

MINUTE: PPC/2011/02

Minute of Meeting of the Pharmacy Practices Committee held on 12th May 2011 in Meeting Room 1, Law House, Airdrie Road, Law.

Chair: Mrs Sandra Smith

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Carahar
Mr John Woods

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr Edward J H Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr Iain Allan
Mr Parvez Aslam

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr George Lindsay, Chief Pharmacist – Primary Care
Miss Catherine Oates, Administration Team Leader – Primary Care
Miss Lea Ann Tannock, Personal Secretary – Primary Care

02 APPLICATION BY ELIXIR HEALTHCARE LTD, 148C LOGANS ROAD, MOTHERWELL, ML1 3NY.

Application

There was submitted application by Elixir Healthcare Ltd, received 5th November 2010, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at Unit 2, 17 Craigbank Road, Strutherhill, Larkhall, ML9 1QF (“the premises”).

Submissions of Interested Parties

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

- (i) Letter received on 17th November 2010 from Boots UK Ltd
- (ii) Letter received by email on 7th December 2010 from Area Pharmaceutical Committee
- (iii) Letter received by email on 9th December 2010 from The Co-operative Pharmacy

Procedure

At 10:00 hours on Thursday, 12th May 2011, the Pharmacy Practices Committee (“the Committee”) convened to hear application by Elixir Healthcare Ltd (“the applicant”). The

hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (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 Larkhall and surrounds 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 had 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, and that they had no personal interest in the application nor association.

Preliminary Matters

1. Conflict of interest:

Mr Mallinson advised the committee that his wife worked as a locum in Larkhall until August 2010. Mrs M Carahar then advised the Committee that her niece is employed by Boots in Larkhall.

The chairman was happy that there was no conflict of interest and that it should be dealt with as a preliminary matter. She then sought the guidance of the Pharmacists appointed by the Area Pharmaceutical Committee and Royal Pharmaceutical Society of Great Britain. Mr Allan’s opinion was that if the relative was a contractor rather than an employee then it may hold more weight but an employed pharmacist could be moved to another pharmacy at any time. Mr Aslam was concerned that the applicant could argue that the decision was biased if application not granted so therefore advised that the applicant be told of this discussion and assured of the committee’s impartiality and integrity.

Mr Mallinson’s opinion was that if the applicant is advised of these facts as a preliminary matter and is happy to go ahead with the hearing they cannot then use this as reason to appeal given that he is in agreement that there is no conflict of interest. Mr Lindsay suggested that all parties should be made aware of the question of a conflict of interest from the start so as to be open and transparent, and that the information allows the Committee to be impartial.

Therefore it was agreed that the applicant be notified of the situation before the hearing commence stating that the chair and committee would act in a fair and impartial manner, this in turn would allow the applicant to decide if they were happy to proceed.

2. Additional information

Prior to the start of the hearing the applicant advised that he had received a letter of support from the LAADS which he wished to distribute to the members of the Committee. The Chairman's opinion was that he should refer to the letter rather than it being tabled.

The Chair then instructed Miss Catherine Oates to invite the applicant and interested parties in attendance to enter the hearing.

Attendance of Parties

The applicant Elixir Healthcare Ltd was represented by Mr Kenneth Brown who was accompanied by Mr Umar Razzaq. From the interested parties eligible to attend the hearing two had accepted the invitation. The first interested party, Boots UK Ltd, was represented by Ms Maxine Marshall and accompanied by Ms Lesley Elrick. The second interested party was The Co-operative Pharmacy, represented by Ms Emma Griffiths and accompanied by Mr Alan Harrison. ("the interested parties").

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.

The Chair then explained that the meeting was being convened to determine the application submitted by Elixir Healthcare Ltd, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at Unit 2, 17 Craigbank Road, Strutherhill, Larkhall, ML9 1QF, 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.

As a preliminary matter the Chair advised the Applicant of the following:

- Mr Mallinson's wife formally provided locum cover to the Co-operative Pharmacy in Larkhall until August 2010.
- Mrs M Carahar's niece is employed as a pharmacist in Boots in Larkhall.

The Chair then went on to say that the Committee was happy to proceed in a fair and objective manner and were confident that this information would not inhibit the committee's decision and therefore intended to proceed should that be the wish of the applicant.

There were no objections to this plan.

Evidence Led

The Chair invited Mr Kenneth Brown to speak first in support of the application. Mr Brown thanked the Committee for the opportunity to attend to represent his case then read the following pre-prepared statement:

“We are looking to open a pharmacy at Unit 2, 17 Craighbank Road, Strutherhill, Larkhall as we believe the current services are completely inadequate, and we have the full backing of the local community.

