

MINUTE: PPC/2012/02

Minute of Meeting of the Pharmacy Practices Committee held on Wednesday, 30th May 2012 in Syndicate Room 3, Ronald Miller Centre, Wishaw General Hospital, Netherton Street, Wishaw, ML2 0DP

Chair: Mr John Anning

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Margaret Caraher
Mr Charles Sargent

Pharmacist Appointed by Area Pharmaceutical Committee (not included in any Pharmaceutical List)

Mr Edward J Mallinson

Pharmacist Nominated by Area Pharmaceutical Committee (included in Pharmaceutical List)

Mrs Janet Park
Mr David Sinclair

In Attendance: Officers from NHS Lanarkshire - Primary Care

Mr George Lindsay, Chief Pharmacist – Primary Care
Mrs Gillian Forsyth, Administration Manager – Primary Care
Mrs Lavinia Langan, Administration Team Leader – Primary Care

02 APPLICATION BY ELIXIR HEALTHCARE LTD OF 148c LOGANS ROAD, MOTHERWELL, ML1 3NY

Application

There was submitted application by Elixir Healthcare Ltd received 23rd February 2012, for inclusion in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 23 Lawmuir Road, Orbiston, Bellshill, ML4 2BZ (“the premises”).

Submissions of Interested Parties

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

- (i) E-mail received on 8th March 2012 from J & J G Dickson & Son Ltd
- (ii) E-mail received on 21st March 2012 from Boots UK Ltd
- (iii) Letter received on 27th March 2012 from Lloyds Pharmacy Ltd
- (iv) Letter received on 27th March 2012 from New Stevenston Pharmacy
- (v) Letter received on 28th March 2012 from The Area Pharmaceutical Committee, NHS Lanarkshire

Procedure

At 13.00 hours on Wednesday 30th May 2012, 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 site visits of the town of Bellshill independently in order to gain a flavour of the natural patterns of travel of residents and visitors during various times of the day and week. All confirmed that in so doing each 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. 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 Mrs Lavinia Langan 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 Umar Razzaq accompanied by Mr Kenneth Brown. From the interested parties eligible to attend the hearing four had accepted the invitation. The first interested party, New Stevenston Pharmacy, 246 Clydesdale Street, New Stevenston, ML1 4JH was represented by Mrs Catherine Stitt. The second interested party, Lloyds Pharmacy Ltd, was represented by Mr Ken McWhirter. The third interested party, Boots UK Ltd was represented by Mr Charles Tait who was accompanied by Ms Michal Toshner. The fourth interested party, J & J G Dickson & Son Ltd was represented by Mr John Collington (“the interested parties”). Mr Collington arrived approximately 15 minutes after the meeting commenced, during the presentation by Mr Razzaq. Mr Collington apologised for his lateness and explained the reason for it. In the light of no objection being forthcoming the chair accepted Mr Collington into the meeting.

The Chair introduced himself, the Members and the officers in attendance from NHS Lanarkshire - Primary Care. In doing so he stated the purpose of the chief Pharmacist for primary care which was to provide clarity on matters of factual accuracy should the need arise. He then asked the parties to confirm that they had received all papers relevant to the application and hearing. This included the additional information (statements in support of the application and photographs) submitted at late notice by the applicants which had been circulated via e-mail to all PPC members, interested parties and attendees.

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 23 Lawmuir Road, Orbiston, Bellshill, ML4 2BZ 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 Razzaq to speak first in support of the application.

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

“Thank you for giving us the opportunity to present our case.

With regards to the legal test-

The neighbourhood is that of Orbiston, and which includes the area known as the ‘west end’ to the west of Hamilton road. The reason for including this area is simple, it is of similar housing type to the rest of Orbiston and shares the same services/schools etc. It would also be within the ‘catchment area’ of the proposed pharmacy.

The boundaries of our neighbourhood are:

North: The railway line to where it meets Motherwell Road

East: Motherwell Rd travelling south east to the South Calder water to where it meets the southern railway line.

South: Railway line travelling west to where it meets the A725 dual carriageway.

West: A725 travelling north to where it meets the northern railway line.

While there has been some differing opinions on what constitutes boundaries of the neighbourhood, first of all we disagree with the argument that the neighbourhood can be defined as that of the town of Bellshill as a whole. At a population of just under 21,000, the town of Bellshill is far too large to be considered a single neighbourhood and for that population to consider themselves neighbours is not logical.

