

## MINUTE: PPC/2011/04

Minute of Meeting of the Pharmacy Practices Committee held on 31<sup>st</sup> October 2011 in the Board Room, Kirklands Hospital, Fallside Road, Bothwell, G71 8BB.

Chair: Mrs Sandra Smith

Present: Lay Members Appointed by NHS Lanarkshire Board

Mr Charles Sargent  
Mr John Woods

Pharmacist Appointed by The Royal Pharmaceutical Society of Great Britain

Mr Edward Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee

Mr Parvez Aslam  
Mrs Janet Park

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr George Lindsay, Chief Pharmacist – Primary Care  
Mrs Gillian Forsyth, Administration Manager – Primary Care  
Miss Catherine Oates, Administration Supervisor – Primary Care

### 04 APPLICATION BY SALWAN PHARMACY LTD, 80 SYCAMORE AVENUE, JOHNSTONE, RENFREWSHIRE, PA5 0BL

#### **Application**

There was submitted application by Salwan Pharmacy Ltd received 30<sup>th</sup> March 2011, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 134 – 138 Main Street, Salsburgh, ML7 4LR (“the premises”).

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

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

- (i) Email received 1<sup>st</sup> April 2011 from Crawfords Pharmacy, Shotts
- (ii) Email received 4<sup>th</sup> April 2011 from A & I Crawford, Shotts
- (iii) Letter received on 13<sup>th</sup> April 2011 from Boots UK Ltd
- (iv) Email received 18<sup>th</sup> April 2011 from Lanarkshire AMC
- (v) Letter received on 26<sup>th</sup> April 2011 from Lloyds Pharmacy Ltd
- (vi) Letter received on 27<sup>th</sup> April 2011 from The Pure Pharmacy Company Ltd, t/a New Stevenston Pharmacy
- (vii) Letter received on 28<sup>th</sup> April 2011 from NHS Lanarkshire Area Pharmaceutical Committee

## **Procedure**

At 10:00 hours on Monday, 31<sup>st</sup> October 2011, the Pharmacy Practices Committee (“the Committee”) convened to hear application by Salwan Pharmacy 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 site visits of the village of Salsburgh 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 immediate and surrounding 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. Having ascertained that no Members or officers in attendance had any personal interest in the application the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within their papers. 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 Salwan Pharmacy Ltd, was represented by Mr Arvind Salwan who was accompanied by Mr Neeraj Salwan. From the interested parties eligible to attend the hearing three had accepted the invitation. The first interested party, Lloyds Pharmacy Ltd, Sapphire Court, Walsgrave Triangle, Coventry, CV2 2TX was represented by Mrs Eleanor Fairbairn, who was accompanied by Ms Yvonne McNeil. The second interested party, A & I Crawford, 19 Shottskirk Road, Shotts, ML7 4AB was represented by Mrs Laura McGregor. The third interested party The Pure Pharmacy Company, t/a New Stevenston Pharmacy, 246 Clydesdale Street, New Stevenston, ML1 4JH was represented by Mrs Catherine Stitt (“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 Salwan Pharmacy Ltd for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 134-138 Main Street, Salsburgh, ML7 4LR 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 invited Mr A Salwan to speak first in support of the application.**

Mr Salwan thanked the Committee for the opportunity to present the case on behalf of Salwan Pharmacy Ltd and read the following pre-prepared statement:

“Good morning and thank you giving this application your consideration. My name is Arvind Salwan and I hope to give you an account of the reasons why the granting of this application is necessary and desirable.

Firstly - the introduction of the recently introduced pharmacy contract is having a significant impact on the existing and future pharmaceutical provision in this neighbourhood. In particular, this is the case for those with acute medical conditions and where effective interventions continue to be a key requirement for the local community - a pharmaceutical service for the community, located in the community. There is currently no pharmacy in this well established and growing local community. The impact of the pharmacy contract has, in many cases, had a detrimental effect on such local communities and this issue can be addressed through consideration of the needs for a community-based pharmacy service. I believe the community population for Salsburgh and the neighbouring area to be 2,000 plus people, as confirmed by the Salsburgh Community Council and the Economic Development and Planning Department.

You may recall that tackling health inequalities in Lanarkshire was a key theme of the Annual Report of the Director of Public Health, Dr Harpreet Kohli. The report also warns of the dangers to health of the economic downturn - the effects of which have very much been felt in Salsburgh. Dr Kohli states [I quote] that "Tackling health inequalities in Lanarkshire is crucial and requires close working with partners, such as the local councils." Please note the council's response to the public consultation on this application. Dr Kohli's report, linked to Equally Well, the national framework for tackling health inequalities, also cites the socio-economic differences that persist between Lanarkshire and the rest of Scotland and states that people in Lanarkshire live, on average, a year less than others in Scotland. It goes on to state that mortality rates are highest in deprived areas. The Director's report expands on the four main areas of healthcare that are being addressed, including early years and young people, harm reduction (due to alcohol and drugs), mental health and the big killer diseases and risk factors. It is in this context and strategic focus on Lanarkshire by policy makers that Salsburgh stands as a case in point - it symbolises every single concern highlighted in Dr Kohli's Annual Report and key focus on Lanarkshire; this PPC today has a real opportunity to make a difference the lives of everyday people and to address the concerns of the Director of Public Health.