In applying the legal test as set out in regulation 5(10), several factors have to be taken into consideration

(a) First of all the neighbourhood in which the premises are located:

It is the neighbourhood of Strutherhill and small area known as Birkenshaw which together form a discrete deprived neighbourhood on the south edge of the town of Larkhall. I will, however, refer to it as what is collectively known as Strutherhill

It has the following boundaries:

North – Land north of Scotia Crescent and Hawick Crescent

East – Carlisle Road

South west and North west – Open countryside and the River Avon

To the east of Carlisle Road is an industrial estate. The housing type north of the neighbourhood boundary is generally of better quality and slightly more affluent than in Strutherhill.

From Scottish Neighbourhood Statistics (SNS) we can see there are 5 data zones that are exclusively in our neighbourhood and point to the population being 3720. There is also a further data zone which encroaches the neighbourhood and to that figure. Definition of a data zone is “the key small statistical geography in Scotland. Where possible data zones have been made to respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social characteristics”.

In addition, there are plans to build a further 30 homes adjacent to the proposed pharmacy and a further 340 homes to be built on an area next to Glen Avenue. This would bring a population estimate to well over 4000.

This is a significant population size, which would most definitely benefit from pharmaceutical services.

Strutherhill suffers from multiple deprivation and health statistics are alarmingly poor. The housing is comprised mainly of local authority housing with a small amount of private housing and sheltered housing. Strutherhill is a well recognised regeneration area. Large parts of it are in the worse 15% in Scotland in terms of the Scottish Index of Multiple Deprivation (SIMD) and the most deprived areas in Scotland. It is also part of South Lanarkshire’s “changing places” action plan. This is an action plan which aims to identify and improve the lives of residents living within the most deprived areas of South Lanarkshire. Martin McManus who is Partnership Manager for “changing places” also suggested to us that in

terms of deprivation the neighbourhood is getting worse and heading towards 10% in the SIMD ranking.

According to information obtained from the Scottish Public Health Observatory, hospital admissions due to stroke for residents in the Strutherhill sector are 19% above the Scottish average and deaths from heart disease are 32% above the Scottish average.

In addition the percentage of people in Strutherhill with general health not good is 17% compared to 11% for Lanarkshire and 10% for Scotland. Percentage of population with limiting long term illness in Strutherhill is a massive 31% compared to 21% for Lanarkshire and 20% for Scotland.

Smoking has long been recognised as the biggest single cause of preventable ill health and premature death. It is a key factor in health inequalities and is estimated to be linked to some 13,500 deaths and many more hospital admissions each year in Scotland. This is important when you consider smoking during pregnancy at booking in Strutherhill is 40.3% which is a staggering 21% above the Scottish average.

The percentage of children exclusively breastfed in Strutherhill is 12.8% compared to the Scottish average of 36.1%. This is a worrying figure especially given that government HEAT (Health improvement, Efficiency, Access & Treatment) targets as set out in the document "Better Health, Better Care" aim to achieve 23.5% of children exclusively breastfed at the 6-8 week review within Lanarkshire Health Board in the year 2010/11.

Compared to the Scottish averages, the stats (including other in appendix 1) clearly show Strutherhill to have dire health record. The figures also suggest that the demand for NHS services in Strutherhill will be significantly higher than for Scotland as a whole, and that a pharmacy located at the heart of this neighbourhood will go some way to helping address the serious health shortfalls. This is confirmed by statistics received from the Information Services Division (ISD) of the NHS, which shows that in the postcode sector ML9 1 which encompasses Strutherhill, the average number of items dispensed per person per month on a GP list for 2009/10 is 1.68 compared to the Scottish average of 1.33.

Strutherhill has levels of unemployment far above local and national averages as is shown by the fact that percentage population in Strutherhill who are employed deprived (2005) is 25.2% compared to 13.8 for South Lanarkshire and 12.9% for Scotland. In addition, there are also higher levels of alcohol and drug abuse within Strutherhill than in South Lanarkshire or Scotland.

Strutherhill is also a neighbourhood for all purposes.

There are 2 primary schools, Craighbank Primary and Robert Smillie Memorial Primary, and there are also 2 churches, Strutherhill Gospel Hall and Chalmers Parish Church. There are currently 2 convenience stores and a post office which is situated on Carlisle Road. When the new development is complete there will be a mini-supermarket with banking facilities and a café or takeaway. There are also several community related groups which meet regularly and currently use facilities in the 2 local schools due to the fact that the old community centre building was recently knocked down and has yet to be replaced.

(b) The next point is to consider what are the existing services?

There are none. People have to travel well outwith the neighbourhood to access services.

- (c) This therefore means we have to consider if the services outwith the neighbourhood are adequate.

Currently it is necessary to travel to Union Street in Larkhall town centre to access the nearest pharmacy. Residents and the local community groups have made it clear to us that this is a situation that is unacceptable. Cost of transport and access to pharmacy services is a very important issue for many residents. It is well documented with the local council and press that residents are upset at the closure of the chops at Patchy Park, and the demand for these services to be replaced (see article 1). While this is related to the grocery store that has closed down, it does highlight the issue of the barrier of access to the nearest services in the town centre.

Given that 56.1% of households have no car ownership, a significant amount of people therefore rely on public transport or walking.