Bellshill can be split into four different areas, not including the town centre, these being Mossend to the east, North Bellshill, and the huge area of south Bellshill which is split in half by Motherwell Road.

That leads me to the question. Why have we used the railway line as our northern boundary, instead of that which was used by the NAP?

There are several reasons for this:

-There are limited crossing points one of which in particular is dangerous; the rest of the railway line is fenced off.

-The NAP's northern boundary of Gartcosh Walk, North Road and Main Street and then Motherwell road north of railway line has more crossing points. The NAP does not actually

mention North road or Main Street in their boundary so we are making this assumption. They mention Argo Terrace to which we have no idea where this is and have checked with the council who have confirmed it does not exist. Secondly, how can you split up the main street of the town centre into 2 distinct neighbourhoods to include one pharmacy and not the 2 others? This makes no sense!

-The building type on the north side of the northern railway line is more retail, less residential, and the residential property there is more affluent than most of that found in Orbiston.

- In the majority of PPC or NAP decisions when applying the legal test, railway lines are generally considered physical boundaries. New contracts in both Carfin and North Motherwell are both examples where this was the case.

-The southern railway line is considered a physical boundary by the NAP but the northern railway line is not, yet it too has two distinct road crossing points.

Orbiston is a neighbourhood in its own right with an obvious sense of identity.

It is also a neighbourhood for all purposes...There are 2 primary schools, Orbiston Nursery, Orbiston business centre a post office with banking facilities, Orbiston YMCA, 2 convenience stores, a newsagent, places of worship, a laundrette, a barbers shop, solicitors, a golf club, hairdresser, takeaways, a bowling club and a public house. There is also the Orbiston Neighbourhood Centre which is used by over 1000 residents each week and provides a range of services to address the problems of social exclusion and deprivation within the community.

Within our defined neighbourhood there are no contract pharmacies.

Along with the residents of Orbiston and their elected representatives, we believe that provision of pharmaceutical services to the neighbourhood by contract pharmacies situated outwith the boundaries is not adequate.

It is likely that most of the residents in Orbiston currently access services from the 3 pharmacies in the town centre, some from the pharmacy on the North Road and Mossend, and smaller number from further afield. While we are in no way suggesting that not having a community pharmacy is sufficient reason to grant an application, when you have a neighbourhood with no pharmacy there are several factors which should be taken into account when determining whether services outwith a neighbourhood are adequate.

These are-

- 1- Size of population
- 2- Demographics of the resident population
- 3- Routine daily patterns of the population
- 4- Ease of access to current services.

These are all important factors to be taken into consideration, and where there is an accumulation of problems it points to services being inadequate. We believe this to be the case in Orbiston.

I will now talk a wee bit about each of these factors.

Population size

Regarding the population of the defined neighbourhood, using Scottish Neighbourhood Statistics there are 9 data zones within the defined boundaries giving a population of 6956. There are a further 3 data zones which encroach into the defined neighbourhood giving a population of more than 7000 residents. This is a very large number indeed constituting a huge number of people who find it difficult to access a pharmacy and is in excess of the average population per pharmacy in Scotland. Given the proven deprivation figures, this neighbourhood contains a higher than average number of people who are regular users of pharmaceutical services.

Demographics

Orbiston is an area with huge deprivation. In terms of the Scottish Index of Multiple Deprivation (SIMD) the majority of the data zones are in the top 15% of most deprived areas in Scotland with one data zone actually in the top 5%. Orbiston is not only one of the most deprived areas in Bellshill, it is one of the most deprived areas in Scotland. It is worthwhile noting that the deprivation within our defined neighbourhood has got worse since 1996. A new contract pharmacy can go a long way to address this.

The percentage of pregnant women smoking in Orbiston was 39% compared to 27% for the rest of Bellshill. The percentage of women smoking at booking 32.1% compared to 18.7% for Scotland. These are alarming statistics especially since smoking remains the biggest single preventable cause of ill health and early death in Lanarkshire and Scotland. We hope to tackle this by providing a local smoking cessation service, something which is necessary and would be of great benefit to the community. Another important statistic is the % of babies exclusively breastfed at 6-8 weeks was 13% - this is half the national average of 26.4%. This statistic becomes even more important when you consider NHS Lanarkshire failed to meet its breastfeeding HEAT target in 2011 (18.2 % target 23.5%). The percentage of total people who are income deprived is 23.5% compared to 15.1% for Scotland. There is a high number of elderly and children within our neighbourhood - two of the most vulnerable groups who would benefit from a local eMAS service. The percentage of people dependent on out of work benefits or child tax credits is a staggering 64.4%-way above the Scottish average. Within our defined neighbourhood there are increased teenage pregnancies, prevalence of diabetes, patients hospitalised with COPD/CHD and patients hospitalised with drug and alcohol conditions compared to the rest of Bellshill and Scotland. This list could go on!

