

## MINUTE: PPC/2010/05

Minute of Meeting of the Pharmacy Practices Committee held on 8<sup>th</sup> March 2010 in Meeting Room 1, Law House, Airdrie Road, Carluke, ML8 5ER.

Chair: Mrs Sandra Smith

Present: Lay Members Appointed by the Board

Mrs Margaret Carahar  
Mr James Murray  
Mr John Woods

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr E J H Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mrs Janet Park

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

### 05 APPLICATION BY MRS RAFEDAH SALANI, 20 ROCKBANK CRESCENT, GLENBOIG, ML5 2JA.

#### **Application**

There was submitted application by Mrs Rafedah Salani, received 9<sup>th</sup> October 2009, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 64 Mansefield Road, Orbiston, Bellshill, ML4 3AQ (“the premises”).

#### **Submissions of Interested Parties**

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

- (i) Comments received by email on 15<sup>th</sup> October 2009 from J & JG Dickson & Sons Ltd
- (ii) Letter received on 16<sup>th</sup> October 2009 from Boots UK Ltd
- (iii) Letter received on 9<sup>th</sup> November 2009 from Lanarkshire Health Board Area Pharmaceutical Committee
- (iv) Letter received on 9<sup>th</sup> November 2009 from New Stevenston Pharmacy

## **Procedure**

At 13:30 hours on Monday, 8<sup>th</sup> March 2010, the Pharmacy Practices Committee (“the Committee”) convened to hear application by Mrs Rafedah Salani (“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 Bellshill 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 letter forwarded under separate cover on behalf of Mrs Salani clarifying the correct postal code for the proposed premises. Mrs Forsyth then advised that an oversight had resulted in a letter from Lloyds Pharmacy Ltd being included in the papers for the hearing in error as it was received on 17<sup>th</sup> November 2009 after the closing date of the consultation period. All present noted that the letter would be withdrawn and that no representative from Lloydspharmacy would be in attendance.

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 Mrs Salani was in attendance and was unaccompanied. The sole interested party, eligible to attend, and who had accepted the invitation was The Pure Pharmacy Company, who was represented by Mrs Catherine Bankier.

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 letter sent under separate cover on behalf of Mrs Salani clarifying correct postal code for the proposed premises. The Chair proceeded to advise that the letter from Lloyds Pharmacy Ltd circulated with the papers had been withdrawn as it was received after the closing date of the consultation period, and that no representative would be in attendance. All parties noted this information and had no concerns to lodge.

The Chair then explained that the meeting was being convened to determine the application submitted by Mrs Rafedah Salani, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 64 Mansefield Road, Orbiston, Bellshill, ML4 3AQ, 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 Mrs Salani to speak first in support of her application.

Mrs Salani read the following pre-prepared statement:

“The corner unit situated within a popular parade of retail units, is within the heart of the Orbiston area, easily reached by the community and would not compel new parents, the elderly or anybody else to digress from their neighbourhood and normal daily movements if they were to require pharmaceutical services should this contract be granted. It will provide a private consultation room, an area for substance misuse patients and a retail area. It will have indoor and external CCTV, will have shutter rollers and will be alarmed.

I regard the neighbourhood as Orbiston – bounded by the railway line to the north, Motherwell Road to the east, travelling south easterly where it meets South Calder water. Travel south to meet the southern boundary which is the railway line. Travel then westwards to meet the dual carriageway Bellshill Road, which is my western boundary, to then travel north following the A725 to meet the railway line and then travelling east again.

### **Neighbourhood**

Orbiston comprises of a community distinct and autonomous from its Bellshill neighbours. Within my defined boundary there are nine data zones with a population of 6426. There are a further two data zones encroaching into my defined area thus bringing the total population to around 7000. The area has natural characteristics of an “all purpose” neighbourhood with all the necessary amenities for people to stay within Orbiston and go about their day to day lives – it boasts three primary schools, a secondary school, a nursery school, an adult training centre, places of worship, a sheltered housing complex, senior citizens centre, Sir John Mann day centre, a post office with banking facilities, two convenience stores, a newsagent, two hairdressers, takeaways and a public house. It has its own football club, bowling club, play areas and Community Centre. And then there is Orbiston neighbourhood house [sic] used by over one thousand people in any one week offering recreational and social activities Monday to Friday, for example council led day centre for the elderly, Credit Union, Befriending, NHS Smoking Cessation classes, out of school care, Daily worship etc etc. Orbiston, as my defined area has the infrastructure and the population to be classed as a neighbourhood in its own right. However, it does not have a Community Pharmacy – one of the most essential front line healthcare providers that should be present in all communities like this one especially in times where, in general, people are encouraged and expected to visit their GP less and their pharmacist more.