Residents are also unhappy that the access path from Glen Avenue to Broomhill Road has been closed (see article 2 and photo 7) This made the journey on foot from the north end of neighbourhood to town centre more direct, however, this path has been closed for the foreseeable future. Therefore, to walk requires travelling east to Carlisle Road, then following Carlisle Road to the main street (photo 3). This is a long route and requires travelling a fairly steep incline (photo 3), which for a fit and healthy person would take at least 30 minutes or more depending on their location in the neighbourhood. It's a long route with incline. The return journey up the hill would likely take more time. For an elderly person, a patient in a wheelchair or a mother with young children, this journey would take significantly longer. There are railings (photo 1) at several points on Carlisle Road narrowing the pavement, and high curbs at road exits (photo 2) making the journey more awkward with a pram or wheelchair.

There is a bus service run by Whitelaws which travels through a few streets in the neighbourhood, these being Broomhill Road, Avon Road, Glen Avenue and then Robert Smillie Crescent. While this service is scheduled to run every half an hour, Bob Murray, the chairman of Strutherhill Tenants and Residents Association has intimated that this is an exceptionally unreliable service, does not run regularly, and only a few buses are able to take wheelchairs. The company who run the service confirmed not all buses on the service were DDA compliant. It should also be noted the last bus is at 5:01pm Mon-Sat and it does not operate on Sundays and Bank holidays.

Larkhall town centre, during the day, can be very congested (photo 5, even without the roadworks), there is very limited car parking on the main street, and while there are car parks away from the main street it can be difficult sometimes to find spaces during the day due to the high volume of traffic. The distribution of pharmacies in Larkhall is out-dated and against the ethos of the new pharmacy contract and the services it can offer to patients. All 4 pharmacies in Larkhall are clustered together and in such a manner as to be as close to the 3 GP surgeries as possible. This in the past was vital for a pharmacy which now, we believe, is no longer the case.

While there may be some delivery of services provided to Strutherhill, this cannot be seen as providing an adequate pharmaceutical service. For those without a car, there is the expense of a taxi, or an irregular bus service. The walk to the town centre is lengthy even for fit and healthy individuals. An email from South Lanarkshire council to the health board in the papers circulated by the health board stated “the retail units at 17 Craigbank Road are located within an established residential area which is of some distance from the centre of Larkhall”

Local services become especially important given the severity of the weather last November, December, and also the previous winter. It makes it even more difficult travelling to access a pharmacy when weather conditions are treacherous and public transport services are cancelled. No one can predict for sure that these conditions are not going to become a regular feature of the Scottish winter. This is highlighted in the letter of support from Bob Murray.

Stutherhill does not have an adequate pharmaceutical service. We feel this is further highlighted by the overwhelmingly positive support we have received from the local community council, tenants and residents association, all 4 local councillors (2 of which have provided letters), Strutherhill Neighbourhood Board, and of the local people, many of whom have signed an ongoing petition supporting the application. I would like to refer to a letter dated 11/5/11 from Stewart Marshall of Lanarkshire Alcohol and Drug Service:

“The opening of a new chemist within the Stutherhill area of Larkhall may prove to be advantageous for a number of our service users who are currently prescribed Methadone or Suboxone medication and require to attend a chemist on a regular basis for this medication to be dispensed and/or supervised.

One such advantage could be the possibility that a service user can attend the chemist earlier for their medication (i.e. before 9am) or later for their medication (i.e. after 5pm). This would ideally suit some of our service users who have child care and/or work commitments and hence may find it very difficult to attend between 9-5pm.

Another advantage is that a chemist outwith the main street of Larkhall would be seen by some of our service users as extremely desirable. Some of our service users have remarked on many occasions that having to attend a chemist on a busy main street makes it very difficult to avoid negative influences such as individuals continuing to use drugs. Privacy is also a very important thing for our service users and again it has been remarked by service users that it is hard to achieve this when they are attending services based in a busy area.

I am aware Strutherhill is a fair walk from the main street of Larkhall and some of our clients have mobility and transport issues. A Pharmacy in Strutherhill would hopefully help to lessen this issue and make the chemist more accessible for our service users.

Another consideration would be the notion of “turf wars”. Again from feedback from our service users in Larkhall we are informed that some of them are reluctant to leave the area of Strutherhill for fear of violence or recriminations if they meet someone in the main street.

Finally another advantage could well be that the introduction of a new chemist will help ease the burden on other chemists. We have a large number of service users on prescribed medication (Methadone/Suboxone) and I am aware that chemists can only accept so many clients at a time, so an extra option would be beneficial to other chemists as well.

Ultimately my priorities lie with that is best for the service user and to make sure they receive the best treatment possible. Above I have listed what I see and from feedback from our service users what the advantages of a new chemist may be. I have no personal gain or self interest from the opening of a new chemist”.