These statistics paint a bleak picture. This is clearly a very deprived neighbourhood with serious health and socio-economic problems. The statistics show the demand for NHS services within our neighbourhood will be far greater than across Scotland as a whole.

After age, deprivation is the most important factor in determining pharmaceutical needs. Here you have a population in serious need of pharmaceutical services with poor health and poor mobility.

Routine Daily Patterns of the Population

Currently there are serious road works for the next few months on Hamilton Road (photographs 3, 8, 10 and 11) causing congestion during the day which currently makes travel to the main street along that road somewhat challenging. The main street can be accessed by crossing the railway line at either Hamilton Road or Motherwell Road, there is also a single lane route on Noble Road (photographs 1 and 2) which has no pavements and has heavy traffic and pedestrians all trying to negotiate this narrow port of access to the main street

which makes a journey from Orbiston all the more difficult and potentially dangerous. This route is perhaps used by residents trying to avoid the congestion around the Main Street.

The Main Street itself is well known for its deplorable traffic problems, and during the day is continually congested (photographs 4, 5, 6 and 12) with only a handful of parking spaces which are usually taken up by 9am (see photograph 7). There are 3 pharmacies on the main street, and a Lloyds pharmacy located beside the surgeries at Mossend. They are all there because in the past the Main Street was the focal point of Bellshill. They have continued to be busy due to the Control of Entry regulations, and because of how close they are to the GP surgeries they will continue to survive. This is an outdated model and does not fit in with the new pharmacy contract where services such as eMAS work best when delivered in the local community. A patient with an ill child should not have to travel to Bellshill Main Street to obtain advice or treatment on eMAS. We are not taking exception to the current contractors; we are simply saying that the Committee has to consider the needs of the patients in the defined neighbourhood in which our proposed premises are situated.

It has been well documented in the local press of recent times that a reduction in the bus service to the Main Street had led to many retailers struggling to survive. What with a Morrison's supermarket situated nearby the main street and the new Tesco Extra, people no longer have any need to visit the Main Street unless it is to visit a pharmacy. If a resident of Orbiston can't get what they need from a local convenience store then they are highly likely to do so from one of the two supermarkets on the edge of the town centre negating the need to visit the main street unless they absolutely had to. However, this is not a population who drive to the supermarket and fill up their people carriers with weekly shopping; we are talking about residents of a highly deprived area. It seems that this is a situation not uncommon in many Scottish towns where supermarkets have opened up in or on the edge of town centres and created a sort of "no-man's land" in the High street.

Ease of access to current services

Regardless of the fact that residents of Orbiston do not have to travel to Bellshill town centre for the "fabric of their everyday lives" let us look at how a resident of Orbiston would get to a pharmacy.

By foot the distance from our proposed pharmacy and also the centre of the neighbourhood to the nearest pharmacy is just over a mile and considerably more from the south eastern corner. We don't believe this is acceptable in a deprived population with a large number of elderly and children, and with such poor health statistics. This would constitute an extra two mile trip over and above normal daily patterns. This cannot be considered adequate access especially when you consider 41% of the defined neighbourhood do not have a car. There are a few crossing points which do not have a dropped kerb which may cause problems for parents with prams or residents in a wheelchair. An example of this is shown in photograph 9.

While there may be a reasonable bus service which travels through parts of the neighbourhood, theoretically every 15 minutes or so, it is worthwhile noting this bus does not actually go down the main street and residents still have to walk to access a pharmacy. In addition, we have had complaints of this bus service being unreliable.

The considerations mentioned previously should be taken into account i.e. population size, the demographics and what the daily routines are. If the neighbourhood was without a pharmacy, had a low population that was relatively mobile (i.e. high car ownership) and had lower pharmaceutical demands (i.e. were healthy) and involved as part of everyday life, regular travel to a place where there was a convenient pharmacy, then this application would

be neither necessary nor desirable. However here this is clearly not the case as Orbiston meets none of these criteria.