The absence of a contract means that local people are being denied local access to services which they need, such as the Chronic Medication Service, Minor Ailments Service, smoking

cessation and the winter flu vaccination - collection delivery services simply cannot offer these services or be a substitute. These are the new, much needed services that a pharmacy would bring to this neighbourhood, which have deteriorated over recent years given there is now not even a nurse within the GP surgery.

Secondly- the local community needs to travel great distances; it is a round trip of around 7.5 miles to access the closest pharmacy which, if you are ill, is sometimes just not possible, particularly if you are elderly, infirm or a mother with young children. There is also a cost associated with this travel, which impacts on those out of work or on low pay, as well as the considerable time it takes, especially given this community's reliance on public transport, which happens to be infrequent and involves two separate bus connections to be made in order to access services. As such, the pharmaceutical needs of the growing population of this area continue to be unmet. The existing service is fragmented and, based on a recent public survey undertaken by one of the area's MSPs - a public consultation if you like - 99% of the local community said they would greatly benefit from a community pharmacy in Salsburgh: I will cover this survey in more detail later on.

The PPC may also wish to note that, after 18 years, one of the main bus services has stopped servicing Salsburgh; this point was minuted by the local community at the Salsburgh Community Council meeting on 10 February 2011.

Currently, there is a satellite service whereby prescriptions are prepared outwith the neighbourhood in Newmains - quite a considerable distance away - and then deposited at the post office in Salsburgh for collection 24 to 72 hours later; this is hardly ideal for ill, elderly or patients with a disability. The service is also limited to certain times and to certain days of the week, for example, there is no prescription collection on a Wednesday afternoon as the post office is closed for a half-day; there is no service on a Saturday either for the same reason. This existing set-up is also unsecure for the administration and management of drugs and general patient care. The Chapelhall pharmacy takes 48 hours to deliver a prescription order - this is hardly ideal as your GP will routinely advise starting a course of medication following his or her assessment of a patient. In this case if you see the GP at 9am on a Tuesday morning, it will be 3pm on the Thursday before you are able to collect your prescription. If you see the GP on a Friday morning, it will be 3pm on the Monday - this is 72 to 96 hours later, the equivalent of up to 4 days. Imagine how this impacts on the health of someone who has been told to start a course of antibiotics with immediate effect. The existing provision of services is totally inadequate, as there are no services actually being offered beyond a delivery service. The GP service is not offered in the evening and is limited to 9am to 11 am Mon, Wed, Thurs; Tues/ Fri is emergencies only, until 11.30am. The collection at the post office also means that those claiming giros or benefits are given priority over patients and we have been told that they often have to stand outside, in all weather, as there is no space inside the post office. A lack of a local pharmacy also means that people are even unable to purchase a cough medicine if they need to. A collection from 3pm at a post office with limited opening also makes it difficult for anyone who works to collect it. I also think the health service will be making a payment to the post office to provide this service. This cost could be saved if there was a local pharmacy, which would also offer relevant advice and services to the local community, which a post office is unable to offer as well as completely inappropriate. We should also consider the impact of the post office closing, which has been

the fate of many rural post offices across Scotland. If this happened, which is likely, there would no longer be a collection point. The existence of a local community pharmacy in Salsburgh would also help better manage the needs of those patients that require methadone; all in all, a local pharmacy would secure adequate services.

This current situation is compounded by very restrictive and costly public transport. For example, there is no bus service from Salsburgh to Shotts or Newmains. To get to the GP in Shotts, patients need to get a connecting bus at Harthill - a round trip of three hours. The existing bus to Chapelhall is on an hourly basis. The nearest pharmacy is over three miles away which, in a semi-rural and socially deprived area, is not readily accessible for patients particularly in inclement weather. If someone needs to get to a GP when the local service is closed, they have to travel to Shotts, via Harthill, which takes three hours. Car ownership is also lower in Salsburgh than the national average in this socially deprived neighbourhood. These material facts should remind us of the concerns over the serious health inequalities in Lanarkshire as highlighted in the Director of Public Health's Annual Report.

Thirdly - there is a very high level of local community support for this application, as local people feel they require a pharmacy to service the existing and likely future needs of patients within their community. The application also has the full support of the Salsburgh Community Council, as far back as January 2011, North Lanarkshire Council and the Deputy Lord Provost – I think it is very important to note the opinions of these groups and individuals, more than those of the appellant and interested parties, as no one truly knows the area better than these local groups, representatives and residents. I do not believe that their opinions would be what they are if existing services were adequate; their informed comments make it clear, without a doubt, that there are inadequacies in existing services. It is their considered viewpoint stating this rather than just ours; we are responding to their concerns.

In a survey undertaken directly by the office of a local MSP, the response of Salsburgh residents on the proposal for a local community pharmacy was overwhelmingly positive. Of 172 responses received:

- 169 were in favour
- 2 objected
- 1 abstained

This illustrates that almost 99% of respondents support the need for a local pharmacy. Based on a local population of 1,500 at the last population census, this would equate to 1,485 people supporting the application, and based on an independent survey undertaken by a local MSP's office, who I know would be happy to discuss the findings of their public consultation, which echo the views of the local community council and local authority and civic leaders.

