

IN CONFIDENCE – FOR MEMBERS’ INFORMATION ONLY

MINUTE: PPC/2010/02

Minute of Meeting of the Pharmacy Practices Committee held on 21st January 2010 in Bell Meeting Room, Holiday Inn Express, Keith Street, Hamilton, ML3 7BL.

Chair: Mrs Sandra Smith

Present: Lay Members Appointed by the Board

Mrs Margaret Carahar
Mr Charles Sargent

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr E J H Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr Iain Allan
Mr Parvez Aslam

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr G Lindsay, Chief Pharmacist – Primary Care
Mrs G Forsyth, Administration Manager – Primary Care
Miss L A Tannock, Personal Secretary – Primary Care

02 **APPLICATION BY Mr IAN R MOUAT,** [REDACTED]
GLASGOW, [REDACTED]

Application

There was submitted application by Mr I R Mouat for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 178 Woodhall Avenue, Kirkshaws Coatbridge, ML5 5DD (“the premises”).

Submissions of Interested Parties

The following documents were received during the period of consultation and submitted:

- (i) Letter received on 26th January 2009 from H McNulty Ltd
- (ii) Letter received on 26th January 2009 from Boots UK Ltd
- (iii) Letter received on 27th January 2009 from Health Pharmacy
- (iv) Letter received on 2nd February 2009 from Lloyds Pharmacy Ltd
- (v) Letter received on 2nd February 2009 from Rowlands Pharmacy

- (vi) Email received on 2nd February 2009 from J Semple, Invercoast Ltd t/a Glenmavis Pharmacy
- (vii) Letter received on 10th February 2009 from Monklands Pharmacy
- (viii) Letter received on 13th February 2009 from NHS Lanarkshire's Area Pharmaceutical Committee.

Procedure

At 13:00 hours on Thursday, 21st January 2010, the Pharmacy Practices Committee (“the Committee”) convened to hear application by Mr Ian R Mouat (“the applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, (S.S.I. 2009 No.183) (“the Regulations”). In terms of paragraph 2(2) of Schedule 4 of the Regulations, the Committee, exercising the function on behalf of the Board, shall “determine any application in such manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the Committee is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List”.

It was noted that Members of the Committee had previously undertaken a site visit of Coatbridge and Airdrie independently in order to gain a flavour of the natural patterns of travel of residents and visitors during various times of the day and week. All confirmed that in so doing each noted the location of the premises, pharmacies, general medical practices and other amenities in the area.

Prior to the arrival of parties the Chair asked Members to confirm that they had received and considered the papers relevant to the meeting, including the additional information received from Mr Mouat in support of his application, and on behalf of Mrs Forsyth which included communications received from residents and elected representatives of Kirkshaws, Coatbridge and concerning the inclusion of Messrs Akram & Khan on the provisional Pharmaceutical List of Lanarkshire Health Board in respect of premises at 159 – 161 Calder Street, Coatbridge, ML5 4QN and advice obtained by Lanarkshire Health Board from the Legal Adviser, NHS Scotland Central Legal Office.

The Chair then asked Miss Tannock to invite the applicant and interested parties who had chosen to attend to enter the hearing.

Attendance of Parties

The applicant Mr Ian R Mouat was in attendance. The first interested party, Rowlands Pharmacy was represented by Ms Seonaid Campbell who was assisted by Ms Janette McCourt. The second interested party, H McNulty Ltd, was represented by Ms Marie Therese Rodgers. The third interested party, Boots UK Ltd, was represented by Mr Charles Tait. The fourth and final interested party, Lloyds Pharmacy Limited, was represented by Mr Mark Malone.

The Chair introduced herself, the Members and the officers in attendance from NHS Lanarkshire - Primary Care, prior to asking the parties to confirm that they had received all papers relevant to the application and hearing, including the additional information received

from Mr Mouat in support of his application, and that circulated on behalf of Mrs Forsyth concerning the inclusion of Messrs Akram & Khan on the provisional Pharmaceutical List of Lanarkshire Health Board in respect of premises at 159 – 161 Calder Street, Coatbridge, ML5 4QN and advice obtained by Lanarkshire Health Board from the Legal Adviser, NHS Scotland Central Legal Office.

The Chair then explained that the meeting was being convened to determine the application submitted by Mr Ian R Mouat, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 178 Woodhall Avenue, Kirkshaws, Coatbridge, ML5 5DD according to the Statutory Test set out in Regulation 5(10) of the Regulations.

The Chair continued to explain the procedures to be followed as outlined within the guidance notes circulated with the papers for the meeting, and confirmed that all Members of the Committee had conducted a site visit, and that no members of the Committee or officers in attendance, had any interest in the application.

Evidence Led

The Chair then invited Mr Mouat to speak first in support of the application.

Mr Mouat introduced himself and thanked the Committee for the opportunity to present his application prior to reading the following pre-prepared statement:

“Pharmacy- the backbone of the local community” / application by Ian Mouat.

1. I would like to commence by identifying the neighbourhood of the proposed premises. The neighbourhood I have identified is bounded by the A8/M8 Sandend Place to the south from Rosehall Industrial Estate in the east to Woodside Street in the west. Then bounded to the west by Woodside Street/Kirkshaws Road to its junction with Old Monkland Road in the north. The area is bounded to the north by Old Monkland Road from Kirkshaws Road in the west to St Andrews/St Timothy’s School in the east. The eastern boundary runs from St Andrews/ St Timothy’s School south through Rosehall Industrial Estate to the A8/M8. The defined boundaries are either industrial estates, motorway or steep hill at Kirkshaws Road. The boundaries are physical in nature and as such present problems of access to other pharmacies outwith this neighbourhood. This neighbourhood has been identified and confirmed by Stephen Fraser, Senior Corporate Information and Research Officer at North Lanarkshire Council. The population estimate for the Kirkshaws area as agreed with Mr Fraser is 3,217. (the data zones are shown on the map contained within the papers provided) This is indeed an estimate for 2008. This neighbourhood contains all the features you would expect to find in a neighbourhood - schools, churches, dentist (Kirkshaws Dental Practice), and food shops. The population is made up of a large % in the 60+ group and has an above average incidence of smokers, mortality due to coronary heart disease, stroke and diabetes. Using data zone information for this area the health deprivation docile (index of health) shows Kirkshaws to be within the 10% most health deprived areas in Scotland. Kirkshaws, like most of the surrounding neighbourhoods is unhealthy and poorly mobile.