Even if the public transport service was fantastic, for a population to have to travel some distance to have their pharmaceutical needs reasonably met does not suggest that services are adequate. A bus service does nothing to reduce inadequacy and can be problematic for the elderly and for parents with young children. The 201 bus service costs a resident £3.00 per day return to travel to the town centre, is it fair that a methadone patient should have to pay this six times a week? It may not be a lot of money to the average person, but to a resident of Orbiston it is truly expensive, especially in the current financial climate. The residents of Orbiston should not be held to ransom by being forced to access pharmacy services using public transport.

The barriers to accessing existing pharmaceutical services are highlighted by the numerous responses we received during the public consultation. I'll quote from a few of them:

"it can be difficult at times to get to the chemists in the town there are a lot of elderly people who live here who can't get into the Main Street"

"many of my patients living in Orbiston have to travel some distance to their nearest pharmacy and most struggle to do so"

"The bus service is sometimes unreliable and it is a long walk to the Main Street or North Road"

"I often have to get a taxi and back from my home in (redacted) which costs me a fortune"

"having to go into the town centre is a disgrace especially with the prices of bus fares these days"

The residents of Orbiston do not feel the current service is adequate. We have spoken to many residents who wish to have the same level of access to a pharmacy that other similar communities enjoy such as North Motherwell, Carfin and Coltness where new contracts have been granted recently. Residents are also unhappy with the level of service, stock availability and waiting times associated with the existing pharmacies. I'll give you a few quotes from the public consultation

"my wife is on a lot of tablets and half the time the chemists in town can't get some of her medicines"

"The pharmacies in the Main Street rarely have stock of the items required by myself"

"I look after my mother and constantly receive a poor service from the pharmacies in the town centre. They have long waiting times and I was unable to get a medicines box made for my mother who takes a lot of medication"

"The worst part is the Boots pharmacy never seem to have my medication in stock"

Neither the Boots nor any of the Lloyds pharmacies deliver to the neighbourhood, with the exception of the Lloyds pharmacy on North Road which delivers selectively. The fact that residents have to get medication delivered from New Stevenson and Dicksons Pharmacy only strengthens the case for inadequacy. Every week we get phone calls from residents and care workers in Orbiston, to Motherwell Pharmacy in Logans Road, Motherwell asking if we can

collect and deliver medication and provide blister packs. We firmly believe this would not be the case if Orbiston residents had adequate pharmaceutical services.

We have a substantial amount of support for this application from the residents of our neighbourhood and the people who represent them including Michael McMahon MSP, Richard Lyle MSP, Councillor Harry Curran, Bellshill Integrated Addictions Service, Orbiston Neighbourhood Centre and the local community council, all of whom have provided written letters of support.

The proposed premises are 650 square feet in size. It will be professionally fitted out to provide a modern pharmacy which is fully DDA compliant. See plans provided. The premises will allow for a consultation room and an additional consultation area for the supervision of Methadone and provision of needle exchange. We will participate in all aspects of the pharmacy contract including any local health board initiatives. Services provided will include

- Smoking cessation service
- Compliance needs assessment
- Methadone supply and supervision
- Domiciliary oxygen service
- Emergency contraception
- Palliative care
- Blood pressure monitoring
- Diabetes testing
- Weight management and healthy lifestyle guidance
- Free collection and delivery service

We also hope to provide a needle exchange service since this is not currently available within Bellshill. This is fully supported by Frances McLachlan - Manager of the Bellshill integrated addictions service as you can see from her letter of support.

Our proposed hours of opening are Monday to Friday 8am to 6pm and Saturday 9am-5pm. The extended hours in the morning will allow greater access to services particularly for 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.

To conclude, the neighbourhood is that of Orbiston, the existing services are difficult to access in the main street, are not part of where they visit for their everyday lives, and for many residents are at least a mile or more to access. The population is huge at just over 7000, and the deprivation and deplorable health statistics need to be taken into serious consideration.

We firmly believe the current services are inadequate and respectfully ask the committee to grant the application.

Thank you for your time.”

When Mr Razzaq concluded his representation the Chair then invited questions from the interested parties to him. Mrs Catherine Stitt, The Pure Pharmacy Company, t/a New Stevenston Pharmacy was invited to pose questions first.