In addition, there were many positive comments regarding the proposal for a new pharmacy, with the vast majority of respondents believing that it would be an important addition to local amenities.

For example, one respondent commented that "a pharmacy would be very beneficial for all concerned"; another stated that "it would be a great asset, particularly in view of the travel problems resulting from the harsh weather conditions experienced last winter."

One third stated that, given that the existing situation forces residents to have to travel to Chapelhall to collect prescriptions, it would be, I quote, "much better if we had a pharmacy here."

As well as the over-whelming level of local support from the council, local groups and individuals, there is dissatisfaction over the inadequacies in the existing pharmacy service. There are on-going complaints by the local community about the inadequacies in services and the lack of a dedicated service. As effective as a collection/delivery service might be, it is just not able to provide the level of support and service that a pharmacy located within a community can offer, and that patients need, and this is a very real challenge in Salsburgh.

There is also evidence to suggest a general deterioration in the health of Salsburgh residents over recent years. This consequently places pressures on GPs and the wider health service, and so, a local community pharmacy could help address many of the above issues and provide an effective healthcare solution through improved and ready accessibility to a local pharmacy services. Being able to walk to your local chemist, and speak to the pharmacist, and collect your medicine there and then, as well as accessing other NHS services totally outweighs the existing situation, where it entails cost and time to make a 6 mile round trip or where your medication is deposited for collection, without giving you a chance to speak to a pharmacist or to use other services that you may require. Granting this application would help this community which, as it stands, is already socially excluded in terms of pharmaceutical services as endorsed by the Area Pharmaceutical Committee. The existing service is simply not adequate - as it does not exist locally and is, in effect, a virtual, remote service.

My fourth and final point is on the impact of population growth within the neighbourhood and the inadequacy of pharmaceutical services for disabled patients.

There has been a steady population growth in the neighbourhood over recent years due to the establishment of new housing developments and wider socio-demographic social trends. This, in turn, is placing greater pressure on local healthcare needs and impacting on the quality of patient care. Applications have been granted in similar areas in Scotland, but with smaller populations and less social deprivation than in Salsburgh, and these endorse the wider health policy objectives of the Scottish Government for all parts of healthcare services to play their part in helping to reach HEAT Targets and therefore improve people's life expectancy and quality of life.

For example, in this area, a pharmacy would allow - for the first time ever – for residents of Salsburgh to have direct access to the Minor Ailments Service, the Chronic Medication Service and readily accessible advice and help all within the neighbourhood where they stay; and similarly, they would have direct access to a stop smoking service, one of the best things someone can do to improve their life expectancy. These pharmacy services have been

designed in particular for disadvantaged and rural communities like Salsburgh, which unfortunately have barriers placed in front of them - financial, social, geographical and physical - which inhibit their ability to take full advantage of services that they are entitled to improve their health and, in turn, to reduce the pressure on the wider healthcare system. The past two winters have compounded the situation. No snow ploughs are coming into Salsburgh anymore, as the snow plough has to change its blade, as the new speed islands are too narrow for the snow plough to pass, so it doesn't come to Salsburgh now. The local farmer used to go through Salsburgh in his tractor when it snowed to clear the roads and was paid by the council to do so, but due to job and budget cuts it doesn't come anymore.

This is a relatively remote and isolated community, with social deprivation and high unemployment, factors which compound individuals' healthcare.

Salsburgh has a higher than national average number of one person household pensioners who are dependent on carers - the percentage of households with one or more carers' resident is higher than the average for Scotland. It also has a much higher than average number of council owned households, which alludes to other issues such as unemployment and reliance on state benefits.

The percentage of Salsburgh residents that are economically inactive or permanently sick or disabled sits at 14.89% - double the average figure for the rest of Scotland (7.44%). Salsburgh residents' general health registers "not good" at 17.8%; the average for Scotland is 10.1 %; in addition, compared to the national average, almost 10% more of local residents have a limiting long-term illness, at 29.1%. I would implore you to consider the plight of Salsburgh. I would also respectfully ask you to consider the immense benefits that a pharmacy would bring to the community of Salsburgh and future generations - a pharmacy could be vital to the future health of this community and could really make a difference to people of all ages, meaning one less community is deprived of much needed local services. In light of this, I believe that these points support the statutory test and granting of the application would, without a doubt, secure adequacy of services, as no NHS services are currently being offered here. I would ask you to consider the fact that a community pharmacy is necessary and desirable for the reasons I have provided, which are based on the informed and considered opinions of various community representatives.

Thank you."