With regards to public consultation while there was only one response from the public consultation, it was however very positive. “My son and family stay in (address redacted to comply with Data Protection Act 1998) and find it very difficult to get to the Main Street if they are needing medication”

Granting this application will secure services for the neighbourhood. The new pharmacy contract was designed to be a much more involving service, and for it to have the most impact in a neighbourhood, it has to be accessible.

We assume the vast majority of the residents in our neighbourhood will be eligible for eMAS. If a new contract was granted, these residents will have, for the first time, local access to free advice and treatment. This is a service which cannot be delivered via a collection and delivery arrangement.

The public health service (PHS) has embraced a proactive approach to educating people to the ethos that prevention is better than cure. For a deprived population to perhaps miss the opportunity of benefiting from public health campaigns and the expertise of a local pharmacist is unfortunate.

The purpose of the chronic medication service (CMS) will be to ensure patients obtain a high level of pharmaceutical care.

As the new contract develops and Electronic Transmission of Prescriptions reduces the requirement to visit a GP surgery, there will be more need for pharmaceutical intervention within a neighbourhood.

The aim of CMS is ultimately to reduce GP workload and to direct key services to pharmacy whilst ensuring easy local access. Without a local pharmacy service the residents are again losing out.

I am a qualified supplementary prescriber. By using my prescriber training and utilising the CMS we aim to make this pharmacy the type of walk in healthy living centre as encompassed by The Right Medicine.

To have the greatest health benefit the above services are best carried out in the heart of a neighbourhood and we believe the health of the local population would benefit greatly were this contract to be granted.

In terms of viability of the current 4 pharmacies plus a new contract is highly unlikely to be an issue. While the 2001 census states a Larkhall population of 16,657 (whole town), more up to date figures from South Lanarkshire’s Nip-Tuc website suggest a population of 17,034. There is also a reasonably large transient population from nearby villages such as Ashgill and Netherburn which have a combined population of 2810. They are located on the south east edge of the town and most residents would be likely to use Larkhall for their shopping and use GP and Pharmacy services there. Quarter, Glassford, Stonehouse, Shawsburn, Dalsersf,

Rosebank, Crossford, Blackwood and Kirkmuirhill which have a combined population of more than 8500, are outlying villages where many of their population would choose to do the same. With the exception of Stonehouse and Kirkmuirhill, none of these villages have GP or Pharmacy services or many other shopping facilities. The National Appeals Panel training manual states "The number of people visiting a neighbourhood will have a bearing on adequacy of existing services". The reason for mentioning this is that the combined GP list of patients registered at Larkhall surgeries is a figure 23,957 (from ISD). This is substantially more than the recorded population for the town of Larkhall itself. Figures obtained from the ISD for amount of GP prescriptions alone generated in 2009/10 in postcode sector ML9 1 and ML9 2 (which encompasses Larkhall) show an average of 41,000 items per month. Given that these are generated from the 3 surgeries in Larkhall it would be safe to assume that the vast majority of these are dispensed by the 4 pharmacies at one time or another over the past few years I am well aware how busy they are.

When each pharmacy was asked if they could take on a new blister pack patient, we received the following response:

Co-op Pharmacy has a waiting list and was presumably unable to take one on. Lloyds Pharmacy responded that they were very busy with them and only if it was an emergency could they take on a new blister pack patient. Only one of the 2 Boots pharmacies offers blister packs and at present they too told us that they had a waiting list at their 'hub' due to demand.

I would therefore conclude viability not to be an issue. If anything current capacity may be more of an issue.

Larkhall is presently an area being targeted for new housing developments, with the advent of the new train stations, and affordable house pricing. It is becoming a popular residence for commuters to Glasgow. As well as 370 homes being built locally in the Strutherhill area, the area north of Merryton is earmarked for massive expansion. The council will be reviewing the local plan over the next 2-3 years, and are already taking applications from developers to have sites removed from the greenbelt. The population of Larkhall is likely to steadily increase over the next few years.

Planning permission has also been granted in principle for a new Asda superstore next to Larkhall Academy. This will change the whole dynamic of the town entirely with less people travelling to the main street to do the bulk of their shopping. This, coupled with the new mini-supermarket on Craigbank Road will mean residents of Strutherhill will have little need to travel to the main street.

With regards to our proposed site will be in large, brand new premises fitted out to the highest standard and will comply with all regulations. A diagram of the proposed plans has been submitted. It will be fully DDA compliant, all passageways, consultation areas and toilets will allow disabled access. There will be ample parking with a small car park next to the premises and plenty more free parking on Craigbank Road. We have been in constant contact with the developer throughout our application. Building work is due to commence and is estimated to take 3 months to complete. Shop fitting has been fully planned and is scheduled to take approximately 2 weeks. The pharmacy would be open within 6 months.