I am now going to examine the current distribution of community pharmacies. There is a reason for this. Prior to 1987, before control of entry; pharmacies, both multiples and independents could open anywhere. Being a largely supply-based profession, community

pharmacies tended to operate as close as possible to GP surgeries. We see this perfectly illustrated, for the most part, here in Bellshill - there are three Lloyds Pharmacies and one Boots Pharmacy all situated on and around the Main Street, congregated round GP surgeries and strategically positioned to try and capture as many prescriptions as possible.

This encouraged a culture of “leapfrogging” that was effectively resolved by the introduction of regulation. This was great for contractors because, for most, it reduced competition and allowed contractors to bear a greater degree of confidence in their patient base. Looking at the areas of Bellshill, the Hattonrigg, Bellshill centre, and Mossend area where the pharmacies chose to open prior to this regulation we see evidently why this has left Orbiston clearly disadvantaged. This is more so obvious today. Why do I say this?

The Control of Entry was introduced over 20 years ago at a time when there was no formal Scottish pharmacy contract – no formal contract advocating the treating of minor ailments, the availability of emergency hormonal contraception, Chlamydia testing, smoking cessation, public health advice and now Chronic Medication services - all services that previously required an appointment and/or a trip to the GP. And while this current Bellshill infrastructure may be geographically suitable for the old contract, the same could not always be said when considering the new contract’s aims and services and the infrastructure required to support it. As such, I believe there is under-provision in some areas - neighbourhoods – like Orbiston - those which may have perhaps had difficulty in supporting a local pharmacy in previous times because there is no GP practice. A local community pharmacy as opposed to a main street pharmacy located next to a GP surgery is necessary to deliver the new contract to this neighbourhood especially now the expectation and requirement to treat closer to the patients’ homes is greater than ever.

It is necessary to grant this contract because by default, the people have to access their services by travelling outwith their neighbourhood. Access is limited by this railway line – with only two access points. Bellshill centre is very congested and Tesco Extra has heightened this. The one way system into Main Street is very off putting, and most feel that has contributed even further to the congestion, particularly since the closure of one side of Main Street. Car parking in Bellshill town centre is extremely poor. There are double yellow lines outside most of Main Street and on Hamilton Road. There are a limited number of disabled parking bays and no parent & child parking bays. The vast majority of car parking spaces are filled by 9 a.m. as people working in the town centre use them. Travelling to access pharmaceutical services is therefore challenging.

It is desirable to grant this application because Orbiston is clearly a neighbourhood such that eMAS, the core elements of Public Health, and Chronic Medication Service, was designed to reach.

I mentioned earlier about the schools and nurseries. The roll for this year totals 1868. Twenty per cent of the population alone in Orbiston are children. Thirty percent in the lowest SIMD ranked data zone within my neighbourhood are children (ranked an alarming 288). Lone parent households are 23% higher than the Scottish average. The neighbourhood is less economically active than the Scottish average but more notably it is less economically active than the rest of Bellshill. Over 17 per cent of adults are unable to work due to illness or disability. Claims for unemployment benefit are higher than the Scottish national average and 13% higher than the rest of Lanarkshire. Again we see the rest of Bellshill favour better. 2008 saw 28 per cent of the total population income deprived - eight per cent higher than three years previous. I would not be surprised if this was higher still. The pattern of demographics

suggests that these various groups would benefit from a local community pharmacy offering eMAS.