**When Mr Salwan concluded his representation the Chair then invited questions from Mrs Eleanor Fairbairn, Lloyds Pharmacy Ltd to him.**

Mrs Fairbairn wished to know how Mr Salwan had assumed that Lloydspharmacy, Chapelhall take 48 hours to deliver to Salsburgh. When he replied that it was based on the estimate of the timescale in ordering a prescription from the practice and the opening times of the Post Office, she confirmed that they deliver to patients houses and the Salsburgh branch surgery same day. Mr Salwan remarked that he does not consider a collection and delivery service an appropriate substitute for a local pharmacy. When asked if he had any evidence of complaints regarding the existing arrangements to provide a pharmaceutical service Mr Salwan referred to comments within the Deputy Lord Provost's letter in addition to the

minutes of the Community Council and the results from the local public consultation exercise they had undertaken. Mrs Fairbairn then asked for confirmation that the increase in population figures quoted were accurate as they varied quite significantly from the 2001 Census figure of 1230 residents. Mr Salwan advised that he was confident the figures provided by the Economic and Planning Department as well as the Community Council were accurate which were also supported by a number of local housing developments. This led Mrs Fairbairn to question whether new housing stock would also support a rise in already high car ownership figures for the area as well as referring to the frequent bus service outwith Salsburgh suggesting that residents freely travel outwith to access other facilities. Mr Salwan responded by stating that this is not the same as being able to access a pharmacy locally without travelling outwith the neighbourhood.

**Having ascertained that Mrs Fairbairn had no further questions, the Chair then invited questions from Mrs Laura McGregor, A&I Crawford to Mr Salwan. When Mrs McGregor advised she had no questions to ask at this time the Chair then invited Mrs Catherine Stitt to question Mr Salwan.**

Mrs Stitt asked Mr Salwan to confirm his definition of the neighbourhood. When Mr Salwan replied she questioned the resident population within the area defined as she believed the 2001 Census information to be more representative. Mr Salwan confirmed his belief in the information provided to him. She then asked for information regarding the lease arrangements and state of the building wishing to know if they had firm plans in place for internal shopfitting. Mr Salwan advised that he had been told that planning consent had been granted for the work required for the building and that heads of terms were in place. He added that he was confident that everything would be completed within six months should the contract be granted. Returning to the population issue Mrs Stitt asked if they were confident that the pharmacy would be viable and had taken into account the required staffing levels and general running costs. Mr Salwan said that they had a business plan in place and had experience of running community pharmacies which included access to staff from their existing pool of employees.

**Mrs Stitt advised that she had no further questions for Mr Salwan. The Chair then invited questions from Members of the Committee in turn to Mr Salwan.**

Mr Charles Sargent was keen to learn more about the business planning undertaken by Salwan Pharmacy Ltd when considering the application for Salsburgh, given the limited population figures and accepting that not all residents access pharmaceutical services at home. Mr Salwan agreed that some patients would access services elsewhere however was confident that their business plan was robust and that the resident population would only increase in line with current trend over past ten years and that they would have the additional benefit of being able to provide additional health services associated with the new contract. His final question was to ask whether he knew how many patients chose to travel to the nearest pharmacy rather than have to wait to collect it from a post office who may be busy with other customers. Mr Salwan confirmed that when he had visited the neighbourhood he had witnessed patients queuing alongside customers and assumed that they have just grown to accept a second rate service.



Mr John Woods then asked Mr Salwan what evidence he had to support his claims regarding inadequacy. He replied quoting from an independent survey by a MSP in response to letters from constituents and comments within the Deputy Lord Provost's letter. Mrs Woods then asked for confirmation of how many people were surveyed and the questions asked. Mr Salwan said he did not know the exact questions raised but from the responses received there appeared to be issues regarding the length of time to fill and deliver prescriptions.

Mr Edward Mallinson was next to ask questions and wished to know if Mr Salwan had any suggestions as to why no members of the public replied to the advert placed by the Health Board during the wider consultation exercise given his reference to abundant local support. Mr Salwan replied that it was not unusual for members of the public not to reply to consultation however the information he was referring to was based on local support and concerns through independent impartial credible sources. Mr Mallinson's final question was regarding the actual plans for the premises seeking clarification as to whether it was their intention to re-build or repair the existing unit. Given the time of year and the scale of the build Mr Mallinson wished assurance that Mr Salwan was confident that planning permission and the necessary work could be completed within six months should the application be granted. Mr Salwan confirmed that he was confident with the advice the developer had been giving them and did not anticipate any unnecessary delays.

Mrs Janet Park then asked Mr Salwan if he was able to give more information on the surgery arrangements by the Chapelhall Practice within Salsburgh. Mr Salwan was able to give an overview of the surgery times however was not aware of the exact arrangements for repeat prescriptions being issued and collected. When Mrs Park asked for detail on the delivery arrangements for using the local post office the Chair turned to Mr George Lindsay for clarification. Mr Lindsay advised that it was a historic arrangement which is provided at no cost to NHS Lanarkshire. Mrs Park's final question was to ask if Mr Salwan had any evidence of planning consent granted for new housing developments. He advised that whilst there was plenty of land and interest by developers the economic climate just now had slowed down any proposed build.