Mrs Stitt began by questioning Mr Razzaq with regard to the lease for the premises as Devine hairdressers currently occupy the premises. Mr Razzaq explained that he has a legally binding agreement with the owner of the hairdressers (who owns the building) and that there would be no issues with obtaining the lease.

Mrs Stitt then asked about the railway crossing point at Noble Road suggesting that he had chosen the worst crossing point to highlight and asked Mr Razzaq if he agreed that there were other crossings at Motherwell Road, Hamilton Road and Calder Road which were easier. Mr Razzaq agreed that there were other crossings but stated that some people do use the crossing at Noble Road. Mrs Stitt then stated that the Noble Road crossing might only be used by residents of Warnock Crescent to which Mr Razzaq responded that he disagreed and that the crossing was always busy. Mrs Stitt then enquired whether Mr Razzaq would agree that Warnock Crescent could be accessed easily by other crossings. Mr Razzaq replied that whilst the crossing was dangerous it was not within his proposed neighbourhood which led Mrs Stitt to state that this made it irrelevant to the application and should therefore be ignored.

She continued to discuss access to the proposed site but turned her attention to the current roadworks in operation and asked if they were likely to complete soon. Mr Razzaq replied that he did not know and acknowledged that this may not affect any timescales associated with the pharmacy opening should the contract be granted. Mrs Stitt stated that access was still possible even if the work had not completed as travelling via Strachan Street and Orbiston Road avoided the roadworks. Mr Razzaq agreed. She then turned her attention to the issue of parking on Bellshill Main Street and stated that during her site visit she had been surprised by the number of parking spaces including disabled spaces following recent improvements. She pointed out that car parking was available at Morrisons Supermarket, Glebe Street, John Street, Emma Jay Road, Tesco Supermarket, the railway station and behind the businesses on Main Street suggesting that the perceived lack of parking spaces in the town centre was a historic issue. Mr Razzaq replied that people would not use any supermarket car parks unless shopping in the store and clarified that he was not saying that there were no spaces, just that they were well used.

Mrs Stitt then referred to photograph 13 asking the relevance to the application. Mr Razzaq replied that it was to demonstrate that the area is signposted as Orbiston and recognised as a discrete neighbourhood within Bellshill. Mrs Stitt advised that she had seen the sign on her site visit and wished it known that the sign indicates "Orbiston Road" however it was damaged and that "Road" had fallen off. Mr Razzaq thanked her for the information and confirmed that he would look into this.

Questioning then turned to support for the proposed pharmacy in the form of letters from elected representatives. Mrs Stitt asked if Mr Razzaq would agree that it would be highly unlikely for elected representatives not to lend support to a new community pharmacy application. He replied that all the Councillors and MSPs he had spoken to were familiar with the area and he believed that they would only give their support if they thought there was a need; indeed he was aware of cases in the past they have not always supported an application. Mrs Stitt then asked if Mr Razzaq if he was aware that two elected representatives had made visits to the local Lloydspharmacies in Bellshill recently and each had commented upon the excellent services they provided within the area. He replied that he was unaware of this. Mrs Stitt then quoted from Mr McMahon's letter to Mr Razzaq in which he stated "with the prospect of other beneficial developments arising from Mr Razzaq's proposed venture" and was keen to learn of any additional plans associated with the application which had not been disclosed. Mr Razzaq answered that he had spoken to Mr McMahon in connection with the proposed pharmacy no other venture and that he could not explain what was meant within his response.

Mrs Stitt then enquired if Mr Razzaq had received any negative responses to the advertisement placed in the Bellshill Speaker and was advised that they had not. Mrs Stitt continued with this topic asking if he was aware of any negative view towards the application and was informed that he was aware that there had been some negativity around the provision of methadone services. Mrs Stitt expressed surprise at this stating that there had been several responses published in the Bellshill Speaker following their consultation - 4 negative regarding methadone services and one positive. Mr Razzaq replied that he was aware but he understood that the responses were actually quotes from a Facebook conversation about the Bellshill Speaker and that that the participants were not residents of Orbiston as they were known to a colleague.