Furthermore sixteen per cent are elderly, lone pensioner households account for twelve percent and again this is another vulnerable group that would benefit from eMAS. On my visit to the elderly day centre, three years since the launch of eMAS, I was astounded to find that nobody had knowledge of this service. I have evidence that immediate dosette box provision is not available from any of these pharmacies. This provision is sought elsewhere – a complaint also shared by a key member of social care. All but Lloyds in North Road do not deliver medication. Some members of “neighbourhood house” regularly collect medication for service users as the patients find it taxing to do so themselves. And lastly some people have voiced opinions regarding waiting times. All in all, a journey to the pharmacy could easily take up to one hour and even more for North Road. Clearly to me this is inadequate.

Forty one per cent of 16-64 year olds have no qualifications – that is 6% and 12% higher than the north Lanarkshire and Scottish figure respectively. What may be more relevant is that its higher than their geographic neighbours – higher than north Bellshill, Mossend and Hattonrigg. Despite having a secondary school within the neighbourhood, only half of 16-18 year olds go on to receive further education at school – (5% and 10% less than figure for north Lanarkshire and Scotland respectively.) Again, we see this lower than its Bellshill neighbours. We know generally that statistics like these often lead to social deprivation which in turn correlates to poor health. Social grade AB sits at 11% and Social grade E 28

Once again it is desirable to grant this contract within the neighbourhood for the health status of our future generations. Talking about our youth. We read in *The Right Medicine* the importance of convenience and accessibility for community pharmacy for young people. “Pharmacists can provide improved access to contraception advice and services, smoking cessation support and information.” “They want local services that are convenient to them for example lunchtimes and Saturdays.”

Orbiston has a 5% higher than Scottish incidence of teenage pregnancies and a higher than Scottish incidence of women smoking during pregnancy. 48% of the area is smoking and the area has a 12% above Scottish average for deaths attributed to smoking.

Again it is easy to see why smoking cessation services from a local pharmacy are necessary and this would be of great benefit to the community.

There are a two smoking cessation clinics – one in Orbiston Neighbourhood Centre and the other in Bellshill Library. In my view the reason for this is they are considered as separate neighbourhoods and service users are not expected to travel between the two areas. The one and only NHS backed service in the area has identified how important ease of access is and how difficult it would be to insist people travel outwith their neighbourhood for such a service. So why is a community pharmacy any different? This is further evidence that it is necessary to grant pharmaceutical services to this area – already in my view defined by the NHS as being a neighbourhood.

As for health, Orbiston records a higher than Scottish incidence of hospital admissions for heart disease, stroke and diabetes – all chronic conditions that a local community pharmacy can assist treating under CMS. Furthermore we see my neighbourhood recording a higher than Scottish incidence for suicide/deliberate self harm. It generates above Scottish average

for anti depressant related prescriptions. Thirteen per cent are classified as in “not good” health – 3% higher than Scottish average.

Alcohol dependence is a huge concern as there is a fourteen per cent above Scottish average for alcohol related hospital admissions.

The SIMD shows that around 40% of my neighbourhood are 0-15% most deprived with 100% being no deprivation. Alarmingly one data zone lies in 0-5% deprivation status. Analysis of SIMD in individual data zones sees five falling in ranks over a period of two to four years.

Statistically, Orbiston is made to look better by one relatively affluent area of private housing. Elsewhere we see that it struggles. (Overall 59 per cent of dwellings attract Council Band A, 20 per cent higher than Lanarkshire.) In eight of the nine data zones, over 91 per cent of dwellings in Tax bands A-C. Orbiston has assisted area status – again recognising that it is a deprived area.

In addition to the core services

- Domiciliary oxygen service
- Methadone supervision
- a stop smoking clinic
- Provision of emergency hormonal contraception and Chlamydia testing and treatment
- BP monitoring
- Diabetes testing
- Weight management clinics and healthy lifestyle guidance
- Free prescription collection and delivery service
- Domiciliary visits where appropriate.