Mr Parvez Aslam was last to pose questions to Mr Salwan. He was keen to learn more about the exact arrangements in place for the disposal of the lease as well as the stage of any proposed demolition, renovation, rebuild of the premises as it was unclear to him what was required or being proposed. Mr Salwan replied that he had verbal confirmation that they would be given a lease for the premises and that building consent had been submitted. Mr Parvez asked if Mr Salwan could understand how the Committee would benefit from concrete evidence as to the arrangements reached and how likely the premises could become suitable for use. Mr Salwan reported that they had every confidence in the proposal and that they would default to remedial refurbishment if there were any delays identified, and that the Committee should consider more the health improvement the pharmacy would bring.

**Having ascertained that there were no further questions for Mr Salwan, the Chair then invited Mrs Eleanor Fairbairn, Lloyds Pharmacy Ltd, to make her representation.**

Mrs Fairbairn thanked the Chair for giving Lloyds Pharmacy Ltd the opportunity to comment on Mr Salwan's application for a contract in Salsburgh, then read the following pre-prepared statement:

“Although the neighbourhood could be described as Salsburgh it is an extremely small community and therefore it is reasonable to consider the location in context of adjacent neighbourhoods and areas. Salsburgh is a small semi-rural former coal mining village in the heart of greenbelt surrounded by farmland in the district of North Lanarkshire. The village is known to have one of the lowest crime rates in North Lanarkshire due to its rural location (Wikipedia).

The applicant states in his comments that "the introduction of the new pharmacy contract is having a significant impact on the existing and future pharmaceutical provision in this neighbourhood'. It is unclear as to how the new pharmacy contract itself is having a significant impact on existing provision in Salsburgh. The applicant goes on to say that the impact of the new contract is having a detrimental effect on the local communities again how can the pharmaceutical contract itself cause a detrimental effect?

The applicant suggests that the population is in excess of 1,500 people and in 2001 had a population of around 1200. The Pharmacy Practices Committee will know however, the average population per pharmacy is much higher than this between 4-5,000. We note the applicant states there is support from the local MSP but there is no reason why people would not be supportive. This is not the same as there being an inadequate service and therefore does not mean that it is axiomatic to grant a new pharmacy contract.

The Lanarkshire Pharmaceutical Care Plan does not identify there being any gaps in the provision of pharmaceutical services in or to Salsburgh. In fact it demonstrates the extensive range of services that are already provided and accessible from the existing pharmacies. For example Lloyds provide: dispensing of NHS and private prescriptions, dispensing of Stoma prescriptions, CDS, MAS, CMS, NRT, EHC, diabetes and BP screening, weight management service, Methadone supervision, needle exchange and delivery service to patients homes.

Car ownership levels in Salsburgh are also quite good. In 2001 households without a car was well below the national average at 20.3% versus 34.3% nationally. Households with two or more cars was significantly above the national average at 38.1% versus 22.4% nationally. This supports the fact that the population is mobile and used to travelling around to access a range of services.

Table 5: Car and Van availability

	Salsburgh ward		Salsburgh locality	National
	Number of HHs	% of HHs	% of HHs	% of HHs
No cars or vans in household	373	20.3	38.59	34.3
1 car or van in household	766	41.6	46.2	43.4
2 or more cars or vans in household	702	38.1	15.22	22.4
Totals	1841	100	100	100.1

Source: Census 2001

The applicant talks about a delivery service from Newmains to the Post Office however I can advise that Lloyds delivers directly to patients homes. This service continued every day even during the snow last year.

Apart from a post office and a minimarket there appears to be little in the way of other retail services and therefore residents are going to have to travel to access the majority of other services. A minimarket is not somewhere where weekly shopping is done, there are no

banking facilities, bakers and so on. An application for a pharmacy should not be granted to simply to increase the number of services in an area or to assist regeneration.

Residents of Salsburgh, contrary to what the applicant tries to suggest, do not live in a Salsburgh bubble. They have to travel for most services including their groceries. This will mostly be done by car, by choice and given the levels of car ownership this seems a reasonable and popular mode of transport. There are also bus services available for which the population may choose to use to access existing services.

We note that the applicant has canvassed support for his application but the letters of support are not an indication that current provision is inadequate. Additional services are electorally popular and supporting the application is often seen as trying to bring in additional business to an area. The legal test however, is concerned about adequacy and the letters do not in our opinion provide substantive evidence of an inadequate pharmaceutical service.

Lloyds Pharmacy submit that current provision is adequate and in the absence of evidence to suggest otherwise we would ask the PPC to refuse the application as being neither necessary nor desirable.”

**Following Mr Fairbairn’s representation, the Chair then suggested a departure from the procedure outlined within the guidance notes and that each of the other interested parties be given the opportunity to speak at this point. All members and parties in attendance agreed. The Chair then invited Mrs Laura McGregor, A&I Crawford to make her representation.**

Mrs McGregor thanked the Chair and Committee for the opportunity to present her views and read the following pre-prepared statement:

“My name is Laura McGregor and I am a pharmacist. Crawford's pharmacy in Shotts is owned by my mum and I. In fact I am the 3rd generation of pharmacists. My grandfather opened the shop in 1939. We have 2 shops, one in Shottskirk Road, which is the main branch and the other in Shotts Health Centre. Five years ago we extended the main shop and put in a dispensing robot. This enabled us to provide the new pharmacy contract. The project cost over a million pounds and I feel that this demonstrates my family's acknowledgement of community loyalty and years of support. My mum and I are very proud of our new modern pharmacy.