Mrs Stitt then referred to the letter from Bellshill Integrated Addiction Service and relevance to his proposed extended opening hours. She wished clarification as to why residents could not access Lloydspharmacy, 106 North Road which is open 9am – 9pm 365 days per year. Mr Razzaq clarified that they thought an 8am start would benefit working people. She then went on to report that New Stevenston Pharmacy and Dickson Chemist both offer a Needle Exchange Service and that the Needle Exchange service within John Street Surgery had closed because there was insufficient demand. She asked if Mr Razzaq was aware of this and whether he had been advised that funding to provide it within an additional community pharmacy was available. Mr Razzaq replied that he had discussed funding but that he had approached Mrs Frances McLachlan, Locality Manager who agreed that it would be a good site from which to provide such a service. Mrs Stitt then asked why, if funding was available, that the existing pharmacies would not be given the opportunity, and was informed that he thought that it would be good for the Orbiston area.

Mrs Stitt next enquired why Mr Razzaq attended a Community Council Meeting in March when he had not done so when he had made a previous application for the same area. Mr Razzaq responded that he had spoken with members of the Community Council but did not attend any meetings as he later withdrew the application. Mrs Stitt then asked which papers Mr Razzaq had placed his consultation notice and was informed that it had been placed in the Motherwell Times and Bellshill Speaker for 21 consecutive days. She then went on to ask what other pharmacy applications Mr Razzaq had been involved with. Mr Razzaq was puzzled over the relevance of this line of questioning. The Chair asked for clarification from Mrs Stitt as to where she was leading with this particular issue. When Mrs Stitt advised that she was trying to ascertain if the applicant regularly submitted speculative applications, the Chair agreed this was not a relevant line of questioning and asked her to move on.

Mrs Stitt next queried why Mr Razzaq had included the owner occupied housing south of Community Road in his neighbourhood and was advised he thought those residents would use the pharmacy. This led her to ask why they were excluded in his previous application because of demographical differences from the proposed site. He answered that each application was different and based on their experience of operating and knowledge of an area. Mrs Stitt then queried the population figures he had provided of 20,000 for Bellshill compared to those quoted by the National Appeal Panel at the time of application for his Motherwell Pharmacy. He accepted the NAP figures of 15,000 and advised that this had been a genuine mistake.

Mrs Stitt then asked how the Pharmacy would be manned in the event of adverse weather and was advised that although Mr Razzaq lives in Shawlands, Mr Brown lives closer and that Mr Razzaq had always managed to get to work at Motherwell Pharmacy. She then asked if Mr Razzaq was aware of comments from the Chief Pharmacist regarding bad weather and

that Boots & Lloyds had been complimented for rising to the challenge to which he replied that he was unaware of this.

Mrs Stitt next asked Mr Razzaq if he knew where she could post a letter if she lived in the neighbourhood to which he responded that he did not know but possibly the Post Office on Mansefield Road or a post box. Mrs Stitt advised that she had been unable to find a post box when she visited the area.

Mrs Stitt then queried whether Mr Razzaq was aware that the Domiciliary Oxygen Service was to be withdrawn and that the Palliative Care Service was only available to limited numbers. Mr Razzaq advised that he was aware of both.

Mrs Stitt's final questions centred around the area known as the "Jewel Scheme" which is recognised as the most deprived area. She asked Mr Razzaq if he thought that residents would find it quicker to access pharmacies on Main Street than at the proposed site. Mr Razzaq disagreed because of traffic congestion and parking issues. Mrs Stitt then asked if he thought it might be quicker walking and he agreed that this was possibly the case. This led Mrs Stitt to report that she had walked the route pedestrians would require to travel to the proposed pharmacy and was surprised that she could not cross the central area close to the school and had to go a longer route than expected. Indeed the route travelled made it easier to get to Main Street and thus the established pharmacies. Mr Razzaq acknowledged her findings.

Having ascertained that Mrs Stitt had no further questions, the Chair then invited questions from Mr Ken McWhirter, Lloyds Pharmacy Ltd to Mr Razzaq.

Mr McWhirter began by asking the relevance of photographs 1 and 2 as they were not recognised or well used routes that residents would take, he also referred to the increased parking facilities due to the recent extensive changes in Main Street. Mr Razzaq replied that the photographs were highly relevant as although there may be more spaces there are still significant parking issues within the Main Street area. Mr McWhirter then enquired why they had chosen to omit the Needle Exchange service from their list of proposed services on the public consultation notice. He was advised that they did not agree to include this service until after the advert had been placed. This led Mr McWhirter to question whether it was intentional to avoid negative responses. Mr Razzaq replied that whilst this service can attract negative responses this would not have been an issue and was not a factor that they considered and that they would give the local community advice in order to allay any concerns. Mr McWhirter's final question was to ask why Mr Razzaq had mentioned the availability of blister packs. He was advised that Mr Razzaq had been told that this had been raised as an issue within the town by a few patients. Mr McWhirter reported that Lloyds Pharmacy Ltd do not refuse any applications from patients assessed as requiring this service.