2. Existing pharmaceutical services in / adjoining neighbourhood. Using the neighbourhood I have identified there are no pharmaceutical services in the neighbourhood of Kirkshaws.

Market research conducted by Lowland Research for this application, and amended letter provided, show the current pharmacies that the population of Kirkshaws are using. Quite simply the population has to travel outwith their own neighbourhood to access pharmaceutical services due to inadequacy in Kirkshaws. The walk to the nearest pharmacy – your local Boots Pharmacy is 1.1 miles, Woodside Street, Coatbridge involves a steep incline and the research shows only 9% of residents use this pharmacy. Most of the patients are getting the bus to Main Street, Coatbridge. Without the use of a car pharmaceutical services can only be accessed outwith the neighbourhood by public transport or on foot. Not every family in the neighbourhood will have a car (32% car owners) or indeed access to one or be able to use it to access pharmaceutical services during the course of the working day. I consider the distances by bus for carers and patients to conduct a round trip out of and back to the neighbourhood to be excessive – in the region of one hour to one and a half hours.

3. Adequacy of existing provision of pharmaceutical services and necessity or desirability. Page 13 of the Right Medicine (Pharmacy Strategy document) suggested that the provision of pharmaceutical services should address the provision of local services to meet local needs. I do not doubt that the pharmacies the residents are using provide a comprehensive range of services meeting the core requirements. The problem is they are inadequate – they are not local enough and therefore do not supplying residents of Kirkshaws locally. Accessibility is a major problem. There is unreasonable access on foot and an unreasonable cost and time for the bus service (see market research document). Market research shows that the residents of Kirkshaws are scrambling about accessing services where they can. Only 9% access the nearest pharmacy. I believe the proposed premises would be ideally suited to provide all the core services within easy access to all residents. The premises are currently in my possession and I propose to be the lead pharmacist and employ one full time and one part time sales assistant. The shop could easily open within 6 months. (3 week re-fit only).

I believe a local pharmacy would be best suited to improve the health of Kirkshaws. Many more people would access core services and the many public health roles that are imminent. The health gap is getting wider and the inequalities agenda is a major theme for all political parties. A community pharmacy if easily accessed, with its ethnic diversity and non-threatening environment is well placed to address this. Pharmacy has a proven track record in smoking cessation and sexual health and surely these initiatives will expand in the future to include perhaps weight management and responsible drinking etc. I believe many people will utilise these initiatives if made local.

Pharmacy is the key anchor to the local community - like a 'social glue'. The public feel comfortable and trust their local pharmacist – and make use of them. They provide easy access to health advice and recruit and train people. A local pharmacy providing local services, a local face to face pharmacist, is what is needed in Kirkshaws to improve health and wellbeing. It must be recognised that in order to have a face to face consultation with a pharmacist in any of the pharmacies out with the area then a significant proportion of the neighbourhood population would have to overcome access issues previously related. Even a very regular collection and

delivery service provided by outlying pharmacies could not substitute for personal access to a pharmacist.

We must not underestimate the eMAS scheme, EHC and other core services and the fact locally these services could be easily accessed if this contract is granted.

4. Schedule 3 of the Regulations, section 2 – Public Consultation states the Board will take reasonable steps to consult public opinion regarding any application. I have included letters of support from the public and local councillor. I have conducted an independent market research survey of the area. With regard to the primary research conducted with the residents in the Kirkshaws area a variety of themes began to emerge in support of the pharmacy application: 75% of people interviewed travel to Coatbridge/Coatbank Health Centre to see a GP. 22% of all respondents use the Boots Pharmacy, Coatbridge, 14% use H McNulty, Coatbridge and a further 14% Coatbridge Dispensary. 66% of people who walk to the pharmacy they use state that it was not reasonable journey
49% stated that the bus journey was not reasonable.
27% of people are not satisfied with the pharmacy they currently use, rising to 50% of people within the 16-24 years age group.
44% of respondents stated that they often had to come back to the pharmacy to get the items on their prescription because they were out of stock.
34% of respondents thought the pharmacy they used provided a good service, with 58% stating that it was adequate.
83% thought that it was important that there was a pharmacy locally to provide access to medical/NHS services.
92% would like a pharmacy to open at 178 Woodhall Avenue, Kirkshaws.

The Chair then invited questions from Ms Campbell, Rowlands Pharmacy, to Mr Mouat.

Ms Campbell referred to the market research carried out on Mr Mouat's behalf and asked if he would acknowledge that it was reasonable to expect 75% of respondents to state that they accessed medical facilities at Coatbridge Health Centre given that there were five medical practices located within. Mr Mouat acknowledged this.

Having ascertained that Ms Campbell, Rowlands Pharmacy had no further questions for Mr Mouat, the Chair then invited questions from Ms Marie Therese Rodgers, H McNulty Ltd, to Mr Mouat.

Ms McNulty's first question was to ask Mr Mouat why he had not mentioned the Church Street Medical Practice in the market research, and was advised that it was independent research conducted without input from him. This led her to ask whether or not he felt it he should know the facilities in the area. Mr Mouat replied that he did however he had left the market research process in the hands of the company. She then asked if he would accept that there had been no change in the population of the area between 2001 – 2008 to which he agreed. Ms McNulty then asked him in what way did respondents think the walk to the nearest Pharmacy is unreasonable e.g. length, route. Mr Mouat replied that he assumed it was distance given that they had to walk 1.1 miles. Mrs McNulty then turned her attention to the services listed within Page 9 of the Market Research Survey and asked Mr Mouat to

identify on the map the Pharmacies that did not currently provide such services. Mr Mouat replied that whilst he did not think that they all offered extended hours of opening he was sure that all other services were covered. Ms McNulty then turned her focus to staffing levels, asking Mr Mouat if he felt that he would have adequate cover given the population he was proposing would use the Pharmacy, giving an example of the demands made on resources during busy times. Mr Mouat replied that he was confident that he would be able to cope given that he has 15 years experience of within Airdrie area and establishing two Pharmacies from scratch.