I hope to apply for needle exchange provision since there is no such service within the Bellshill locality. The Integrated Addiction Service believes that there will always be spaces to be filled by Methadone and suboxone users. The Manager regards having a pharmacy in the Orbiston area to be especially positive as there are service users within the locality. A local chemist would suit better to their needs especially where there is daily dispensing. It would eliminate their insecure feeling of Main Street being an exposed and vulnerable area. Feedback from her clients indicates there were issues of registering patients to the nearest chemist and, although diverting the patient to another chemist was feasible in terms of registration, it often found the patient attending a chemist that may not be ideal for them in terms of ease of access. The manager also felt positive about another choice of chemists, especially when I explained my eagerness to work with Lanarkshire drug addiction team something that I have been working on even before this application was submitted. In her view, pharmacist prescribing locally in substance misuse cases is the way forward. Transferring “straightforward” clients to a local chemist where prescribing and dispensing could be done without her multidisciplinary three tiered team involvement would ease the burden on the integrated drug addiction team. It would allow those more complex clients, i.e. those with alcohol dependency, psychiatric issues, self harm problems, etc to be dealt with by other health and social care disciplines.

I do not regard my neighbourhood to be Bellshill. The Area Pharmaceutical Committee determined their decision based on a map of Bellshill, taking 15,000 population and dividing the number of pharmacies by that figure. Surely this case deserves more than simple

arithmetic. We all know that there is always more transient visitors to Main Street pharmacies than off street pharmacies. Even speaking proportionally, their judgment is somewhat flawed. Furthermore, the pharmacy at Mossend will most definitely be attending to patients from Mossend, Holytown and other areas, the population in which the APC nor these papers have included. Whilst we are in an agreement with Bellshill having a just under 21,000 population, I think it would be unfair to bring detriment to this application due to proportions and number of pharmacies. (I would expect Mossend pharmacy to cater for Mossend patients and those within Holytown more than the people of Bellshill and I would therefore expect Lloyds at Mossend surgery to provide a large percentage of their pharmaceutical services to a large percentage of the 14,000 population of Mossend and Holytown. I could probably go on by saying that there were six pharmacies expected to cope with 29,000 people.) What I do know is that my neighbourhood has a population of over 6,000.

I have support from Councillor Curran. He is in agreement with all my points (my letter to him is available for the Committee to examine) and believes that this facility would be an excellent asset to the community. I have signatures of support. Some of the comments left by these signatories are that it is “a much needed service”, “a help for the senior citizens”, “a much needed facility”, “urgently required”.

Brought to the attention of the community forum by Sharon Simpson, local residents complained that existing services were far away especially since the Orbiston area was an ageing population. In her view, the response was an overwhelming support of the application.

We must not underestimate the importance and the outcomes of our Scottish Contract (Minor Ailment Service, public health service, the currently being rolled out electronic prescribing and chronic medication service) but only when the services are provided in the heart of the community – that is already self sufficient. Then we can take pharmacy out into the community and not wait eloquently [sic] on the High Street for the Community to come to us, however taxing that may be for them. Nor, underestimate the importance of pharmacist prescribing clinics as being a strong component in a modern, multidisciplinary NHS working hand in hand with GPs, social care and drug addiction teams.

In the past, the absence of a GP surgery may have suggested that a pharmacy was not required in an area. Now the opposite can be true. With the modern contract pharmacists are required to provide first-rate NHS services to populations that require them, in their own community. The Minor Ailments Service (MAS) was designed to be the first port of call, and in order for this to be achieved it must be readily accessible. But as long as this neighbourhood has no access to pharmacies it is clear that this service and the remaining Scottish contract is not going to have the impact and benefit intended. There is clearly an inadequacy of pharmaceutical provision within my neighbourhood and therefore it is necessary and desirable to secure pharmaceutical services within my neighbourhood.

It is necessary to grant this application because Orbiston is an all purpose neighbourhood within which currently there is no existing pharmacy. It is necessary to grant this application because among the investment priorities for NHS Scotland is a commitment for modern health facilities in local communities. It is necessary to grant this application because access to the Main Street is restricted and challenging for the elderly, the ill person and for parents with young children. A community pharmacy needs to be in the heart of a community.