Having ascertained that Mr McWhirter had no further questions, the Chair then invited questions from Mr Charles Tait, Boots, UK Ltd to Mr Razzaq.

Mr Tait began by inviting Mr Razzaq to indicate on a map, produced by Mr Tait, the most deprived areas. Mr Razzaq replied that it was the area to the east – the "Jewel Scheme". Mr Tait then asked if Mr Razzaq would agree that the most deprived areas were closest to Motherwell Road, when Mr Razzaq agreed he then sought his opinion on whether he agreed that residents to the east of the public park would find it easier to access the town centre than travelling round the public park to reach the proposed pharmacy. Mr Razzaq did not agree that this was the case. Mr Tait next queried Mr Razzaq's assertion that methadone patients may have to pay up to £3 per day on bus fares accessing the pharmacies on Main Street

pointing out that the addiction service funds bus fares for patients in financial need. Mr Razzaq stood by his comment that that the majority of people travelling to the town centre would have to pay £3 in bus fares. Mr Tait suggested that many people have bus passes which Mr Razzaq refuted. Mr Tait then questioned the use of railway lines as boundaries given that many of them have access points Mr Razzaq answered that railway lines are often used as boundaries when defining neighbourhoods.

Having ascertained that Mr Tait had no further questions, the Chair then invited questions from Mr Collington, J & J G Dickson & Son Ltd to Mr Razzaq.

Mr Collington continued with enquiries as to whether the Needle Exchange service was an afterthought and if there was any data regarding the service usage available. Mr Razzaq advised that he had no data and that the idea for the Needle Exchange came late in the process based on consultations with the Addiction Service and the realisation that there was no Needle Exchange in Bellshill. Mr Collington queried whether he thought that this was due to low demand or resistance by some pharmacies against providing such a service. Mr Razzaq answered that he did not know.

Mr Collington advised that he had no further questions for Mr Razzaq. The chair then invited questions from Members of the Committee in turn to Mr Razzaq.

Mrs Caraher referred to Mr Razzaq's statement in which he quoted complaints that pharmacies in Bellshill appear to have problems obtaining sufficient supplies of medication asking if the problem was restricted to Bellshill or was a wider issue. Mr Razzaq replied that it was a wider issue. Mrs Caraher then asked if Mr Razzaq felt they would be able to source and stock larger supplies of medications and was advised that as an independent pharmacy they have freedom to choose multiple wholesalers rather than being tied to one supplier.

Mr Sargent enquired whether Mr Razzaq would consider the houses on the other side of Hamilton Road as Orbiston. Mr Razzaq answered that they had been included because it was thought that residents within would access services at the proposed pharmacy. Mr Sargent then asked why, if patients have to go to Main Street to see a doctor, they would walk past the existing pharmacies on their way home. Mr Razzaq replied that patients do not have to visit their doctor in order to be given repeat medication so may use a more local pharmacy.

Mr Sinclair questioned Mr Razzaq about his plans to introduce a Smoking Cessation Service and whether it was any different to the national contract. Mr Razzaq advised that it would be according to the national contract. Mr Sinclair then asked how many dosette box requests were received at their Motherwell Pharmacy from residents of Orbiston. Mr Razzaq replied that there were one or two enquiries every week and that they currently deliver to the Orbiston area. Mr Sinclair wondered if the requests were due to the patient's relationship with the pharmacy rather than capacity issues elsewhere. Mr Razzaq answered that he had been told it was because of capacity issues. Mr Sinclair next enquired about stock availability and was advised that Mr Razzaq held accounts with three major wholesalers. Mr Sinclair's final question was to ask for clarification as to whether Mr Razzaq had stated that Elixir Healthcare Ltd currently exported medicines from Motherwell Pharmacy. Mr Razzaq replied that they have recently obtained an export licence but that this was different stock to that retained for patients of their existing Motherwell pharmacy.

Mrs Park enquired as to proposed staffing levels given that the pharmacy would be open from 8am to 6pm. Mr Razzaq advised that there would be one pharmacist, one full time dispenser

and two part time counter staff and that the pharmacy would not close for lunch. He added that cross cover or relief staff could be made available from Motherwell Pharmacy.

