

IN CONFIDENCE – FOR MEMBERS’ INFORMATION ONLY

MINUTE: PPC/08/178

Minute of Meeting of the Pharmacy Practices Committee held on Monday 6th October 2008 in Boardroom, Level 3, Wishaw General Hospital, Netherton Street, Wishaw, ML2 0DP.

Chairman: Mr B Sutherland

Present: Lay Members Appointed by the Board

Mrs M Carahar
Mrs L Wilson
Mr J Woods

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr E J H Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr P Aslam
Mr D Sinclair

Attending: Officers from NHS Lanarkshire - Primary Care Organisation

Mr G Lindsay, Chief Pharmacist – Primary Care
Mrs G Forsyth, Administration Manager – Primary Care
Miss C Oates, Administration Team Leader – Primary Care

178 **APPLICATION BY Mr KENNETH BROWN, UNIT 3, 148 LOGANS ROAD, MOTHERWELL, ML1 3NY**

(a) There was submitted application by Mr Kenneth Brown, received 7th August 2007, for inclusion in NHS Lanarkshire’s Pharmaceutical List.

(b) **Submissions of Interested Parties**

The undernoted documents were submitted:

Letter received 21st August 2007 from Alliance Pharmacy
Letter received 21st August 2007 from Munro Wholesale
(contract now owned by Lloyds Pharmacy Ltd)
Letter received 7th September 2007 from NHS Lanarkshire’s Area
Pharmaceutical Committee.

(c) **Procedure**

Prior to arrival of parties the Chairman asked Members to confirm that they had 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 their papers.

(d) **Attendance of Parties**

The applicant Mr Kenneth Brown was in attendance and was unaccompanied. Ms Elizabeth McLaughlan represented Lloyds Pharmacy Ltd and was unaccompanied, no other interested parties attended. Both 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 both parties to 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 Kenneth Brown, for inclusion in the Pharmaceutical List in respect of Unit 3, 148 Logans Road, Motherwell, ML1 3NX 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.

(e) **Evidence Led**

The Chairman then invited Mr K Brown to speak first in support of his application.

Mr Brown read the following pre-prepared statement:

“Firstly I’d like to thank the Committee for allowing me the opportunity to present my case. Secondly, I would like to apologise for having the wrong postcode on my application. The correct postcode, as pointed out by the APC, is ML1 3NY.

Pharmacy is in a key state of change at the moment, with a great shift towards improving public health, therefore ensuring faster diagnosis and ultimately preventing disease. Many of today’s illnesses are largely preventable. It is of far more benefit to try and prevent these conditions in the community, and for this to happen, community pharmacy is going to have a much greater role to play. I hope to demonstrate how I feel I could improve the health of a community using the core services of the community pharmacy contract. I also hope to be able to provide diagnostic services to a part of the population who may have high blood pressure, diabetes, high cholesterol etc and be completely unaware of it! To remain undiagnosed will lead to more hospital admissions, poorer quality of life for the patient, and greater cost to the NHS.

In my self-contained neighbourhood, which I am about to define, not only are the provision of pharmacy services inadequate, there are none whatsoever.

My neighbourhood is defined as the ward of North Motherwell and also includes part of the old council ward of Ladywell. The boundaries of my neighbourhood are the railway line to the North and East, Strathclyde Park to the North and West, and Hamilton Road at the south. This forms a clear and identifiable neighbourhood. Although there are some pharmacies not far from the edge of the neighbourhood, there are none within.

The nearest pharmacy is in Forgewood, at a distance of a mile or just under. It should be noted however, that Forgewood Pharmacy was granted a contract to provide services to people of the neighbourhood of Forgewood, and not of Forgewood and North Motherwell. It is not on a direct bus route either, with patients who wish to travel there having to get off at a stop on Bellshill Road. To walk there is also a considerable hike, with a railway bridge to climb and a steep hill. It would not be suitable for a person of poor mobility, or a young mother with children to walk. There is also a level crossing to contend with. The staff at Motherwell train station were able to confirm that this closes at least twice per hour to allow passing trains, though it sometimes closes 3-4 times per hour, for anything up to 10 minutes, providing another barrier to travel. It is also worth noting that in August 2007, this road was completely blocked for about 5 days due to roadworks.