It is desirable to grant this application because Orbiston is a neighbourhood with a significant health, economic and housing deprivation status. Even more deprived from its neighbours that are being serviced by the number of pharmacies. Why is this so? It is an aging population that appears to be neglected in areas of eMAS, dosette box provision and a delivery service from these pharmacies. The need for provision from pharmacies miles away in itself clearly illustrates that again there is inadequate provision of pharmaceutical services within my neighbourhood. Orbiston requires their own Community pharmacy in order to meet their obvious health demand so I urge the panel to grant this application.

Orbiston can support a new contract. Orbiston is willing to support a new contract. I challenge Mr Dickson's concern regarding pharmacy survival. I would like to ask how a new pharmacy will not survive. It will not destabilise the current pharmacy network. We hear this argument time and time again. We are not pound shops. A statement made by Dickson Pharmacies concerning the OFT report to deregulate the Control of Entry says that "The most important stakeholder in Community pharmacy is the patient. The patient interest is different from the consumer interest or public interest because patients are often less mobile and value local convenient services." We as contractors make enough money and are remunerated adequately. That's why we have Community Pharmacy Scotland and the likes that negotiate our remuneration and reimbursement package for delivering pharmaceutical services."

**The Chair then invited questions from Mrs Catherine Bankier, The Pure Pharmacy Company, to Mrs Salani.**

Mrs Bankier enquired as to what existing facilities there were within the neighbourhood defined by Mrs Salani, for example were there any other healthcare providers such as GPs or Dentists, or other facilities such as a Post Office or banking services. Mrs Salani replied that there was a banking facility within the Post office located in Orbiston Road, which led to Mrs Bankier asking if the Post Office offered a full range of services. When Mrs Salani replied that she was unsure Mrs Bankier suggested that they did not therefore services associated with daily living had to be accessed outwith her neighbourhood.

Mrs Bankier then asked if she thought that residents would consider themselves to come from Orbiston or Bellshill. When Mrs Salani replied Orbiston Mrs Bankier relayed the opinion of a member of her staff who lived locally who was of the firm belief that residents identify themselves as coming from Bellshill. Her next question was to ask Mrs Salani if she was aware of the local newspaper The Bellshill Speaker, highlighting that within the Local News Section no reference is made to the area Orbiston, which is in contrast to The Wishaw Press etc where many local neighbourhoods are quoted and recognised, which supported her view that Orbiston is not therefore a recognised neighbourhood in its own right. Mrs Salani argued that this was not the case as there is a defined Orbiston news section in the Bellshill Speaker online, at which point Mrs Bankier produced a copy of the newspaper in support of her opinion. Mrs Salani responded by saying that she works in Glenboig, which has no Dental Surgery, Bank etc however it is a neighbourhood in all purposes, and that Orbiston doesn't need a GP to be a neighbourhood, furthermore that residents only very infrequently have to travel outwith for daily services. Mrs Bankier refuted her view stating that she was of the firm belief that residents required to go outside on a daily basis.

Mrs Bankier then enquired if there were any proposed housing developments in place, or if Mrs Salani knew of any planning permission being granted. She advised that there were

proposals for the area called “the bing” however she was unaware of the progress with planning permission. Mrs Bankier advised that she had contacted the Planning Department who had confirmed that there were no known developments. She then turned her attention to Mrs Salani’s comments within her representation regarding problems with the supply of dosette boxes asking where she had obtained her information. Mrs Salani advised that it was from the elderly care centre whose residents require to get dosette boxes from Newarthill Pharmacy or New Stevenston Pharmacy.

**Having ascertained that Mrs Bankier had no further questions, the Chair then invited questions from Members of the Committee in turn to Ms Salani.**

Mr Murray was first invited to ask questions of Mrs Salani and he was keen to learn of her plans for the unit as it appeared to him from his site visit that it required a considerable amount of renovation to bring it to an acceptable standard, furthermore that there appeared to be difficulties with parking in the area. Mrs Salani agreed that it did require a lot of work stripping out and refitting the unit however she had confidence in the shopfitters she used and had experience of converting her Pharmacy unit in Glenboig, which had been in a worse state of repair. She continued to advise that the finished Pharmacy would be modern and welcoming, with parking spaces directly in front of unit and that she intended to speak with the landlord to establish whether the space to the rear of the unit could be cleared to provide additional car parking spaces.