Having ascertained that Ms Marie Therese Rodgers, H McNulty Ltd, had no further questions for Mr Mouat, the Chair then invited questions from Mr Mark Malone, Lloyds Pharmacy Ltd, to Mr Mouat.

Mr Malone asked Mr Mouat to confirm whether the proposed premises were the unit next door to the newsagents, when this was confirmed he then asked if Mr Mouat had any outline agreement with regards to the lease for the property. Mr Mouat reported that he has verbal confirmation of an agreement.

Having ascertained that Mr Malone, Lloyds Pharmacy Ltd had no further questions for Mr Mouat, the Chair then invited questions from Mr Charles Tait, Boots UK Ltd, to Mr Mouat.

Mr Tait asked Mr Mouat to clarify his neighbourhood particularly in relation to the Eastern and Western boundaries. Mr Mouat reported that it was bounded by Old Monkland cemetery, Kirkshaws Road, Woodside Street to the M8 back up Rosehall School, St Andrews High to Old Monkland Road. Mr Tait asked him why in effect he was taking Woodside Street as a boundary. Mr Mouat replied that there was a marked change in the housing stock at this point towards Old Monkland Road.

Having ascertained that Mr Tait had no further questions, the Chair then invited questions from Members of the Committee in turn to Mr Mouat.

Mr Sargent was first to speak and asked Mr Mouat about the concerns raised by local residents about methadone users being attracted to the area and whether he had given any consideration to how he would provide this service in order to address those concerns. Mr Mouat advised that as a result of the responses received from the leaflet drop he organised he had decided that he would no longer look to provide a methadone service.

Mrs Caraher was next invited to question Mr Mouat and asked him what he felt the needs of the population were. He replied that they would be able to benefit from face to face contact with a Pharmacist who would have time to spend with them, and access services such as Minor Ailments Scheme and Smoking Cessation Services locally without having to travel to the nearest Pharmacy in Coatbridge.

Next was Mr Allan who wished for Mr Mouat to clarify his definition on the neighbourhood against the data zones marked on the map provided by him via North Lanarkshire Council as he was unsure of the boundaries and population within the area referenced as 4711.

The Chair then invited Mr Aslam to ask questions of Mr Mouat who asked him what services in his opinion are inadequate in Kirkshaws. Mr Mouat advised that he considered the main

issue to be that a Collection and Delivery service was not ideal and that patients should be able to have face to face contact with pharmacist. Mr Aslam then referred to his earlier reference to access being the main problem, and was advised that there were problems associated with the distance to the nearest Pharmacy and using public transport however he considered that whilst the services provided by existing Pharmacies were adequate to their local population they were not adequate for the people of Kirkshaws. This led Mr Aslam to refer to the statement on Page 7 of the Market Survey “How would you rate the service provided by the pharmacy you use at the moment?” which 92% of respondents rated adequate. Mr Mouat remarked that this did not mean that the location of them was adequate.

Last to ask questions of Mr Mouat was Mr Mallinson who referred to his statement that 44% of respondents complained that they had to return to their Pharmacy to get a balance of their prescription as some items were out of stock, and asked him what would you be able to do to ensure your supplies given the current difficulties affecting all Pharmacies countrywide. Mr Mouat remarked that he would make sure that if he did not have an item in stock then he would arrange for it to be delivered to the patient, however he would look to keep good stock levels once he was familiar with the prescribing patterns of the local GPs. Mr Mallinson then asked Mr Mouat why he thought that travelling by bus would be difficult for residents of Kirkshaws given that he had acknowledged that a significant proportion were aged over 60 years and would therefore qualify for free travel and furthermore they also required to travel outwith the neighbourhood to access services associated with daily living. Mr Mouat remarked that there were also younger residents and young children. Mr Mallinson then discussed with Mr Mouat the frequency of the local bus service during which Mr Mouat indicated that a trip to access Pharmaceutical services from Kirkshaws to Coatbridge would involve a travel time of 1 to 1½ hours.

It was at this point that Mr Tait commented that Mr Mouat’s representations had centred around the findings of an Independent Market Survey and that he wished to question the independence of such as it was commissioned by Mr Mouat for the sole purpose of supporting his application, therefore in his opinion he must have at least given the company a suggested remit. Mr Mouat replied that he had advised them that he was proposing to submit an application for a new Pharmacy in Kirkshaws and asked them to survey residents in order to find out their views about current pharmaceutical services within the area.

Having ascertained that there were no further questions for Mr Mouat the Chair then asked Ms S Campbell, Rowlands Pharmacy to state her representation.

Ms Campbell thanked the Chair and read the following pre-prepared statement:

“I agree with the Area Pharmaceutical Committees definition of the neighbourhood which is:

To the North – train line running from Whifflet to Kirkwood and beyond to Bargeddie

To the South – A8 / M8

To the East – Whifflet Street

To the West – A752

Now with the neighbourhood defined:

What are the existing pharmaceutical services in the neighbourhood, or in any adjoining neighbourhood?

As the Area Pharmaceutical Committee stated in their submission, “there would effectively be 2 pharmacies already in the neighbourhood which could easily be accessed”. Furthermore, nearly every amenity in Coatbridge is located in the town centre which is the natural hub for the population of Coatbridge. There is an excellent public transport network in Coatbridge and no-one has difficulty accessing services. At this stage, this application should fail as there has been no evidence of an inadequacy. However, I would like to touch on a few points from the survey that was conducted. Obviously market research is a useful tool. Many applicants’ in recent years seem to conduct surveys when applying for new contracts and at least on this occasion Mr Mouat has conducted this via an independent company. However, despite using an independent company, many questions can be loaded to get a desired response and as such should not be considered as an accurate indicator. For example, 100 people were interviewed for the research. If we take Mr Mouat’s neighbourhood with an estimated population of 3217 this then constitutes only 3.1% of the population! Is this really a good enough percentage to get a true and accurate reflection? Furthermore if we take the APC’s definition of the neighbourhood the population almost triples meaning the market research data is from only 1% of the population!