The 3 other main pharmacies people currently travel to from all over Motherwell are Lloyds Pharmacy and Alliance Pharmacy on Merry Street, and Boots further down the main precinct. More people from North Motherwell use these pharmacies, as they would be travelling to the town centre to access other services (such as banks). However the journey is even greater than that of Forgewood. Patients either have to travel along The Loaning, then up Ladywell Road or Hamilton Road, a distance of over a mile and involving a steep climb, or alternatively crossing the level crossing, then travelling along Bellshill Road. Either journey involves travelling a distance greater than a mile. Parking is also difficult at these pharmacies during day time.

So, how do these barriers affect the provision of pharmaceutical services the population receive? Well, the minor ailment service was designed to help transfer this workload from GPs to pharmacies, in line with guidelines set out in "The Right Medicine" to make better use of community pharmacist's skills!

So to the people of North Motherwell, what benefit has this brought? I would say none. When I met with the residents association for North Motherwell, very few of those in attendance had even heard of it, including 2 Councillors. In fact, in this area medical services are much more readily available, with patients choosing to attend Orchard Medical Centre on Ladywell Road than travel to a pharmacy further away. This was confirmed to me by Dr Barr, and is one of the reasons he and the other six GPs at this surgery are in support of my application. To me, this would seem to be against the ethos of "The Right Medicine", and this population are not getting any benefit from the minor ailment service.

I would also contend that the public health service of the community pharmacy contract is also failing to reach this community.

The only time the population are seeing the poster campaigns, picking up leaflets, or speaking to a pharmacist is when they are already ill. New services such as smoking cessation, EHC and Chlamydia testing will not be readily accessible either. I would therefore have to question what benefit the Chronic Medication Service will provide these people, should circumstances remain the same. The community pharmacy contract has been designed to better utilise and enhance care provided by community pharmacies, to improve health at a local level, but at the moment this is not being delivered, and parts of the population have a greater need for this service than most.

Parts of my neighbourhood, particularly the streets nearest my proposed pharmacy site, constitute a deprived area, and are listed under North Lanarkshire Council's Social Inclusion Partnership as an area of re-generation. Within this area, there is a greater prevalence of obesity, smoking, high alcohol intake, drug misuse and general poor health. If pharmacies are to be now considered healthy living walk in centres, then a pharmacy on Logan's Road which provided a smoking cessation service, and healthy living advice would help this population.

The barriers to Healthcare should be reduced! I am currently a supplementary prescriber, and hope to soon be a qualified independent prescriber. My commitment in primary and secondary prevention would involve inviting patients to review cardiovascular risks, promoting smoking cessation with NRT or champix where appropriate, and providing lifestyle advice. I would hope to be involved in other screening services such as cholesterol, and diabetes testing as well. This is something which the GPs at Orchard Medical Centre wholeheartedly endorse and mention as such in their letter of support.

Other risk factors such as hyperglycaemia, high cholesterol, high blood pressure, would be followed up with the patient's GP, to discuss the best course of action, and spending time informing patients why they need a certain medicine, and how to take it. I would like to make patients equal partners in their treatment, hopefully improving patient compliance in the process.

It is hard to get a "completely" accurate population for my neighbourhood. Using figures from the 2001 census would suggest roughly 7500. However there have been many houses built since that time, particularly at the Motherwell Bridge area, and along Watling Street, so with figures given to me by North Lanarkshire council from April 2008, I would estimate the current population at around 10,000, possibly more. There are about 3467 households in total as of April 2008, however this is still increasing. This is indeed a large population. An influx of more affluent people moving into the new homes may have increased the general health of the population, there are still areas of poor health and deprivation, and all of this population have the right to pharmaceutical services at a local level. Similar to the pharmacy in Forgewood. I also note that the pharmacy contract in Carfin is similar, except

it was largely based on housing that had yet to be built at that time. Well, the population of North Motherwell is already there.