Mrs Caraher was next to ask questions and was keen to learn if Mrs Salani intended to run both Pharmacies herself. Mrs Salani advised that she would work from the Bellshill pharmacy until such times as she had built up a patient base and relationship with local residents akin to what she did in Glenboig, and that her business partner would run Glenboig pharmacy to allow her to do this. Mrs Caraher then referred to Mrs Salani’s submission and the lack of knowledge around the availability of eMAS, asking if her patients in Glenboig knew about eMAS. Mrs Salani confirmed that she had no doubt that Glenboig residents knew about eMAS as she had done a lot to promote it in the three years she had been working there, and that the reason why she thought she had required to educate the residents of Orbiston was because the High Street Pharmacies don’t tend to promote it as they are only interested in prescription volume.

Continuing along Mr Murray’s line of questioning, Mr Woods was keen to learn if Mrs Salani had a robust Business Plan for the new Pharmacy. She advised that she aimed to have 3,000 per month drawing a 30% gross profit in the first year, based on taking approximately 500 items per month from the existing Pharmacies. Mr Woods then asked of her plans for staffing levels and was advised that she would be the Pharmacist assisted by 1.5 wte staff increasing to 2 full-time once the Pharmacy was established. Mr Woods final question was to ask her to clarify that the Pharmacy on North Road was the only one that offers a Collection & Delivery service and was advised that it was.

Mrs Park chose to pick up from Mr Murray’s questions regarding the state of the proposed premises, asking if she was in possession of the unit. Mrs Salani confirmed that she was and when asked of her internal layout plans she intimated that there was 398 square foot floor plan to house a retail area of approximately 190sq<sup>2</sup>, Consultation area 50sq<sup>2</sup>, and Dispensary of 160sq<sup>2</sup>. Mrs Park then asked about her intentions for Methadone provision and whether or not she was an independent prescriber or supplementary prescriber. Mrs Salani intimated that she had completed the supplementary prescriber course with the exception of the 10 days in

practice so knew what was involved, and that she would work with colleagues in the integrated addiction team. Mrs Park stated that she thought Mrs Salani had given the impression that she was planning to do the prescribing within the pharmacy personally, and was advised that she thought that a Community Pharmacy could play an important role alongside Community Addiction team, and that the Orbiston CAT Manager was keen to work together to develop the Community Pharmacists' Role. Mrs Park then enquired as to whether she knew of any problems around Methadone prescribing in Bellshill at present. Mrs Salani advised that she was not but that she would be providing a more local service provision for residents of Orbiston, as some people find the Main Street area too exposed for them. Mrs Park's final question was to ask Mrs Salani if she was confident that she could open the Pharmacy within six months should the contract be granted and was advised that this would not be an issues as she had already confirmed this with the landlord and her shopfitters.

Mr Mallinson was the final member of the Committee invited to question Mrs Salani. He noted that on her application she only planned to open on Saturday morning, not the afternoon, asking if she did not anticipate a demand for pharmaceutical services during the weekend. Mrs Salani advised that there was a need for a Saturday afternoon and that she would open 9am – 5pm if the contract was granted. Mr Mallinson then asked her to talk him through the patient journey between her proposed site and the North Road Pharmacy, when she advised that most residents would exit Orbiston via Motherwell Road, a busy A Road, or alternatively along Hamilton Road, otherwise they would need to use the bus service which runs every 30 minutes to North Road. Mr Mallinson asked why she omitted to use the access to Main Street and was advised that it was because there was a frustrating and off-putting one way system for residents involving Motherwell Road, along John Street, then Dean Street, to the Main Street. This led Mr Mallinson to suggest that it would be much easier for patients to walk to which she replied that it would take approximately 10 minutes, however considerably longer for the less mobile. Mr Mallinson then asked Mrs Salani if she considered a 10-15 minute walk to access pharmaceutical services unreasonable, and was informed that it would take significantly longer to access a Pharmacy from the extremities of Orbiston, and that expecting patients to walk was not acceptable for those with compromised mobility. This led Mr Mallinson to ask about the local bus service and was informed that it only travels down North Road and Hamilton Road every 30 minutes, leading to a scenario that it was too long to walk but too short a distance to have to wait for a bus in order to access Pharmaceutical services outwith the area. Mr Mallinson's last question was to establish other than the drug service Mrs Salani had referred to was she planning to provide that was not currently available. She intimated that as she had identified the unwillingness of Pharmacies to provide dosette boxes she would cater for those patients requiring them.