We will participate in all core aspects of the pharmacy contract. Services we will be providing include:

- Free prescription collection and delivery
- Weight management
- Blood pressure testing
- Blood glucose testing
- Emergency Hormonal Contraception
- Pregnancy testing
- Sexual health advice
- Methadone/ Suboxone supervision
- Smoking cessation advice
- Domiciliary oxygen service
- Compliance aids
- Medication review clinic

Our proposed hours of opening are Monday to Friday 8am to 6pm, and Saturday 9am-5pm. Several residents have mentioned the possibility of opening for a few hours on Sunday, given that the Sunday rota for the main street pharmacies is just one hour. This is something we would definitely consider if there was a demand.

The extended hours in the morning will allow greater access to services particularly those in employment and mothers with children attending school. It is something the local addiction services also fully support for clients who are in work or training.

We have experience of opening a new pharmacy contract in a similar neighbourhood in Motherwell and are well aware of the benefits it can bring to the local population.

We have accounts with all major wholesalers, which brings advantages when sourcing medications which are in short supply (which has been a real problem recently highlighted in press). This is something Boots, Lloyds and Co-op are presently unable to offer.

We sincerely believe that there is a real need for a new pharmacy in Strutherhill.

It is an area of deprivation and re-generation that is set to gain new services which it has sadly lacked for the last couple of years. A new pharmacy would be key to this, and local people would benefit greatly from the services a modern customer focused pharmacy can provide.

Strutherhill is distant from the town centre, with the irregular bus service and long walk providing barriers to accessing the nearest services. A population can only gain from the new pharmacy contract services if they are easily accessible. There is a substantial amount of local support.

For these reasons we believe this application is both necessary and desirable and respectfully request that it should be granted.

Thank you for your time.

Noting that this concluded Mr Brown's representation, the Chair then invited questions from the interested parties. Ms Marshall, Boots UK was first to pose questions to Mr Brown.

Ms Marshall asked Mr Brown to explain his reference to overwhelming support from the local community as she could only see one response from a member of the public and two from Councillors. He replied that most people had not seen the advert in paper.

Ms Maxwell then remarked that residents within neighbouring communities all appeared to access services within Larkhall Main Street, and asked why residents within Strutherhill would be any different. Mr Brown advised that many local services had been taken away but as part of regeneration would be replaced.

Having ascertained that Ms Marshall, had no further questions for Mr Brown, the Chair then invited questions from Ms Griffiths, The Co-operative Pharmacy.

Ms Griffiths asked how Elixir Healthcare Ltd had decided there was a need for a pharmacy in the area and was advised by Mr Brown that he had received views through general conversation with the general public whilst working as a locum and from relatives who live in the area. She then asked how the councillors had been contacted and was advised that he had met with them to discuss his proposal to open a pharmacy. Her next question was around the facilities offered by the Post Office on Carlisle Road. Mr Brown advised that whilst it was only a sub Post Office it opened almost full time hours excluding Wednesday and Saturday, which led to Ms Griffiths advising that the Post Office in Main Street offered a full service and was easily accessible to all residents via private or public transport which was free to patients over 60 years of age through the bus pass system. She then asked Mr Brown if he was aware of the lane leading from Glen Avenue to Quarry Road. Mr Brown advised that he was however he considered it only relevant for residents from the North East of neighbourhood, Ms Griffiths then referred to Photograph 7 and the path which leads onto Carlisle Road which reduces the travel distance to existing pharmacies. Ms Griffiths's final question was to ask if he was aware that the Lloydspharmacy opens at 8:30am, and that the Co-Operative Pharmacy opens until 7pm, and was advised that he did.

Having established that there were no further questions from the interested parties in attendance, the Chair then invited questions from Members of the Committee in turn to Mr Brown.

Mrs Carahar was keen to learn if all necessary building consents had been obtained and was advised that they were in possession of a building warrant and could be in a position to commence provision of services from the pharmacy within six months.

Mr Woods then sought Mr Brown's opinion on whether patients requiring methadone services would travel to Strutherhill. Mr Brown replied that he thought that only patients living in the area would access the pharmacy not any from the outlying population. He then asked if Strutherhill residents would travel to Larkhall to access other services and was advised that there would be banking facilities within the proposed supermarket being built. Mr Woods's final question was to ask Mr Brown if he could provide any evidence of inadequacy of existing services. Mr Brown replied that it was hard to define inadequacy however he had anecdotal information that all existing pharmacies were reluctant to take on blister pack patients due to the volume of work associated with the new contract. This led Mr

Woods to ask if he would agree that this could be considered a resource issue which could be solved by increasing resources within existing pharmacies, to which Mr Brown replied that it would not address the inadequacy within the neighbourhood of Strutherhill.

Mr Aslam referred to the letter by the local Councillor regarding “drug abusers” and asked Mr Brown if he could verify the numbers of patients involved. Mr Brown replied that he had not been provided with specific figures.

Mr Allan was next to question Mr Brown and asked him to explain the rationale behind applying to open the pharmacy at 8am. Mr Brown advised that their Motherwell Pharmacy opens at 8am and they have found that the time is convenient for parents dropping their children off at school and people going to work, and that they have also had methadone patients in before 9am.