Currently we provide the following services both in Shotts and Salsburgh:

1. Collection and deliver of prescriptions
2. eMAS
3. Dosette trays
4. Smoking cessation
5. Emergency contraception
6. Blood pressure monitoring
7. Diabetes screening
8. Stoma appliances
9. Methadone and needle exchange
10. Blood born virus screening and vaccinations
11. Weight management classes

12. Flu vaccination
13. CMS
14. Palliative care
15. Free condoms
16. Cholesterol Checking

I wish to object to the application by Neeraj Salwan for inclusion in the pharmaceutical list at 134-138 Main Street, Salsburgh.

Firstly and my main objection is because of low population.

I do not believe a pharmacy in Salsburgh can secure adequacy of service. There is simply just not enough people to support a pharmacy business and could lead to closure due to lack of profit.

The actual population in Salsburgh is 1217, this information was obtained from the national records of Scotland, date 2010. Shotts - 15758

Secondly the lack of public transport in Salsburgh to surrounding areas is poor.

I cannot dispute this fact. However we offer a collection and delivery service and deliver several times a day to Salsburgh. Acute prescriptions are always delivered on the same day. Repeat prescriptions are delivered within 24 hours.

I am extremely curious about the on-going complaints by the community and lack of dedicated services.

Personally I am insulted by this comment in the application. I speak to my customers regularly and ask if there is anything we could do to improve services. In fact we introduced customer surveys two months ago. Which I can produce for viewing if required? I can honestly say I have had no complaints, just the opposite.

There have been numerous occasions over the years where my customers come to my home out of hours for emergency prescriptions and I am only too happy to oblige.

We are always open to suggestions.

We also supply monitored dosage systems to patients in Salsburgh.

There are always two pharmacists working in our shop.

Therefore, if patients in Salsburgh required a home visit or face to face contact with a pharmacist this is always possible.

Lastly due to our experience in the renovation of our shop we fail to see how the applicant can suggest that they could meet the six month timescale to open should the application be granted.

I would like to thank the committee for listening to my objections.”

**When invited to speak Mrs Catherine Stitt, The Pure Pharmacy Company, t/a New Stevenston Pharmacy advised that she did not wish to make a representation. The Chair then invited Mr Salwan to ask questions of the interested parties.**

Mr Salwan acknowledged the commitment to patients that Mrs McGregor had demonstrated during the hearing, notwithstanding he wished to know if she felt that it was appropriate for patients to have to travel outwith their neighbourhood to access pharmaceutical services in Shotts or travel to her house out of hours. Mrs McGregor confirmed that this would be for emergency prescriptions and that she would make arrangements to open the pharmacy out of hours in order that patients receive their urgent medication at the earliest opportunity. He then asked if she was able to quantify how many Salsburgh patients accessed services from their shops. She said that she was unable to provide an exact figure but she knew that a lot of Salsburgh residents regularly travelled into Shotts to shop in the local supermarket and use the extended facilities available within the village which were not available in Salsburgh.

Mrs Salwan then asked Mrs Fairbairn whether she considered that they were able to deliver core pharmacy services in Salsburgh. Mrs Fairbairn replied that whilst they were unable to deliver additional services they were able to provide an adequate pharmaceutical service appropriate to the rurality of the neighbourhood. He then asked her if it was acceptable for patients to travel to another area if they had some minor complaint such as a cough or backache. She replied that they deliver OTC medication to Salsburgh as well as scripts and that they can arrange a telephone consultation with a pharmacist for MAS as well as a visit given that they have two pharmacists available. When asked about needing 48 hours for a repeat prescription she advised that this was the timescale set by the practice and that it equally applies to Chapelhall patients it is not affected by their delivery arrangements as they deliver on the same day.

**Having ascertained that Mr Salwan had no further questions for the interested parties, the Chair then invited questions from the Committee to the interested parties in turn.**

Mr Sargent wished to know if Mrs Fairbairn was suggesting that Salsburgh was not a neighbourhood on its own to which she replied that she had no dispute over the definition of as suggested by the applicant. This led to him asking if she was suggesting that they should be denied a local pharmaceutical service. Mrs Fairbairn replied that in terms of the statutory test she believed that the collection and delivery arrangements in place, availability of home visits or telephone consultation and the patterns of travel of residents meant that they were already in receipt of an adequate pharmaceutical service.

Mr Woods asked Mrs Fairbairn if they had ever made arrangements for a pharmacist to visit a patient at home and she confirmed that they had and that arrangements were in place for the delivery driver to report any concerns or messages to the pharmacist. When asked Mrs McGregor advised that she also provides this level of service. Mrs Stitt advised that they did not deliver to Salsburgh.

Mr Mallinson asked Mrs Fairbairn if she knew how the patients travelled to Lloydspharmacy in Chapelhall and she replied that the majority travel by car however there is a bus service which runs every half hour. Mr Mallinson then asked if this suggested that there was a greater face-to-face interaction than delivery service to which Mrs Fairbairn agreed. Mrs McGregor confirmed that they see Salsburgh patients when they attend Shotts Health Service for medical appointments.