In terms of the shop unit itself, it currently operates as a barbers and hairdressers, and the owner wishes to move to a unit in the town centre. It is large enough to accommodate all things desired to apply the new pharmacy contract, such as large dispensary, waiting area, consultation room, treatment room, public health information area. It will also be fully accessible to the disabled and immobile.

The appellants gathered here today will have their reasons for opposing this contract. The main one being to defend their prescription volume, without taking into account patient care. Granting this contract will not affect the viability of these other pharmacies, as they are all very busy and have a high demand for their services, particularly the one on Merry Street. In fact the town plan is for in the region of 3000 houses to be built across Motherwell over the next few years. The so called “credit crunch” may have slowed this process, but it will not stop it. This means the population of Motherwell is going to dramatically increase, and will lead to a much greater demand on services which are already there.

In terms of opening hours I would propose to open 08:00 – 18:00 Monday to Friday, 09:00 – 17:00 on a Saturday, and Sunday closed. Addiction Services have indicated to me that there is a need for a pharmacy to open early to allow supervision of medication to those who work.

It would also allow patients with children access to the minor ailments service before school starts. There would be no need for extended opening in evenings or Sundays, Alliance Pharmacy on Merry Street provides that service.

In conclusion, the current provision of services in this large neighbourhood are inadequate. There are none. I feel I have demonstrated that the population has difficulty reaching current services, and that current services are failing to reach the population. The Residents Association, and the 2 local Councillors to whom I have spoken, wholeheartedly support it and feel it is about time they had a pharmacy. Jack McConnell (MSP for the area) has spoken to me as well, mentioning the poor health and drug problems in the area. The 7 GPs at Orchard Medical Centre are completely in support and have written a detailed letter reasoning why. This contract is both desirable, and necessary, and I am fully committed to it”.

The Chairman then invited questions from Ms Elizabeth McLaughlan, Lloyds Pharmacy Ltd, being the only Interested Party in attendance, to Mr Brown.

Ms McLaughlan began by advising that she had been asked to attend the meeting as a deputy at short notice, thus her questions would be limited due to this, and the fact that she is normally based in Glasgow so not overly familiar with the Motherwell area. She stated that Mr Brown had presented a very good case in support of his application however that their Pharmacy at

Brandon Parade provides many services associated with the new contract with a large uptake, and that whilst there are no services in Mr Brown's neighbourhood does he not feel that patients are able to access the services from their Pharmacy? Mr Brown replied that he did not feel that the patients were being served. Ms McLaughlan then asked Mr Brown if he had spoken to any of the local population, and was advised that he had visited the local community centre to speak with residents. She then went on to ask if Mr Brown had plans in place as to how he anticipated providing services should the contract be granted. Mr Brown stated that he had plans and would gradually introduce services after opening. Ms McLaughlan's final question was to ask if Mr Brown intended to work in isolation or to participate in joint working with neighbouring Pharmacists, to which Mr Brown replied that he was not aware of any local service collaborations within the town.

Having ascertained that Ms McLaughlan had no further questions, the Chairman then invited questions from Members of the Committee to Mr Brown.

Mr Sinclair was first to question Mr Brown and asked him to expand on his previous experience. Mr Brown advised that he qualified as a Pharmacist eight years ago and in that time has experienced all aspects of community pharmacy, working as a manager in Morrisons Pharmacy, Bishopbriggs, and as a locum, indeed with the exception of Boots he has worked in all Pharmacies within Motherwell so knows the area very well and could bring his knowledge and experience to the area should the application be granted. Furthermore that he plans to complete his independent prescriber training having recently completed the supplementary prescribing course.

Mr Sinclair then asked if he had any experience of a new Pharmacy and how to build up a business. Mr Brown replied that he had not, however that he had worked in Forgewood Pharmacy when it was in its' infancy and had spoken to fellow pharmacists who had built up businesses from scratch, and also had experience of working in pharmacies which were not doing so well. When asked if he had a business plan, he replied that he had but for obvious reasons would not like to discuss it with the Committee. Mr Sinclair then enquired as to where Mr Brown thought his business would come from, and how he would contact patients outwith the Ladywell area. Mr Brown replied that he thought that he would take some prescription volume away from Forgewood Pharmacy, Alliance Pharmacy on Merry Street, and Boots on Brandon Parade, no further than that, and with regards to Ladywell as this is a more affluent area he felt that the patients would probably travel outwith his neighbourhood towards the town centre to access services, and that he planned to target the most deprived area.