The last question in the research is also the one question which should be ignored the most. 92% of the 100 people asked said they would like a new pharmacy at the proposed site. This question is a loaded one and therefore not a true reflection of the area given that if you had to ask most people if they would like another pharmacy closer to home the answer will invariably always be ‘yes’. Accordingly, this should not be a consideration when making the decision.”

Ms Campbell thanked the Committee.

The Chair invited Mr Mouat to ask questions of Ms Campbell.

Mr Mouat referred to the findings of the market research undertaken and asked Ms Campbell if she was aware of the percentage of confidence in the findings of surveys. Ms Campbell replied that she was unaware of the exact figure but knew that it was not 100%.

Having ascertained that none of the Interested Parties in attendance had any questions to ask of Ms Campbell, the Chair then invited Members of the Committee to pose questions.

Mr Allan asked Ms Campbell if she had any information on levels of patients from Kirkshaws who access services at her Pharmacy. Ms Campbell replied that she did not have actual figures however could confirm that the majority of their business was generated by repeat collection – approximately 80%, and that a number of patients get this delivered. This led Mr Aslam to ask about their Collection and Delivery service. Ms Campbell advised that they currently have two uplifts per surgery daily and approximately 20 deliveries per day, however she was uncertain how many patients this involved who resided within Kirkshaws. Mr Mallinson asked her what their criteria was for the Collection and Delivery service in light of Mr Mouat’s survey claiming that 44% of patients had to return for prescription balances. Ms Campbell advised that they deliver upon request and would do so for balances of out of stock items.

Having ascertained that there were no further questions for Ms Campbell the Chair then asked Ms Rodgers, H McNulty Ltd to state her representation.

Ms Rodgers thanked the chair and read the following pre-prepared statement:

“My name is Marie Therese Rodgers, and I am the Principal pharmacist and director of H. McNulty Ltd Pharmacy which is situated at 5-7, Easton Place Whifflet, Coatbridge (No.3 on the map provided). I wish to object to the application by Mr Ian Mouat for inclusion in the pharmaceutical list at 178 Woodhall Avenue, Coatbridge.

Firstly, I do not agree with Mr Mouat’s proposed neighbourhood as he defines it. I would rather agree with the NAP’s letter dated 27/2/02 when considering an application (also at 178, Woodhall Avenue) that the boundaries are: Mitchell Street and Viewfield Road to the East, Kirkshaws Road to the South, Palacecraig Street along the line extending north to Souterhouse Road to the West and the railway line to the North. Within the neighbourhood, as I define it, there are no distinct borders between the areas of Kirkshaws and Kirkwood. They are all of similar housing type and are interconnected.

In fact, Mr Rankin, the Chairperson of St Andrew’s High School Council states, in his letter to object to the application that, and I quote “there is no requirement for this pharmacy as there is adequate service within the area”. He continues “Currently there are pharmacies situated in Kirkshaws and Whifflet to which there is a very good public transport service”.

But the pharmacy at Woodside Street to which Mr Rankin refers to as being in Kirkshaws has been excluded by Mr Mouat from his neighbourhood.

There is effectively a local pharmacy already in his neighbourhood and McNulty’s is very close by. Both are just over a mile away from the proposed pharmacy with Boots on Woodside Street being the closest.

Woodside Street is one of the shopping areas outside of Coatbridge Town Centre and contains a Spar, Post Office, Newsagents, Credit Union and a few pubs, carry out shops as well as a Boots pharmacy. Patients from the proposed neighbourhood frequently visit this, the aptly named “Your Local Boots Pharmacy” to avail of its services.

The Whifflet area of Coatbridge where my pharmacy is situated is one of the main shopping areas in Coatbridge. Within 50 metres of McNulty’s there are a multitude of amenities, attracting people from the Kirkshaws area going about their daily business, including: a library, post office, a supermarket, an opticians, a community centre and several bars and restaurants. As you can see, residents of the proposed neighbourhood going to the town centre by the most direct route will travel through Whifflet, firstly along Old Monkland Road, then School Street before turning into Whifflet Street. However, many of them choose to shop locally in Whifflet.

Directly outside my pharmacy, the front car park has been extensively refurbished and landscaped over the past year with 17 extra car parking spaces, including 4 disabled parking bays directly outside the pharmacy. There are now 41 bays here and room for a further 40 cars at the rear of the pharmacy. According to Mr Mouat’s survey, 37% of residents in the proposed neighbourhood travel to their pharmacy by car and a huge majority of 89% found this method acceptable to them. The proposed pharmacy has very little space in the surrounding streets for car parking. So patients wanting to use this pharmacy would probably have to travel on foot.

Mr Mouat states that his proposed neighbourhood has a population of 3,217, but the Right Medicine document suggest that an average pharmacy should serve a diverse population of around 4,500. So, the number of residents living in the proposed neighbourhood is significantly less than this. Indeed, looking at the 2001 Census, the population of Coatbridge

is around 30,000. With 8 pharmacies already open in Coatbridge, a ninth, Monklands Pharmacy in Deedes Street, on the border between Coatbridge and Airdrie, and a further pharmaceutical contract being granted in Calder Street last year, there is already some degree of over provision.

In Kirkshaws, as Mr Mouat defines it, there is next to no amenities other than a butcher's, small grocers and a newsagent (indeed this is confirmed within one of the e-mails provided by Mr Mouat as the sender refers to a lack of shops in the area). Therefore, residents have to travel out-with this area to go about their normal daily living, going to work, the supermarket, visiting their GP or going to the gym. So, they will naturally access pharmaceutical services in the same way, in Coatbridge Town Centre where there are 4 pharmacies or in the shopping areas of Whifflet or Woodside Street. In Mr Mouat's survey, 67% were satisfied with the location of their pharmacy with a further 6% having no opinion, but were satisfied.

