts would dilute the funding available. Dr Majid advised that the current pharmacies offered a good standard of care to patients. The Chairman then invited questions from the applicant to Dr Majid. Mr Mohammed asked Dr Majid how many patients he had in Calderbank. Dr Majid advised that there were not many, perhaps 1 or 2 patients in the area.

The Chairman then invited questions from the Applicant, to Dr Majid.

Nothing on tape for this.

The Chairman then invited members of the Committee to question Dr Majid.

Mr Aslam asked Dr Majid why he would object a new contract was given. Dr Majid advised that his main concern was the fixed pot of money available and the further dilution of this by

the awarding of a new contract could potentially result in other pharmacies becoming non viable.

Mr Sutherland asked Dr Majid that in the event of a new pharmaceutical contract being awarded to Mr Mohammed would this put him out of business. Dr Majid advised that it was unlikely he would go out of business but remained concerned if a new contract was awarded.

Having ascertained that there were no further questions, the chairman then invited the Interested Party to sum up their representations

Dr Majid offered no further representations.

Mr Mohammed was then invited to sum up in relation to the application.

Patients of Calderbank are within a self contained area and are looking for better pharmaceutical services. Currently patients have to travel and this could involve a bus ride, this is not acceptable. The awarding of a new contract would increase health benefits and the introduction of the new pharmacy contract was precisely designed to deliver service in such areas as Calderbank. I would therefore ask this committee to grant this application as being necessary and desirable to secure pharmaceutical service provision in the neighbourhood.

(f) **Retiral of Parties**

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

Having being advised that both parties were satisfied, the Chairman then informed the Applicant and Interested Parties 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. Parties were 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 and Interested Party withdrew from the meeting

(g) **Supplementary Submissions**

Following consideration of the oral evidence

THE COMMITTEE

noted:

- (i) that members of the Committee had visited the proposed site and surrounding areas
- (ii) the location of the Doctors' surgeries in relation to existing Pharmacies in Airdrie and Chapelhall, and the site of the proposed pharmacy
- (iii) prescribing statistics of the Doctors within Airdrie, Coatbridge, Newarthill, Bellshill and Chapelhall during quarter ended July 2008
- (iv) the dispensing statistics of the existing Pharmacies in Airdrie, Coatbridge, Newarthill, Bellshill and Chapelhall during quarter ended July 2008
- (v) demographic information on Calderbank, Airdrie, Bellshill, Chapelhall, New Stevenston and Coatbridge taken from the 2001 Census
- (vi) Comments received from Interested Parties including existing Pharmaceutical Contractors in Airdrie, Chapelhall, New Stevenston and Coatbridge
- (vii) Information containing the range of Pharmaceutical Services provided by existing contractors within Airdrie, Bellshill, Chapelhall, New Stevenston and Coatbridge.

(h) **Decision**

THE COMMITTEE

then discussed at length the oral representations of both the Applicant and the Interested Party, 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

Deemed the neighbourhood in which the proposed premises were located to be the village of Calderbank. In reaching its definition the Committee noted that this decision was in keeping with the general agreement of the interested parties in attendance.

(ii) Existing Services

THE COMMITTEE

Prior to considering existing services within the neighbourhood, paid due regard to the requirements of the statutory test which specifies that the granting of applications should be made only when it can be satisfied that the provision of pharmaceutical services at the premises is necessary or desirable in order to secure adequate provision of those services.

It was noted that there were no existing Pharmaceutical contractors in Calderbank; however the Committee noted that there was provision of part time Primary Medical Services within the village. The Committee noted that the residents of the neighbourhood were able to access the existing Pharmaceutical Services provided in Chapelhall which was within approximately 1.5 miles of the proposed site and also the Pharmaceutical Services provided in Airdrie which was within approximately 2 miles of the proposed site. The Committee was also mindful that the residents of the neighbourhood accessed Pharmaceutical services via an official NHS funded collection and delivery service, through collection and delivery services provided by local pharmacies and also via telephone, if required. The Committee was of the view and agreed that there was considerable geographical isolation and that this presented barriers to accessing pharmaceutical services in the neighbourhood.

(iii) Adequacy

THE COMMITTEE

In considering adequacy noted that there had been a number of complaints received by NHS Lanarkshire concerning the lack of

provision of, and access to, Pharmaceutical Services by residents of the neighbourhood. They also noted comments received in the form of correspondence from Karen Whitefield MSP and Councillor David Fagan.

From the independent site visits and evidence presented during the hearing by the applicant and interested parties, it was clear that there were very few services available within the neighbourhood and that residents were required to travel out with the neighbourhood to access many facilities associated with the fabric of daily life. The Committee also noted the availability and frequency of bus service, which for many of the residents of the neighbourhood, would be the only means of gaining access to the range and breadth of Pharmaceutical Services provided in Chapelhall and Airdrie. The Committee also referred to statistics taken from 2001 Census, and referred to by the applicant, which indicated that the neighbourhood was a deprived area in comparison with the Scottish national average.

The Committee, paying due regard to the above, agreed that there were no existing services within the neighbourhood, and that pharmaceutical services to residents of the neighbourhood could only be reached after negotiating a car or bus journey to Chapelhall or Airdrie, which would be difficult for non ambulant and elderly patients or nursing mothers with young children.

It was acknowledged that there was a changing focus towards the new pharmacy contract and of the pharmacist increasingly being the first point of contact for a range of issues, including minor ailments, and a distinct move away from the traditional prescription based service.

It was also acknowledged that services available from a pharmacy were distinct from those available from a pharmacist, with supplementary and independent prescribing being examples of this distinction.

Accordingly, the Committee deemed that for those reasons services could not be considered adequate.

(iv) Adequacy of Proposed Services

THE COMMITTEE

In considering adequacy of the proposed services noted that from the information available, the volume of prescriptions alone

may not prove to be viable and may therefore impact on the future provision of an adequate service in the long term.

However, the Committee considered that this traditional model of remuneration for pharmacies was changing, with the emphasis moving away from the well established dispensing role towards the provision of a wider range of services to members of the public.

The Committee, paying due regard to the above, agreed that the proposals submitted by the applicant recognised the changing nature of the provision of pharmaceutical services.

Accordingly, the Committee deemed that for those reasons, the application would secure adequate services.

(v) Ability to Open within Six Months

In discussing the ability of the applicant to open within six months:

THE COMMITTEE

Noted the information provided by the applicant.

The proposed costs associated with the fitting out of the premises and the timescales given for the fitting out were considered to be in keeping with the size of the proposed premises. The applicant had secured a rolling legal agreement with the owner of the premises and there were no anticipated issues regarding local authority permissions.

Accordingly, the Committee deemed that for those reasons, the application would be able to open the proposed pharmacy within six months.

(v) Necessity

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

THE COMMITTEE

Was mindful of their remit with regards to the provision of an adequate pharmaceutical service. It acknowledged that there is currently a form of Pharmaceutical service provided to and accessible by the residents of Calderbank, but that this current service provision was not considered to be adequate. In considering necessity, the Committee was split as to the necessity to grant the application in order to provide an adequate Pharmaceutical service to the neighbourhood.

(vi) Desirability

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

THE COMMITTEE

noted the reasons why it had been agreed that the current provision to the neighbourhood was not adequate.

Following the withdrawal of Mr P Aslam , 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 it was desirable to grant the application in order to secure adequate provision of Pharmaceutical services in the neighbourhood. It noted that the granting of the application would address access difficulties for the elderly, the disabled and for mothers with young children and the increased demands of the growing population of the neighbourhood.

Thus, 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, the application is granted.

Mr P Aslam returned to the meeting