Mr Mallinson was last to ask questions and was keen to receive clarification as to whether the original application for planning permission for unit 2 was for a hairdresser. Mr Brown replied that he was aware of talks about this but he couldn't confirm. Upon further questioning from Mr Mallinson he advised that he was involved in the planning application approximately 6 months before the application was submitted in approximately April or May 2010. Mr Mallinson then discussed the timeframe of the demolition of the old shops and the build work commencing for the new units as there appeared to be confusion over the completion date and asked Mr Brown if he had anything in writing that would indicate that there was a clear plan and timescale for the development. Mr Brown advised that there would be no issues over the pharmacy unit being built and operational within six months.

The Chair then asked Mr Brown if Elixir Healthcare Ltd had a business plan prepared for the pharmacy and was advised that they had constructed a financial model drawn on their experiences of establishing their Motherwell pharmacy.

Having ascertained that there were no further questions for Mr Brown, the Chair then invited Ms Marshall, Boots Pharmacy Ltd to state her representation.

Ms Marshall thanked the Chair prior to reading the following pre-prepared statement:

“Neighbourhood:

We believe the neighbourhood in question in this case to be that part of Larkhall, bounded on the East by the M8 motorway, Canderside Toll to the South, the open land and river Avon to the West and the open land to the North beyond Merryton Road.

This is a well defined small town which contains all the facilities and services required by its population on a day to day basis, all of which are easily accessible to the population as they go about their normal daily lives. With a local bus running every 30 minutes round the town and further buses running through the town on a more frequent basis. Run by private companies.

The population of the town taken from the Scottish Neighbourhood Statistics is shown as 15,202 as of the midpoint of 2009, a decrease of some 200 people since the last census of 2001. It is characterised by a mixed population ranking from 368 to 5776 in the Scottish index of Multiple Deprivation, while the general ranking on geographic access to services is

more consistent varying between 3000 to 6000 and therefore with all areas in the top ranked 50% of areas with access to services in Scotland.

With regards to the Pharmaceutical Services:

Larkhall is served by three major pharmacy companies through four different pharmacy contracts in the town, thus having a favourable population to pharmacy density of lower than the Scottish average, based on previous population mentioned.

All the current contracts offer all the core services and any other local service under NHS Lanarkshire. There are places available for addiction services and daily dosage systems and blister packs and each of the current contractors offer both prescription collection and delivery and all the pharmacies have a more than adequate consultation area for more private consultations.

We at present are unaware of any complaints over the quality and standards of service from our pharmacies in Larkhall in recent times and indeed both score above average in their customer service scores that we have internally.

Conclusion:

We believe this application is based more on convenience or additional convenience to what is a small part of the neighbourhood of Larkhall and is not based on the necessity or desirability to achieve adequate pharmaceutical service provision for the population of Larkhall, which indeed already exists.”

Following Ms Marshall’s representation, the Chair then invited Mr Brown to ask questions

Mr Brown asked Ms Marshall for information on the Collection and Delivery service that they provide. She advised that they had a new delivery network and that there was no cap on the amount of patients or deliveries that they would make. When asked if she considered a Collection and Delivery service a good substitute for a full pharmaceutical service she replied that there was good access for all to the existing pharmacies within the town of Larkhall in entirety which did not exclude the area of Strutherhill.

Having ascertained that Mr Brown had no further questions for Ms Marshall, and that Ms Griffiths had no questions, the Chair then invited questions from Members of the Committee in turn to Ms Marshall.

Mrs Caraher asked Ms Marshall if she considered the neighbourhood to be the town of Larkhall, when advised that she did Mrs Caraher then asked if she would also include the areas of Ashgill and Shawsburn. Ms Marshall confirmed that she excluded these areas from the neighbourhood boundary. Mrs Caraher then asked for further information as to how Boots UK Ltd deal with the compilation of blister packs. Ms Marshall reported that they have a dedicated area upstairs in their smaller pharmacy for this job and that they are checked by Accuracy Checking Technicians.

Mr Woods continued discussing the availability of blister packs and sought clarification as to whether Boots preferred to limit provision from one of their pharmacies and Ms Marshall

confirmed this was not the case. He then referred to their Collection and Delivery service which she had mentioned was “geared towards patients who need it” and asked for an explanation of what is meant by her statement. Ms Marshall replied that the service is for patients who are housebound and unable to access the pharmacy, not for those who choose not to collect themselves. He then asked if they have any arrangements to monitor levels of customer satisfaction and was advised that the pharmacies are given surveys to give to retail customers which are collected and the results fed back on a weekly basis by an independent company. Mrs Woods’s final question was to ask whether both Boots branches were DDA compliant and was advised that they both were and that one has a portable ramp.

Mr Aslam was next to question Ms Marshall asking for an explanation of how they organise their delivery service. Ms Marshall reported that they used to share delivery drivers between stores but that they now have central hubs and that services are not limited. When asked about the time gap between patients ordering prescriptions and receiving their items he was told that it was 24hrs from their receipt of the prescription. Mr Aslam’s final question was to ask if their dosette boxes were mainly checked by technicians and was advised that this was correct.