The Chair then took the opportunity to ask Mrs Salani to provide further detail around the extended methadone service she had referred to within her submission and whether or not any additional qualifications were required in order to allow her to provide this service. Mrs Salani confirmed that she intended to enrol for the supplementary prescribing course and had looked into what her status would be as an independent prescriber.

**Having ascertained that there were no further questions for Mrs Salani the Chair then asked Mrs Catherine Bankier, The Pure Pharmacy Company to state her representation.**

Mrs Bankier thanked the Chair then read the following pre-prepared statement:

“There are already 6 pharmacies locally within close proximity to the proposed site. No evidence has been provided to suggest that the current services are in anyway inadequate or that the proposed service would enhance the services currently provided. There are excellent public transport links in the area and the existing contractors adequately serve the population by delivering a comprehensive range of pharmaceutical services. I therefore feel that the application is neither necessary or desirable and would respectfully ask the PPC to refuse the application accordingly.

I would now like to define the neighbourhood. I would submit that the neighbourhood is that of Bellshill bordered to the west by the Bellshill bypass, to the south by the railway up to and along South Calder water and to the north the A8 and again to the east the railway. This was also agreed by the APC. I do not believe the railway line past Bellshill station is a neighbourhood boundary; rather it is the route through the Bellshill neighbourhood and is where Bellshill station is situated. Within the neighbourhood (defined as Bellshill rather than Orbiston) there are 5 pharmacies currently.

According to the Royal Mail, 64 Mansefield Road is listed as being in Bellshill with no reference anywhere to Orbiston. Additionally the Bellshill bypass being referred to as such is evidence that the neighbourhood is indeed Bellshill.

I noted from Health Board demographics that the population of Bellshill is around 20,000 and there are 6 pharmacies serving that population and possibly more depending on where the ward boundaries lie.

The proposed site is only 400 metres from the existing pharmacies and is just a short journey along Bellshill Road. People would frequently and readily make this journey into Bellshill. And there are numerous crossing points for pedestrians across the railway to existing pharmacies.

I do not consider this application to be necessary or desirable as the population in the area is adequately served by the existing pharmaceutical services in Bellshill and beyond, such as ourselves in New Stevenston 2 miles away. This is reinforced by the fact that NHS Lanarkshire has received no complaints regarding the provision of pharmacy services in this area from local residents. At present there are no plans to change the location of medical services in the area or have additional services.

New Stevenston Pharmacy has been established in the area for over 100 years and has recently undergone a full refit, expanding into neighbouring premises and adding a consultation room and private area and has disabled access. The pharmacy provides an extensive collection and delivery service to all Practices in Bellshill which operates 6 days a week. We currently provide needle exchange services and have a large number of clients on monitored dosage systems.

Currently there are excellent transport links within Bellshill and as the GP practices are concentrated in the town centre where people conduct their normal daily activities, access to the practice is very convenient. Six to seven Pharmacies provide a full and comprehensive range of pharmaceutical services to the Bellshill residents and hence, I feel the distribution of

pharmacies in the area in relation to residents and Medical practices sufficiently meet the needs of patients and therefore an additional pharmacy is not necessary.”

**The Chair invited Mrs Salani to ask questions of Mrs Bankier.**

Mrs Salani began by asking whether Mrs Bankier regarded New Stevenston as being within the Bellshill settlement. Mrs Bankier replied that she did not as whilst New Stevenston is located just outside it is a village in its own right, however that they do provide services to patients within Bellshill. This led Mrs Salani to proffer that this indicated current services within the area to be inadequate. Mrs Bankier advised that the provision of services to residents of Bellshill had increased when a local GP, Dr McKibbin, relocated his practice from John Street, Bellshill to New Stevenston with patient loyalty resulting in patients travelling to his new location. Mrs Salani continued to explore this concept asking where Mrs Bankier thought Dr McKibbin’s patients would access eMAS, and was advised that she thought they would probably chose to walk five minutes to Bellshill. Mrs Salani then asked if she considered the whole town of Bellshill as a neighbourhood, when Mrs Bankier agreed, she was asked if patients within Crofthead Crescent, and Douglas Drive would regard themselves as neighbours. Mrs Bankier confirmed that they would as she thought they would consider themselves as people living in Bellshill.