Mr Mallinson was next to question Mr Brown and asked him to provide further information regarding the proposed internal layout of the Pharmacy, especially in relation to the services he planned to provide. Mr Brown advised that it was a large area which would provide a spacious place to work and minimise mess and errors, as he believes a small and cramped area does not provide a safe environment. Mr Mallinson enquired as to whether the plans were aspirational or had he a formal floor plan to work to, and was advised

that he had no fixed plan at present. Mr Mallinson further enquired about how Mr Brown intended to divide the internal areas of the shop to accommodate “front shop” space, treatment rooms, and a confidential area for Methadone Dispensing & Supervision. Mr Brown stated that there would be limited front shop items and that he would intend using the treatment room area himself at the start, with the possibility of renting the space at a later date. With regards to Methadone Dispensing & Supervision Mr Brown advised that as a result of discussions with local residents he was looking at options to having a separate entrance and area for patients on methadone or suboxone. When asking about lease arrangements Mr Mallinson was informed that Mr Brown had a written agreement from the owners subject to the granting of the contract, and that if awarded he did not anticipate difficulties opening within six months, and that he did not require any building warrants for the proposed internal modifications which he felt would take only two to three months.

Mr Aslam then asked Mr Brown how long the current occupier would take to move out of the premises, and was told that the written agreement states that they would move out immediately. Mr Aslam then asked about the financial implications of setting up the Pharmacy, to which Mr Brown advised that he had incorporated the rough costs associated with the lease and shop fitting into his business plan and had the financial capability to cover it.

Mr Sutherland asked Mr Brown how he intended to staff the Pharmacy. Mr Brown advised that he has experience of training staff, and that initially he felt that he would only require himself, 1 counter assistant, and 1 dispenser. When asked about Collection & Delivery service, Mr Brown confirmed that he would do this himself to begin with in the evenings and employ someone at a later date if required. Mr Sutherland also asked about how Mr Brown anticipated the split of revenue as a percentage between prescriptions and over the counter items or “front shop” products. Mr Brown replied that he found this hard to judge, however he would presume that he would get some business from scripts generated by the GPs at Orchard Medical Centre, however that he was unsure of the percentage. Mr Sutherland asked if his business plan included projections for prescriptions after the first year, and was advised that he thought that it would be a significant part of his business perhaps 60%. Mr Sutherland enquired as to whether Mr Brown had given thought to the level of scripts that he would need in order for the Pharmacy to be viable. Mr Brown stated that he hoped to do at least 2000 scripts in the first few months.

Mrs Caraher asked Mr Brown if he knew how patients tended to travel to the town centre, and was told that there is a half hourly bus service along Logans Road, or alternatively they could walk or drive paying due regard to the census figures stating that only 48% of households within the town had car ownership. With this in mind Mrs Caraher asked if a Collection & Delivery service was essential especially for housebound patients. Mr Brown replied that he thought there was a need for a full pharmaceutical service, not just Collection & Delivery, and that he would employ a locum to allow him to do visits or make deliveries.

Mr Woods asked Mr Brown to clarify his description of the neighbourhood as his statement seemed to contrast to that provided at the time of his application. Mr Brown apologised and confirmed that he included Hamilton Road as it was a main road and provided a clear boundary at the Southern extremity. Mr Woods then asked him to clarify his figure of circa 10,000 population. Mr Brown advised that this was calculated from the figures provided by North Lanarkshire quoting 3467 households averaging 3 people.

Mrs Wilson asked Mr Brown if he had any intentions to provide services to the nursing home located closeby his neighbourhood. Mr Brown said that he would like to provide services however the nursing home was currently served by Forgewood Pharmacy, and that it would be for the home to decide whether or not to approach him.