Mr Allan asked for confirmation as to the number of suppliers they were able to order from and was advised that they can access Alliance and Phoenix in addition to their own direct suppliers.

Mr Mallinson was last to question Ms Marshall asking for confirmation of their hours of service which were confirmed as 9am to 6pm Monday to Friday, 9am to 5pm Saturday (1pm at the smaller branch). Local Rota operates on Sundays.

Having ascertained that there were no further questions for Ms Marshall, the Chair then invited Mrs Emma Griffiths, the Co-op pharmacy to state her representation.

Mrs Griffiths thanked the Chair prior to reading the following pre-prepared statement:

“1. Neighbourhood

We define the neighbourhood as Larkhall. Open land to the North, M74 to the East, Open land to the South, and Avon Water to the West.

This is based on physical, social, geographical boundaries

- no religious, social or housing divides which would separate Strutherhill from Larkhall.
- Approximately 15,200 residents (according to census estimates for 2010). These residents adequately served by 4 existing pharmacies. Each pharmacy on average servicing less than national average of 4500.
- All 4 pharmacies are well distributed on the high street close to medical centres and all amenities necessary for the course of daily life.
- All shopping, banks and social activities are located in the centre of Larkhall.

2. Adequacy

We are located in a food store, with free parking and DDA compliant access.

We offer:

- unconditional Collection & Delivery service
- Supervised consumption service
- Oxygen
- eMAS
- CMS
- Blood pressure testing
- Dosette Boxes
- Prescription collection / delivery service
- Condom scheme
- All Public Health services, NRT / EHC / Emergency supply under PGD
- Road to Health
- Significant number of Strutherhill residents access services

Lloyds also offer diagnostic testing

Our opening hours are 9am – 7pm Monday to Friday and 9am – 5pm Saturday. Rota basis on Sunday. The opening hours currently provided in the neighbourhood exceed the Medical Centres who open 8.30 – 6.15pm.

- Applicant's proposed hours will not improve access to Pharmacy services, as they are no more than what is already provided
- Medical Centres opening hours are 8:30 – 6:15pm. Opening hours all far exceed. Medical Centres are aware that we are open till 7pm to meet any need. And Lloyds are open from 8:30am to coincide with the first appointments at the surgery. Sufficient capacity for dosettes (which are not core services only an additional service)

3. Access

It is only 1 mile from proposed location to our pharmacy. There are 5 bus routes going past Carlisle Road in Strutherhill all operating at varying times but the buses are approximately every 15 minutes. Routes are 254, 242, 253, 251, 250.

The hill is not a barrier (only a slight gradient) as I witnessed 10 mothers with small children and pushchairs walking the well maintained pavements. The pavements are also well lit.

4. Other points

- With regard to complaints, I am not aware of any.
- Mr Brown alluded to bad weather and given that building work has yet to commence, I am unsure as to how the applicant can open the pharmacy at this address in 6 months.

5. Conclusion

This application is neither necessary or desirable as it fails to satisfy the regulations and we ask the panel to refuse it.

Thank you.”

The Chair then invited questions from Mr K Brown to Ms Griffiths.

Mr Brown wanted to know if Ms Griffiths thought that residents of Craigbank Road and Merryton Road would consider themselves neighbours. She replied that whilst she was not from the area she thought that they would. Mr Brown then asked if she could explain why they had been told that there was a waiting list for blister packs if she was stating that they had adequate capacity to accept new patients. Ms Griffiths replied that she could not explain this as they have not refused access to anyone suitable. Mr Brown’s final question was to ask if she would agree that the fact that they require to provide a Collection and Delivery Service to Strutherhill residents indicates a need to grant a new pharmacy contract. Ms Griffiths disagreed and said that an additional contract is not necessary as existing services are wholly adequate.

Having ascertained that Mr Brown had no further questions for Ms Griffiths, and that Ms Marshall had no questions, the Chair then invited questions from Members of the Committee in turn to Ms Griffiths.

Mrs Caraher asked if she could provide a figure of the number of patients requiring addiction services from their pharmacy and was advised that they provided methadone to less than 50 patients. She then asked if they had considered altering their hours of service to provide an earlier start. Ms Griffiths replied that they would do so if there was a need for earlier access or if instructed by NHS Lanarkshire.

Mr Woods asked for an explanation as to why there was a waiting list for blister packs if they felt they were meeting demand. Ms Griffiths replied that she was not aware of any waiting list and confirmed that they still had the capacity to accept new patients for dosette boxes. When asked about their Collection and Delivery service and level of customer satisfaction she advised that they deliver to Strutherhill, and that they have a similar patient survey process to Boots as well as mystery shoppers.

When invited Mr Aslam advised that he had no question to pose to Ms Griffiths.

Mr Allan asked for information on the wholesalers that Co-op pharmacy were able to use and was advised that they can access AAH Retail Ltd, Unichem and their own NDC in England. Mr Allan then asked if they monitor waiting times within the pharmacy and Ms Griffiths replied that they have an average of between seven to nine minutes wait time.