Mrs Park was the last member to ask questions and she wished to know of the arrangements for prescribing Methadone. Mrs Fairbairn advised that the scripts were generated by the Community Addiction Team in Airdrie and that they were delivered to the patient's designated Pharmacy.

**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. Mrs Fairbairn, Mrs McGregor, and Mrs Stitt all confirmed they had no questions to pose.**

**Accordingly, having ascertained that there were no further questions to either the applicant or interested parties, the Chair then invited the interested parties to sum up their representations, keeping to the previous order. Accordingly, Mrs Fairbairn, Lloyds Pharmacy Ltd was first to speak.**

Mrs Fairbairn concluded by stating that an adequate service is being provided to the neighbourhood by existing contractors. Furthermore there has been no evidence provided to suggest otherwise therefore Lloydspharmacy contend that the application is neither necessary or desirable.

**The Chair then invited Mrs McGregor, A&I Crawford The Central Pharmacy Ltd to sum up her representation.**

Mrs McGregor stated that she agreed that the application is neither necessary or desirable and had nothing further to add to what she had stated throughout the hearing.

**The Chair then invited Mrs Stitt, The Pure Pharmacy Company, t/a New Stevenston Pharmacy to sum up her representation.**

Mrs Stitt concluded that there had been a lot of evidence relating to a survey which has not been provided. She opined that if you canvassed views within any community whether they would like a local pharmacy there would be a guaranteed level of support, however this does not equate to viability or sustainability to secure an adequate service therefore no evidence has been presented to demonstrate that a new contract is either necessary or desirable.

**The Chair then invited Mr Salwan to sum up in relation to the application by Salwan Pharmacy Ltd.**

Mr Salwan read the following pre-prepared summary statement:

“There are four key reasons why this application should be granted:

1. This would deliver a locally based service in the community for the community. There is currently no pharmacy in this growing locality and contracts have been granted for areas where the population is less than this area's 2,000 and where there are closer pharmacies.

The granting of this contract would mean that local people were not denied direct, local access to services which they need, such as CMS, eMAS, smoking cessation; collection delivery services cannot offer this. These are the new, much needed services that this pharmacy would bring to this Neighbourhood.

2. The granting of this application would mean that people did not have to make a round trip of 7.5 miles to access the closest pharmacy which, if you are ill, is sometimes just not possible. We should consider the socio-demographic profile of this area, its social exclusion and social deprivation, and so, do whatever can be done to provide a locally based service, particularly for those that are elderly, infirm or have a disability. The proposed pharmacy would have dedicated patient parking, a ramp entrance and be DDA compliant. Granting this application would also mean low income or unemployed people did not have to incur costly bus fares, often on two bus connections.

The existing service is fragmented and this is shown through a public consultation, where 99% of the local community said they would greatly benefit from a community pharmacy.

A local pharmacy would also mean that people received advice and support there and then, not over 24, 48 or 72 hours later. This would be provided in a more secure, spacious and purpose-built facility, which would include a consultation room and parking.

3. Granting this application would acknowledge the public consultation, informed opinions of the local community, civic leaders and local groups; a pharmacy would greatly help address their concerns.

A pharmacy would also greatly help to address the deterioration in the health of Salsburgh residents over recent years. Local people have made it very clear that the existing service is not adequate and that a local pharmacy would address this.

4. There has been a steady population growth in the Neighbourhood over recent years due to new housing developments. This is placing greater pressure on local healthcare services and will impact on the quality of patient care. Applications have been granted in similar areas in Scotland, but with smaller populations and less social deprivation than in Salsburgh. A pharmacy service will also help the health board to meet some of its HEAT Targets and, in turn, improve people's life expectancy and quality of life.

This is a relatively remote and isolated community, with social deprivation and high unemployment, factors which compound individuals' healthcare.

Salsburgh has a higher than national average number of one person household pensioners who are dependent on carers and this trend is likely to continue. This group not mentioned by any of the interested parties. The lack of a local pharmacy will become a bigger issue over coming years, due to local housing developments and as we all live longer.

The percentage of Salsburgh residents that are economically inactive or permanently sick or disabled sits at double the average figure for the rest of Scotland. Salsburgh residents' general health registers as "not good" and is almost double the average for Scotland; in addition, compared to the national average, almost 10% more of local residents have a limiting long-term illness. I implore you to consider the plight of Salsburgh and the local community as a pharmacy will offer a life-line to this community and future generations.

In conclusion, we must ask ourselves whether such a level of health inequalities is even acceptable in this day and age. We must acknowledge that Salsburgh is a test case in context to the Director of Public Health's Annual Report and his serious concerns about the need to tackle health inequalities in Lanarkshire, given its particular socio-economic challenges and lower life expectancy compared to the rest of Scotland. The points I've tried to highlight meet the statutory test and granting of this application would help towards tackling health inequalities, in line with the issues identified by the Director of Public Health for Scotland; it would also secure adequate services for this socially deprived community, as no actual services despite what we have heard today are currently provided. I would reiterate that a community pharmacy is necessary and desirable as has already been supported by the Area Pharmaceutical Committee.