Having ascertained that there were no further questions for Mr Brown, the Chairman then asked Ms Elizabeth McLaughlan, Lloyds Pharmacy Ltd to state their representation.

Ms McLaughlan began by re-affirming that her attendance was requested at short notice to deputise for a colleague, and that she would read from a pre-prepared statement:

“Thank you for giving us the opportunity to submit comments to the panel today.

With regards to the neighbourhood, while we accept that the area defined by the applicant contains no pharmacies this does not mean that provision is inadequate. The area outlined on the applicant’s map as the neighbourhood i.e. as North Motherwell, does not seem logical if it is the same area that is highlighted on the map by the black line with the application.

The area highlighted by the applicant chops out Ladywell primary school and seems to follow no defined or prominent boundaries or geographical features. The applicant may well contend that this is the ward boundary but in terms of defining a neighbourhood the two are not identical measures.

Most of the services that people access are in the centre of Motherwell e.g. medical services, and residents would likely class themselves as a resident of Motherwell. The locality as a whole could be the neighbourhood. If the panel however, choose a smaller neighbourhood based around the applicant’s submission then we do not believe it has a significant bearing on the application as the existing pharmacies provide an adequate service.

With regards to existing provision the applicant refers to the health statistics of the area however, we submit that there are already pharmacies in Motherwell that meet their requirements. Our pharmacy at Brandon Parade East provides urgent supply & Chloramphenicol PGD, eMAS, Needle Exchange, Methadone & Buprenorphine supervision, compliance needs assessment. We have a consultation room used for Blood Pressure & Diabetes Testing – a relatively new service since the recent acquisition, and a Collection & Delivery service

to all major surgeries. We also have a customer base from this area and have had no concerns raised regarding difficulty in accessing or using our services.

We would also like to highlight our commitment to working with the Health Board in delivering the new pharmacy contract. I would challenge the applicant on his ability to secure premises. He states that he has not secured them but that the lease has been applied for. One tends to negotiate for a lease rather than apply for one and we note he has not provided any documentation to indicate he is in discussion or what the likelihood of securing the lease is. We would at the very least to have expected formal terms to have been agreed with the landlord to acquire the lease in the event the contract is granted.

In summary we believe the existing provision to be adequate and therefore the application should be refused.”

The Chairman then invited questions from the applicant (Mr Brown) to Ms Elizabeth McLaughlan, Lloyds Pharmacy Ltd

Mr Brown remarked that he was not disputing the services provided by Lloyds Pharmacy Ltd to Motherwell as a town, however would Ms McLaughlan agree that there was a significant population in the area of North Motherwell who would benefit from services provided within their neighbourhood. Ms McLaughlan agreed but contended that they provide adequate services to this population and had not received any complaints.

Having ascertained that Mr Brown had no further questions, the Chairman then invited questions from Members of the Committee to Ms Elizabeth McLaughlan, Lloyds Pharmacy Ltd

Mr Sinclair asked how Lloyds Pharmacy Ltd ensures the availability of a pharmacist with their Collection & Delivery service. Ms McLaughlan advised that the drivers are the main point of contact however they can refer to the pharmacists by telephone, or that patients can send relatives to the pharmacy, however presently contact in the main is by telephone.

Mr Woods enquired as to how Lloyds Pharmacy Ltd determine that they are providing an adequate service, and was advised that they base adequacy on the demand for, or uptake of, their services, and that they have not received any comments indicating that their services are inadequate. Mr Woods asked for confirmation that there was no formal audit or measure analysis undertaken and Ms McLaughlan confirmed that there was not, however that they do their best and have had no adverse comments.

Mr Sutherland stated that whilst the Committee shall determine the neighbourhood, would she care to comment or give any views on that proposed by the applicant. Ms McLaughlan advised that due to her lack of knowledge of the town she was not in a position to challenge this determination.

Having ascertained that there were no further questions to either party, the Chairman then invited Ms Elizabeth McLaughlan, Lloyds Pharmacy Ltd to sum up their representation.