Mr Mallinson asked if their delivery service was dedicated to their branch or shared with branches in other areas. Ms Griffiths confirmed that it was dedicated to them and that they had access to a relief driver to cover sickness. Mr Mallinson’s final question was to ask Ms Griffiths about her response to Mr Brown regarding access to blister packs/dosette boxes and asked what their procedure was for accepting a patient. She advised that if the branch manager was in the circumstances would be assessed and the patient accepted if appropriate, and that if the manager was absent then contact details would be taken and that the staff would take steps to ensure that there was no risk to the patient in the time it would take for the manager to respond to their request. Mr Mallinson sought clarification as to whether Ms

Griffiths was suggesting that basically they would tailor the service to need of the patient and was advised that this was correct.

Having ascertained that there were no further questions from Members of the Committee to the interested parties, the Chair then invited the interested parties to ask questions of each other.

The interested parties had no questions to ask of each other

Having ascertained that there were no further questions to either the applicant or interested parties, the Chairman then invited the interested parties to sum up their representations, keeping to the previous order. Accordingly Ms Marshall, Boots UK was first to speak.

We believe this application is based more on convenience or additional convenience to what is a small part of the neighbourhood of Larkhall. It is not based on the necessity or desirability to achieve an adequate pharmaceutical service provision for the population of Larkhall, which indeed already exists.

The Chair then invited Ms E Griffiths, The Co-operative Pharmacy to sum up her representations.

The application does not satisfy the Legal Test. There are no gaps in the service provided within Larkhall therefore we ask the panel to refuse it.

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

Strutherhill is a discrete and deprived district of Larkhall. Residents of the district would consider themselves from Strutherhill not the town of Larkhall. There is a huge amount of support for a new pharmacy in this area, and we have provided evidence of capacity issues within the existing Pharmacies. The proposed site is some distance outwith the town requiring residents to travel. With regards to timescale building work on our unit is about to commence, and we are confident we would open within six months. This 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 Brown, Mr Razzaq, Ms Marshall, Ms Elrick, Ms Griffiths & Mr Harrison 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 village of Strutherhill and town of Larkhall, 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 Larkhall, and the site of the proposed pharmacy
- iii. prescribing statistics of the Doctors within the town of Larkhall, during the period October to December 2010
- iv. dispensing statistics of the Pharmacies within the town of Larkhall during the period October to December 2010
- v. demographic information on the town of Larkhall taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors in the town of Larkhall 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 Larkhall.
- viii. communications received from one member of the public (personal details redacted in order to comply with the Data Protection Act 1998) and one elected representative, as a result of the public consultation exercise undertaken upon receipt of the application, as directed within Schedule 3 to the regulations

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), as amended.

(i) Neighbourhood

THE COMMITTEE

in considering the evidence submitted during the period of consultation, presented during the hearing, and recalling observations from their site visits, deemed the neighbourhood in which the proposed premises were located to be the area known as Strutherhill, bounded by Carlisle Road to the East, the greenfield area to the South starting at Shaws Road, and joining the Avon Water, following the Water North until the end of the residential area and then taking a line to Quarry Road.

In reaching this decision the Committee was of the opinion that the neighbourhood constituted a distinct area bounded by significant natural barriers as described above. It also considered that residents within the Strutherhill neighbourhood would consider themselves as having a sense of belonging to that area.

(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

acknowledged that whilst there were no existing contract Pharmacies within the neighbourhood, however there are four Pharmacies in the town centre of Larkhall. It was considered that these are easily accessible via the public bus routes which run frequently along Carlisle Road and that Carlisle Road has a number of access points from Strutherhill. It was noted that a smaller number of buses are routed into Strutherhill itself. Some of the buses available to the residents of Strutherhill have wheelchair capacity and thus vulnerable patients, including parents with prams, may access the town centre via public transport. In addition the Committee noted evidence which had been presented indicating that several mothers with prams had been seen walking to the town centre with no apparent difficulty.

Furthermore, from the report collated by the office of the Chief Pharmacist – Primary Care, all of the pharmacies within the town of Larkhall provided a comprehensive range of pharmaceutical services alongside the core requirements of the new contract. Evidence from the applicant suggested potential capacity problems with access for substance misuse services and the availability of monitored dose system. The Committee considered these suggestions but were persuaded by evidence presented from the interested parties that these services were readily available for all who needed them.

(iii) Adequacy

THE COMMITTEE

discussed the test of adequacy paying due regard to the findings set out above. The existing services could be deemed adequate as they provide a breadth and range of NHS Contract and non contract services in line with contemporary standards, and were easily accessible and available to the residents of the neighbourhood.

Following the withdrawal of Mr I Allan and Mr P Aslam in accordance with the procedure on applications contained within Paragraph 6, Schedule 4 of the National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, as amended, 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, 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, as amended.

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