Thank you.”

### **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 Messrs Salwan, and Mesdames Fairbairn, McNeil, McGregor and Stitt 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 Salsburgh and surrounds, noting the location of the proposed premises, the pharmacies, the general medical practices, and some of the facilities and amenities within.
- ii. maps showing the site of the proposed pharmacy in local view as well as township level
- iii. prescribing statistics of the Doctors within the areas of Shotts, Harthill, Wishaw, Newmains, Cleland, Caldercruix, Plains, Glenmavis, Coatbridge, Airdrie, Calderbank, Motherwell, Carfin, Bellshill, and New Stevenston during the period from March to



May 2011

- iv. dispensing statistics of the Pharmacies within the areas of Shotts, Harthill, Wishaw, Newmains, Cleland, Caldercruix, Plains, Glenmavis, Coatbridge, Airdrie, Calderbank, Motherwell, Carfin, Bellshill, and New Stevenston during the period from March to May 2011
- v. demographic information on the areas of Salsburgh, Shotts, Harthill, Wishaw, Newmains, Cleland, Caldercruix, Plains, Glenmavis, Coatbridge, Airdrie, Calderbank, Motherwell, Carfin, Bellshill and New Stevenston taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors within the areas of Shotts, New Stevenston, Chapelhall, Harthill and Holytown 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 Shotts, Harthill, Cleland and New Stevenston.

## **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, agreed with the definition of the boundary as proposed by the applicant: the area bounded to the North by Bigfoot Road (which is then crossed by the M8 motorway), bounded to the East at the foot of Hirst Road towards Kirk O' Shotts Primary School, the South boundary being along Hirst Road down to and along Carvale Avenue (which behind that is greenbelt) and the Western boundary being the B7066 road along Craigend Road joins Springfield Road

### **THE COMMITTEE**

in reaching this decision was of the opinion that the neighbourhood constituted a distinct area bounded by natural barriers as described above. It also considered that whilst residents within Salsburgh would consider themselves as having a sense of

belonging they appeared to freely and regularly travel outwith the neighbourhood to access a wider choice of shopping facilities within the towns of Airdrie, Holytown and Shotts as they had limited facilities within the village.

(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 there were no existing contract Pharmacies within the area however there was a longstanding collection and delivery service operated by Welch Chemists Limited, Newmains in liaison with the local Post Office. The Committee also recalled evidence provided during the hearing confirming that Lloyds Pharmacy Ltd, Boots UK Ltd, and Crawford Chemists also provided collection and delivery services to the village. Indeed the Committee heard evidence from Mrs Laura McGregor, Crawford Chemists and Ms Eleanor Fairbairn, Lloyds Pharmacy Ltd detailing the extent of their Collection & Delivery service to residents of Salsburgh, which included mechanisms for pharmacists to make telephone contact or visits to be made to supply professional advice. Pharmacist members of the committee indicated that telephone calls from patients seeking advice was a commonplace occurrence within community pharmacies. Furthermore that there were a selection of Pharmacies located closeby within the villages and townships of Shotts, Chapelhall, Harthill, Holytown, and New Stevenston which, from evidence presented during the hearing, could be considered as providing services to the neighbourhood

THE COMMITTEE

taking all factors into consideration therefore agreed that pharmaceutical services located closeby are adequately accessible via longstanding delivery arrangements from existing pharmacies alongside the regular public bus services and reasonable transport infrastructure and level of car ownership within the village which allow a visit in person

(iii) Adequacy

THE COMMITTEE

discussed the test of adequacy paying due regard to the findings set out above alongside the views of the applicant who argued that the increasing population, demands for pharmaceutical services and absence of a pharmacy located within the village provided evidence of the need for a pharmaceutical contract. The Committee

opined that whilst the introduction of the collection and delivery service had suggested there was a level of inadequacy in the early 1970s, there had been significant input by other pharmacies in the surrounding areas since then which has sought to address this. Indeed the report compiled by the office of the Chief Pharmacist – Primary Care, indicated that the local pharmacies provided a comprehensive range of pharmaceutical services alongside the core requirements of the new contract. The members also noted that the rurality of the village and patterns of travel demonstrated that residents required to frequently travel outwith to access a range of other services associated with daily life which were located in the areas which hosted those existing pharmacies

#### THE COMMITTEE

using precedents formed through previous applications e.g. an application within the Strutherhill area of Larkhall in which the neighbourhood was defined as having no pharmacies within it but which was deemed to be adequately serviced by existing pharmacies in Larkhall coupled with the fact that an appeal against this decision was received but dismissed as having no reasonable grounds and NAP 313 heard in June 2011 which describes a neighbourhood with no pharmacies within it but which receives an adequate service from existing pharmacies surrounding the neighbourhood consider that such examples give justification in taking services provided to the neighbourhood in consideration when discussing adequacy

#### THE COMMITTEE

therefore agreed that the existing services could be deemed adequate as they provide a breadth and range of NHS Contract services in line with contemporary standards, and were adequately accessible and available to all residents of the neighbourhood used to living in this rural community

Accordingly, following the withdrawal of Mr P Aslam and 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, 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, the 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.

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