McNulty's Pharmacy has been serving the local population for many years; we are constantly striving to improve our pharmaceutical services to ensure their adequacy for the area. When I purchased the pharmacy in 2004, I took over the unit next door and doubled the size of the dispensary which is much more open and accessible to patients. This helps build a special rapport and increases customer confidence. I also added two consultation rooms. I hoped to create a special, inviting pharmacy environment with pharmaceutical and health services of which our patients would feel proud.

At McNulty's we've always aspired to improve patient health by encouraging self awareness. I'm especially concerned with health issues of specific relevance to my patients including those from Kirkshaws, the main one being cardiovascular disease. So I have introduced a free cholesterol testing, blood pressure and diabetic screening and patients are counselled on maintaining healthy lifestyles. Here we have an opportunity not just to treat, but to help prevent disease. The NAP on 5/5/09, when explaining its decision to refuse a pharmacy at 15, Berwick Street, Shawhead stated that "McNulty's pharmacy provides a very high level of service and meets the needs of the elderly, the disabled, the housebound, mothers with young children and those requiring addiction services". The panel also noted "the existence of a number of other pharmacies in Coatbridge town centre, which residents may choose to access and which also provide a comprehensive range of services meeting the core requirements".

Although providing excellent pharmaceutical services is our main priority, the overall well-being of our patients is very important, so appointments with our state registered chiropodist are available three days per week.

Being born and bred in Coatbridge, and having worked in my pharmacy for 14 years, I know most of my patients well. As Mr Mouat has already stated, there are high levels of chronic illness in this neighbourhood, therefore, the amount of patients requiring repeat medication is also high. Over the years the pharmacies in Coatbridge have developed an excellent repeat prescription collection service. Having worked as a locum in many areas of Lanarkshire and Glasgow, I have never encountered a service as comprehensive and efficient as that provided by the pharmacies in Coatbridge with excellent cooperation with the GP surgeries. At my pharmacy, we deliver repeat prescription orders and collect prescriptions from all of the surgeries in Coatbridge 4 times per day.

In addition, I offer a free delivery service to our patients. On average, we have 5 deliveries per day to the proposed neighbourhood. Some elderly patients from the proposed neighbourhood, when asked if they would like to get their prescriptions delivered, declined the offer because they wanted to get out-and-about and remain independent. In some cases, a patient from Kirkshaws needs to make just one phone call to their chosen pharmacy in Coatbridge to have their prescription ordered, collected and delivered to their door. It is important to note that the proposed neighbourhood has a relatively high population of elderly and infirm patients who are housebound. No matter how close the pharmacy is, they would

not be able to visit it. They often contact us via phone, or if they require face-to-face contact, we visit them.

At McNulty's, I have a second full time pharmacist working with me. This allows us to help our patients more efficiently, safely and effectively from phoning their GP to offering them suitable medication via the minor ailment scheme and ensuring they get a prompt initial appointment when availing of the smoking cessation service, and ensuring continuity of care. Three of the five computers in the pharmacy are set up to generate minor ailment prescriptions so that, as sometimes happens, both pharmacists on duty can offer minor ailment prescriptions to different patients without each patient having to wait.

The committee will no doubt have encountered other pharmacies, dispensing a higher volume of prescriptions than McNulty's, with only one pharmacist on duty for most of the week. But we have taken these measures to try and offer a better standard of pharmaceutical care.

All of these services and face-to-face contact with the pharmacist are easily accessible from the proposed neighbourhood by a 10-15 minute walk, crossing Whifflet Street via one of three pedestrian crossings, or by car or via a short bus journey.

The bus service within and passing through Kirkshaws is excellent (and the market research shows 55% of respondents use the bus service). Every 15 minutes, First Buses and Coakley Buses pass through Coatbridge Town Centre and head towards Whifflet Street, where they stop directly outside my pharmacy. They then turn right into School Street and along Old Monkland Road into Kirkshaws, stopping every 200 metres or so. They then stop in Woodside Street, the location of Boots Pharmacy, before heading towards Glasgow. Buses from Glasgow follow the opposite route when heading towards Coatbridge Town Centre. There is also a local Kirkshaws bus, which meanders through the streets of Kirkshaws and heads towards Coatbridge Town Centre, again stopping outside my pharmacy. It offers this service every 15 minutes. Patients from Kirkshaws coming from the town centre often get off the bus just outside McNulty's, get their prescription dispensed or avail of the minor ailments scheme and get the next bus to Kirkshaws 10 minutes later.

Looking at Mr Mouat's own market research more closely, 92% of patients waited less than 20 minutes for their prescription in the pharmacy. Taking into account that some patients may have 20 items on their prescription, this is an excellent result for the patients.

Probably the most important question asked was "How would you rate the service provided by the pharmacy you use at the moment?" A huge majority of 92% rated their pharmacy as adequate or above. Some of the comments made by patients as to why they felt the service was poor were:

"Often don't have the items and have to come back" and "Change the prescription and always want to change what the doctors have written down".

These comments can largely be explained by the problem of medicine shortages affecting every pharmacy in Britain, and would also affect Mr Mouat's proposed pharmacy.

In fact, an article in last week's pharmaceutical journal detailed how "pharmacists have been negatively affected by the shortages, which has forced them to spend more time sourcing products".

They admit that "From a patient perspective, out-of-stock medicines can lead, at best, to increased visits to pharmacies to complete the supply".

They add, "Extra time had to be spent discussing alternatives with prescribers and with patients".

In compiling his market research, some errors have been made which are important to point out to the committee. On page 4 of the research, it is suggested that Coatbridge Health Centre is also called Coatbank and that Waverley Medical Practice is a different location. In fact, Coatbridge Health Centre (marked B on the map provided) hosts both Coatbank and

Waverley practices as well as CRC, Blargrove and Dr Fife's practice. No mention is made of Church Street Practice, which is marked C on the map.