Ms McLaughlan took the opportunity to thank the Committee for allowing Lloyds Pharmacy Ltd to attend and make representation with regards to Mr Brown's application, and asked that if the Committee required any further information to questions that they felt she was unable to answer to please contact her and she will endeavour to have them answered.

Mr Brown was then invited to sum up in relation to his application.

Mr Brown took the opportunity to thank the Committee for allowing him to attend and present in person his statement in support of the application, and that he would be happy to clarify any point that the Committee felt was unclear. Having been told that there were no further questions he then concluded by saying he had nothing further that he wished to add other than the fact that he had spent a lot of time talking to locals and GPs about his application and was of the opinion that it was both necessary and desirable.

(f) **Retiral of Parties**

The Chairman then invited the Applicant and Interested Party in attendance to confirm whether or not they had received a fair hearing, and that there was nothing further he wished to add.

Having being advised that both Mr Brown and Ms Elizabeth McLaughlan were were satisfied, the Chairman then informed them that the Committee would consider the application and representation 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 Mr Brown and Ms Elizabeth McLaughlan withdrew from the meeting

(g) **Supplementary Submissions**

Following consideration of the oral evidence

THE COMMITTEE

noted:

- (i) that all members of the Committee had visited the proposed site

- (ii) the location of the Doctors' surgeries in relation to existing Pharmacies in Motherwell, and the site of the proposed relocated pharmacy
- (iii) prescribing statistics of the Doctors within Motherwell during the period March to May 2008.
- (iv) the dispensing statistics of the Pharmacies in Motherwell during the period March to May 2008.
- (v) demographic information on Motherwell taken from the 2001 Census
- (vi) Comments received from Interested Parties including existing Pharmaceutical Contractors in Motherwell
- (vii) Information containing the range of Pharmaceutical Services provided by all contractors within Motherwell

(h) **Decision**

THE COMMITTEE

then discussed the oral representation of the Applicant and the Interested Party in attendance, 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 are located to be the triangular area contained within the clear boundaries of Strathclyde Park to the West, the railway line to the North and East, and Hamilton Road to the South.

(ii) **Existing Services**

THE COMMITTEE

noted that there were no services physically located within the neighbourhood so defined, however there were four Pharmacies on the periphery each providing pharmaceutical services to contemporary standards, including one in Merry Street, Motherwell which opened seven days a week with extended hours of service.

(iii) Adequacy

THE COMMITTEE

noted the report on Pharmaceutical Services provided by the office of Mr G Lindsay, Chief Pharmacist – Primary Care, which indicated that the pharmacies within the town of Motherwell provided a broad range of services consistent with the standards of delivery which can reasonably be expected in 2008.

accordingly, the Committee agreed that the totality of services are adequate and adequately accessible to residents within the neighbourhood defined. Indeed, patients living within the neighbourhood can access a choice of services close by and within travelling times which are standard with accessing other services and facilities associated with the fabric of daily lives.

THE COMMITTEE

also discussed whether or not the application had the capacity to secure adequate services and concerns were expressed over the content of the applicant's business plan. In particular, there was scepticism over:

- ✗ the lack of detail around fixture and fittings costs
- ✗ viability of estimated prescription volume of 2,000 per month
- ✗ estimation of level of non NHS prescription income of 40% of business

(iv) Necessity

THE COMMITTEE

in considering the factor of necessity was mindful that the current level of service was deemed adequate and accessible to residents within the neighbourhood defined.

(v) Desirability

THE COMMITTEE

in considering the factor of desirability was mindful that the current level of service was deemed adequate and accessible to residents within the neighbourhood defined.

Accordingly, following the withdrawal of Mr P Aslam and Mr D Sinclair 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

voted unanimously that it was not necessary to grant the application to secure adequate Pharmaceutical Services within the neighbourhood.

THE COMMITTEE

then considered whether or not it was desirable to grant the application to secure adequate Pharmaceutical Services within the neighbourhood and voted unanimously that it was not.

THE COMMITTEE

therefore 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 P Aslam and Mr D Sinclair returned to the meeting.