Mrs Salani’s final questions were around the railway line asking if she thought it was a physical boundary. Mrs Bankier intimated that she had walked from Mrs Salani’s proposed premises and found crossing points within a 5 minute walking distance. Mrs Salani advised that there were only 2 crossing points, to which Mrs Bankier replied that she couldn’t be certain that there were no more as she only investigated from the proposed site. When asked if she would agree that crossing a railway line is dangerous, Mrs Bankier replied that she had no safety concerns over the crossing points she had found. It was at this point that the Chair reiterated that all members of the Committee had undertaken a site visit and were aware of the railway crossing points being discussed.

**Having ascertained that Mrs Salani had no further questions to ask of Mrs Bankier, the Chair then invited Members of the Committee to pose questions to Mrs Bankier.**

When invited Mr Murray intimated that he had no questions to ask of Mrs Bankier.

Mrs Caraher only wished to ask how far the railway station was from the proposed pharmacy, and Mrs Bankier advised that it was 2 miles.

Next invited was Mr Woods who asked if Mrs Bankier provided a Collection & Delivery service into Orbiston and was advised that they did as well as Dicksons Pharmacy. Mr Woods enquired if she could quantify numbers and was advised that whilst she did not want to disclose the number of prescriptions it was approximately 10% of their business, which is a significant level.

Next invited was Mrs Park who advised that she had no questions to ask of Mrs Bankier.

Last to ask questions was Mr Mallinson who enquired as to the effect the relocation of Dr McKibbin had on patient movement, asking Mrs Bankier if it was only his patients who accessed services from their Pharmacy or did they get other patients from the Bellshill area.

Mrs Bankier replied that it was possible that other patients came to them for services such as provision of dosette boxes as they had no waiting list.

**Having ascertained that there were no further questions to either the applicant or interested parties, the Chair then invited the Mrs Bankier to sum up her representation.**

She intimated that there are already 6 pharmacies locally within close proximity to the proposed site, and that no evidence had been provided to suggest that the current services are in anyway inadequate or that the proposed service would enhance the services currently provided. There are excellent public transport links in the area and the existing contractors adequately serve the population by delivering a comprehensive range of pharmaceutical services. Therefore I feel that the application is neither necessary or desirable and would respectfully ask the PPC to refuse the application accordingly.

**The Chair then invited Mrs Salani to sum up in relation to the application.**

She reported that New Stevenston Pharmacy and Dicksons Pharmacy have captured an area clearly requiring Pharmaceutical Services. The railway does not have any more than two crossing points – alternative points are dangerous, illegal, or fenced off, which presents a barrier to accessing services in Bellshill. Orbiston requires its own community pharmacy in order to meet its health demands, and fulfil the clear inadequacy of no pharmaceutical services in this self sufficient community. I urge therefore the Panel to grant this application.

### **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 Mrs Salani and Mrs Bankier 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 Bellshill, 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 town of Bellshill, and the site of the proposed pharmacy
- iii. prescribing statistics of the Doctors within the town of Bellshill, during the period September to November 2009
- iv. dispensing statistics of the Pharmacies within the town of Bellshill, during the period September to November 2009
- v. demographic information on the town of Bellshill taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors in the town of Bellshill 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 town of Bellshill

## **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 being the township of Bellshill.

- (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**

noted that there were five existing contract Pharmacies within the defined neighbourhood, and that 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 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 population has access to further Pharmacies located on the periphery of the town which could also 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 and the concentration of services associated with daily living in the Main Street of Bellshill, it was considered that existing services 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 Mrs J Park 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, your application 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.

**Mrs Park was then requested to return to the meeting, and was advised of the decision of the Committee.**