As previously discussed, Mr Mouat, on page 5 of his market research has added a fictitious pharmacy, Boots in Kirkshaws Road. 5% of patients visit a pharmacy which does not exist! Obviously, these responses must be erroneous, and it is highly likely that, "Alliance Pharmacy" in Woodside Street which is actually Boots, and is the closest pharmacy to the proposed site, has significantly more than 4% or even 9% of the population of Kirkshaws visiting them. It is fair to suspect that Boots in Coatbridge Main Street received prescriptions from much less than the 22% of patients stated.

Historically and traditionally, the pharmacy in Woodside Street has always been known as the preferred pharmacy for the residents in Kirkshaws. I spoke to the pharmacist and staff from Boots Woodside Street on Monday, and they estimate that at least 40% of their prescription volume comes from Kirkshaws.

These errors, I feel show a distinct lack of understanding of the local area on the applicant's part. The proposed sparse staffing arrangements show that even the applicant has low expectations when estimating the volume of patients that the proposed pharmacy will attract. Mr Mouat states that "the walk to the nearest pharmacy involves a steep incline". The only incline is the one to be negotiated by patients living on Kirkshaws Road at the very south of the proposed neighbourhood. Most patients in Kirkshaws would not have any steep incline to worry about. But, patients walking to the proposed pharmacy from Kirkshaws road via for example, Scarhill Street, would have a steep incline to negotiate.

I would like to draw to the committee's attention, an application made as recently as July 2001 for a pharmacy at exactly the same location of 178 Woodhall Avenue, Kirkshaws, Coatbridge. The application was rejected and on appeal on 20th February 2002, the rejection was confirmed on the following grounds and I quote: "There was no evidence of any inadequacy of pharmaceutical services provided by pharmacies providing repeat prescriptions to that neighbourhood, In particular, there was a very good repeat prescription service for the neighbourhood which was noted to cover a very large percentage of prescriptions dispensed to that neighbourhood. There was no evidence available to the panel that the present pharmaceutical services as provided by the pharmacies both within and outside the neighbourhood were not adequate. There was no evidence to suggest that the pharmaceutical services in the neighbourhood would not remain adequate in the future. The existing requirement for pharmaceutical services is adequately met by pharmaceutical contactors in and/or adjacent to the neighbourhood".

A further application in Woodside Street, very close to the North West border of the proposed neighbourhood was discussed in March 2006. The decision made by the committee to reject the application was because:

"Alliance pharmacy, Woodside Street, provided a comprehensive range of services. Furthermore, given the natural draw towards the town centre and the location of the GP surgeries in going about their weekly activities, residents would be able to access additional services".

"It was agreed that there was no barrier to accessing such services given strong road links and regular local bus service".

In terms of desirability, the proposed new pharmacy has generated strong feelings. A letter from Elaine Smith, one from St. Andrew's High School Parents Council, and another from St. Timothy's primary school and Nursery have been received by NHS Lanarkshire expressing extreme concern rightly or wrongly over the type of person that may frequent this pharmacy.

Quite to the contrary of Mr Mouat's submission to the health board stating that his pharmacy will be like a "social glue" where "the public feel comfortable". It is quite evident that the parents of pupils living in and sending their children to school in the Kirkshaws area feel very anxious and uncomfortable about the proposed pharmacy.

On 3rd February last year, a pharmaceutical contact was awarded to Calder Street, Coatbridge, just over half a mile from my pharmacy. In a letter to Lanarkshire Health Board explaining the decision, the NAP conceded, and I quote "H. McNulty Ltd would likely be affected by the opening of a new pharmacy at the premises".

If an additional pharmacy was granted, just over a mile away, it could have a detrimental effect on the range and level of service we are able to offer our patients. Because of this, and the unknown level of service provision of the proposed pharmacy, the pharmaceutical service in the area could actually deteriorate. The threat to our service is highlighted because we are a single, independent pharmacy.

I feel that the good communications and working relationship between all the pharmacies in Coatbridge may be put at risk if this pharmacy was to be granted.

I hope to have demonstrated that pharmaceutical services to the proposed neighbourhood are adequate. I know that I don't have to remind the panel that just because a minority of patients in the proposed neighbourhood may find it convenient at some time to access pharmaceutical services from the proposed pharmacy does not mean that it is necessary or desirable to grant it.

This application should therefore be rejected."

The Chair invited Mr Mouat to ask questions of Ms Rodgers.

Mr Mouat asked her what she considered a reasonable distance to walk from her Pharmacy, and was told that she thought that anything less than 20 minutes was acceptable, as she has walked various routes recently and in so doing was also able to give an appreciation of the local bus service routes. When Mr Mouat asked her if she thought that a 20 minute walk was possible for every resident she referred to the frequency and routes of the local bus service, the availability of their Collection and Delivery service, and access to face to face contact with a Pharmacist upon request. Mr Mouat then asked her if she considered a Collection and Delivery service to be a good substitute for pharmaceutical services and was advised that she did consider it a substitute as patients who received their prescriptions this way did not require anything other than a delivery.

Having ascertained that none of the Interested Parties in attendance had any questions to ask of Ms Rodgers, the Chair then invited Members of the Committee to pose questions.

Mr Sargent asked for her views on the objections lodged by St. Andrew's High School Parent Council and Mr Mouat's decision to no longer seek to provide methadone service. Ms Rodgers replied that whilst she doesn't necessarily agree with their views there is the possibility that other addiction patients will be attracted to the Pharmacy and Off Licence given that there is nothing else to attract them away.

Mr Allan asked her how often the Pharmacist conducts home visits and was advised that not many people request the service however they themselves will suggest it to patients if they feel they could benefit from it but even so it is probably only requested twice a month. Mr Allan then remarked that Ms McNulty had intimated that there appeared to be a more

frequent bus service that that previously discussed, and would she therefore disagree with the 1 – 1½ hours quoted by Mr Mouat. Ms Rodgers replied that she would as there were many frequent buses serving different routes within ½ hour slots.

Having ascertained that there were no further questions for Ms Rodgers the Chair then asked Mr Mark Malone, Lloyds Pharmacy Ltd to state his representation.

Mr Malone thanked the Chair for the opportunity to comment to the panel before reading the following prepared statement:

“As is customary, I would wish to start by addressing the neighbourhood to the application. The neighbourhood falls just short of the Alliance pharmacy on Woodside Street and Hugh McNulty Ltd at 5 Easton Place. Therefore whether the PPC adopts the northern boundary on Monkland Road or extends further up to the railway there are pharmacies available close by to the proposed neighbourhood. Indeed, it may be that the neighbourhood is even considered as Coatbridge in its entirety, which is well represented by pharmacy currently. Also, there are no GP surgeries in the vicinity of the proposed premises, and indeed at all in the neighbourhood as defined by the applicant.

We note that in the bundle of additional comments details are provided of comments from local residents.

One of the comments confirms that a flyer was circulated. We feel then that it is not surprising that some residents have chosen to respond to such a campaign. The comments suggest that a pharmacy is a good idea. Of course, why would it be a bad idea? One of the comment states “if needed you could deliver the medication to my home”. This service however, is already available and provided by existing pharmacies.

We also note there is a letter from Councillor Ferrie indicating the pharmacy would be a benefit to his constituents. Yes it would, as well as electorally popular, but there is no suggestion that the current services are inadequate, which of course is the underlying test to apply.

The applicant encloses a Market Research Survey. Some comments we would make on this are as follows:

Only 100 people were surveyed but we are not told clearly what the reliant population base is.

It is not clear where the survey was carried out. It says it was in the vicinity and catchment area. We would ask how was the catchment area defined; given there is no existing pharmacy? It may be the case that this catchment was some distance away from the nearest pharmacy, and therefore could skew the results.

From the applicant’s data, 79% of patients waited under 15 minutes for their prescription. This is not unreasonable. For the small percentage that may have waited longer we do not know how many items they requested or what service they needed. Some services take longer particularly if involving a consultation or many items. Adequacy of pharmaceutical services is not purely based on waiting times.

92% of patients also stated that current provision was adequate or better.

For the very small remainder, we do not know what the perception of the customer was or what the circumstances involved.

In supporting comments the applicant suggests that “residents of Kirkshaws are scrambling around accessing services where they can”. This is not supported by the applicants own evidence as 92% of patients indicate adequacy of service provision.

All the services the Health Board requires are provided by the existing pharmacies. We submit these are accessible and adequate. For the above reasons we would submit that

application be refused on the basis that it is neither necessary nor desirable to secure in the neighbourhood the adequate provision of pharmaceutical services.

Having ascertained that Mr Mouat nor any of the Interested Parties in attendance had any questions to ask of Mr Malone, the Chair then invited Members of the Committee to pose questions.

Mr Allan asked Mr Malone his views on whether he felt that the market research findings that 92% of respondents found current services to be adequate was accurate or merely a reflection that patients are not used to having services located close-by and are therefore accustomed to the status quo. Mr Malone replied that you had to distinguish between convenience for patients and adequacy of services, perhaps all that the patients want is an adequate service.

Mr Mallinson then asked Mr Malone to clarify his definition of the neighbourhood boundary for his Pharmacy and was advised that it was the area encompassed by Whifflet Street to the East, the railway line to the North, the A725 to the West leading to the A8/M8 to the South. Mr Mallinson's final question was to ask how difficult it would be for patients from Mr Malone's neighbourhood to be provided balances of their prescriptions. Mr Malone intimated that they share deliveries to this area with their Airdrie branch so he could confirm that their driver would drop off the items to the patient within the day. This led Mr Mallinson to query if this would be the case should he present at 10am with a prescription that required a balance, and was advised by Mr Malone that he believed that he would receive it within the same day.

Having ascertained that there were no further questions for Mr Malone the Chair then asked Mr Charles Tait, Boots UK Ltd to state his representation.

Mr Tait thanked the Chair for the opportunity to make his representation and remarked that there was not a lot left for him to say as he agreed with Ms Rodgers's definition of the neighbourhood, and that it appeared that this was an application centred around the findings of an "independent" Market Survey the accuracy and independence of which he had already aired his views upon its accuracy, so too the lack of clarity around the figures provided within the datazone map obtained from North Lanarkshire Council which had to be clarified by members of the Committee. He is of the belief that Boots UK Ltd do serve this community with their very popular branch located in close proximity to Kirkshaws and easily accessible by foot and regular 20 minutes bus service. The statutory test is about adequacy not convenience and that he believes that a short walk does not compromise this as patients do not require a Pharmacy within 400 yards of their homes. The area in question has intense housing and limited facilities therefore it is an area from which patients require to travel to access most services associated with daily living and that the distances and times quoted by Mr Mouat are calculated from the most extreme point within his neighbourhood.

The Chair invited Mr Mouat to ask questions of Mr Tait.

Mr Mouat asked Mr Tait if he could estimate the population of the neighbourhood proposed by him. Mr Tait replied that in order to answer that question he would require to use smaller datazones than those included by Mr Mouat. Mr Mouat then asked what Mr Tait considered to be a reasonable distance for patients to walk, and was advised that he did not think that it was excessive to walk a mile for most people, furthermore that elderly and infirm patients

within his neighbourhood would perhaps not be able to walk to the proposed Pharmacy anyway so that they would still rely on a Collection & Delivery service. Mr Mouat's final question was to ask if Mr Tait was aware that there was no bus service from Kirkshaws to Kirkwood, Mr Tait replied that this was only the case from inside the housing scheme as there was a bus service between all areas available every 20 minutes from outside.

Having ascertained that none of the Interested Parties in attendance had any questions to ask of Mr Tait, the Chair then invited Members of the Committee to pose questions.

Mr Sargent was the only member who wished to question Mr Tait over his dispute of the figures stating that 4% of respondents accessed Pharmaceutical services at the "your local Boots pharmacy" branch at Woodside Street, Coatbridge. Mr Tait agreed and stated that he concurred with the estimation of 40% as provided by Ms Rodgers believing it to be more accurate.

Having ascertained that there were no further questions to either the applicant or interested parties, the Chair then invited the interested parties to sum up their representations, keeping to the previous order. Accordingly, Ms Seonaid Campbell, Rowlands Pharmacy was first to speak.

Ms Campbell thanked the Chair and stated that she was of the opinion that there was adequate pharmaceutical provision for the people of Kirkshaws, with no difficulty in accessing the services either face to face or by telephone, and as such the contract was neither necessary or desirable.

Ms Marie Therese Rodgers, H McNulty Ltd was the second interested party invited to sum up her representation.

Ms Rodgers thanked the Chair and stated that she had nothing further she wished to add to the views contained within her earlier representation.

Mr Mark Malone, Lloyds Pharmacy Ltd was the third interested party to sum up his representation.

Mr Malone thanked the Chair and stated that he was of the opinion that the existing Pharmacies provided all required services and that the additional contract was neither necessary or desirable.

Mr Charles Tait, Boots UK Ltd was the fourth and last interested party to sum up his representation

Mr Tait stated that there were well established routes for the ebb and flow of residents leaving the area to access services, and that an additional contract was neither necessary or desirable.

The Chair then invited Mr Mouat to sum up in relation to his application.

Mr Mouat concluded by saying that he sticks by his definition of the neighbourhood and that he has used in-depth market research to support the necessity for an additional contract. Furthermore that his involvement in the market research process helped to tighten up the

figures not skew them and disputes the estimation that 40% of residents access pharmaceutical services at the Boots pharmacy located in Woodside Street. He believes the population figures provided by North Lanarkshire Council to be accurate, and that to travel a distance of 1 mile would take 20 minutes. He also believes that the bus service back and forth to Kirkshaws is 1 hour plus. Furthermore he believes that the people of Kirkshaws need a local Pharmacy to provide local services and that it is unacceptable for them to have to travel outwith to access eMAS, and that services into the area is no service, therefore existing services are inadequate therefore his application is both necessary and desirable.

Retiral of Parties

The Chair then invited the Applicant and Interested Parties to confirm whether or not they considered that they had received a fair hearing, and that there was nothing further they wished to add.

Having being advised that all parties in attendance were satisfied, the Chair then informed them that the Committee would consider the application and representations prior to making 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 Chair's request Mr Mouat, Ms Campbell, Ms McCourt, Ms Rodgers, Mr Malone and Mr Tait withdrew from the meeting.

Supplementary Submissions

Following consideration of the oral evidence

THE COMMITTEE

noted:

- i. that they had each independently undertaken a site visit of the town of Coatbridge and Airdrie, noting the location of the proposed premises, the pharmacies, the general medical practices, and some of the facilities and amenities within
- ii. map showing the location of the Doctors' surgeries in relation to existing Pharmacies in the towns of Airdrie and Coatbridge, and the site of the proposed pharmacy
- iii. prescribing statistics of the Doctors within the towns of Airdrie and Coatbridge, during the period April to June 2009
- iv. dispensing statistics of the Pharmacies within the towns of Airdrie and Coatbridge, during the period April to June 2009

- v. demographic information on the townships of Airdrie and Coatbridge taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors in the towns of Airdrie and Coatbridge in accordance with the rules of procedure contained within Schedule 3 to the regulations
- vii. report on Pharmaceutical Services provided by existing pharmaceutical contractors within the townships of Airdrie and Coatbridge

Decision

THE COMMITTEE

then discussed the oral representation of the Applicant and the Interested Parties 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 2009 (S.S.I. 2009 No. 183).

- (i) Neighbourhood

THE COMMITTEE

in considering the evidence submitted during the period of consultation and presented during the hearing, and recalling observations from their site visits, agreed with the definition of the neighbourhood proposed by the applicant namely, the area bounded by the A8/M8 Sandend Place to the South from Rosehall Industrial Estate in the East to Woodside Street in the West. The Western boundary being Woodside Street/Kirkshaws Road to its junction with Old Monkland Road from Kirkshaws Road in the West to St Andrews/St Timothy's School South through Rosehall Industrial Estate meeting the A8/M8 Motorway.

- (ii) Existing Services

THE COMMITTEE

having reached a conclusion on the neighbourhood, was then required to consider the adequacy of existing pharmaceutical services in 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

Recognised that there were no existing contract Pharmacies within the defined neighbourhood, however from the evidence provided including the report collated by the office of the Chief Pharmacist – Primary Care, it was demonstrated that the

population has access to two Pharmacies (H McNulty Ltd and your local Boots pharmacy) located in close proximity, both of which provide a comprehensive range of Pharmaceutical Services alongside the core requirements of the new contract,

Furthermore, the Committee was of the belief that the characteristics of the neighbourhood are such that the section of the population without access to private cars are well catered for by good public transport routes, with the facility for non ambulant patients to request the home visit service offered by H McNulty Ltd, and as such was of the opinion that existing Pharmacies could be considered as providing Pharmaceutical services to residents within the neighbourhood from outwith.

(iii) Adequacy

THE COMMITTEE

Discussed the test of adequacy and agreed that paying due regard to the reasons set out above and having noted the public transport routes available, it was considered that existing services close by the neighbourhood could be deemed adequate as they provide a breadth and range of NHS Contract services in line with contemporary standards and were easily accessible to residents of the neighbourhood.

Accordingly, following the withdrawal of Mr Iain Allan and Mr Parvez Aslam in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, the decision of the Committee was unanimous that the provision of pharmaceutical services at the Premises was neither necessary or desirable in order to secure adequate provision of Pharmaceutical Services within the neighbourhood in which the Premises were located by persons whose names are included in the Pharmaceutical List and that, accordingly, the application by Mr Ian Mouat, was rejected subject to the right of appeal as specified in Paragraph 4.1, Schedule 3 of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009.

Mr Allan and Mr Aslam were then requested to return to the meeting, and were advised of the decision of the Committee.