Mr Mallinson sought clarity on their definition of the neighbourhood asking why the area to the north west of Hamilton Road, referred to as the West End, had been included. When Mr Razzaq replied that they thought that residents would use the pharmacy Mr Mallinson suggested that this made them more within their "catchment area" rather than "neighbourhood". Mr Razzaq replied that he considered it part of the neighbourhood. Mr Mallinson then asked if this meant that Thorndean Avenue could also be considered to be in the neighbourhood. Mr Razzaq stated that it was not as the A721, Motherwell Road constitutes a boundary and that the residents there would probably access services in Mossend. This led Mr Mallinson to ask where residents of Mansefield Road would say they lived. Mr Razzaq replied that they would say they lived in the "West End". Mr Mallinson's final question was around demographics asking what percentage of the population was aged over 65. Mr Razzaq answered that 17% or 18% were over 65 years of age which Mr Mallinson accepted as indication that the majority would be aged between 16 and 64 years.

It was at this point that Mr Tait requested permission to ask an additional question which was granted by the Chair. Mr Tait wished to know if Mr Razzaq had an exporter's licence which was required due to the recent change in regulations. Mr Razzaq replied that he did have an export licence and was aware of the impending changes but that there were no plans to export from Orbiston if the application was approved as it was a business issue which would have no impact on the proposed services or stock availability.

Having ascertained that there were no further questions for Mr Razzaq, the Chair then invited Mr John Collington, J & J G & Son Ltd to make his representation.

Mr Collington thanked the Chair for giving J & J G Dickson and Son Ltd the opportunity to comment on the application by Elixir Healthcare Ltd. He presented the following:

This site has been examined on multiple occasions and rejected and there has been no material change to the area in the interim period.

Most of the pharmacies in the area have Methameasure dispensing systems and a surplus of free spaces for supervised dispensing.

There are also several pharmacies providing Needle Exchange services locally.

Historically, pharmacies always attempted to locate themselves as close as possible to surgeries (hence why we currently have 5 pharmacies located within a 0.5 mile radius of 3 surgeries in Bellshill).

In terms of Orbiston, I agree with the Area Pharmaceutical Committee's recent correspondence on 28th March 2012 - defining the boundary of Orbiston and pointing out that one pharmacy directly serves the community of Orbiston.

With the on-going implementation of the "new pharmacy contract", pharmacies are already becoming both increasingly independent and accessible sources of health advice that no longer need to be located close to their surgeries. Unfortunately, the excessive provision of pharmaceutical services within the Bellshill area was created under the "old pharmacy contract" that relied heavily on dispensing - thereby forcing pharmacies to locate themselves close to their surgeries. Interestingly one of these surgeries (John Street) located/lost a

partner to New Stevenston and this partner (Dr McKibbin) “took many of his patients with him”. This doctor relocating directly reduced the number of prescriptions generated by the three local surgeries. Due to reduced dispensing activities the established pharmacies now have more time to concentrate on face to face consultations and the on-going implementation of the new contract.

During the implementation of CMS it would be counterproductive for the NHS to award another contract – reducing the number of available patient registrations to the existing pharmacies. This could destabilise the network locally and seriously affect patient care.

This proposed application takes advantage of the fact that the new pharmacy contract encourages face to face consultations and, therefore, encourages a previously unforeseen geographically "even distribution" of pharmacies; whereas the old pharmacy contract both encouraged and created the excessively close proximity of pharmacies to surgeries (via a focus on heavy dispensing activities).

Mr Collington concluded by proposing that, since there was no proven increase in population, and no new surgeries, it would be wise and cost effective to await the results of the 2011 census before granting new pharmaceutical contracts - especially in light of the "cash strapped NHS" and that, in conclusion, there was no increased need for pharmaceutical services.

Following Mr Collington’s representation the Chair then invited Mr Razzaq to ask questions of Mr Collington

Mr Razzaq asked Mr Collington to clarify his statement that the site had been examined on numerous occasions. Mr Collington explained that he meant that there had been previous applications which had not been granted. Mr Razzaq then enquired what was the relevance of the Methameasure dispensing system. Mr Collington replied that the Methameasure system reduced the amount of staff time spent dispensing methadone. Mr Razzaq then asked how many pharmacies used Methameasure dispensing systems. Mr Collington responded that probably most pharmacies would use the system as it speeded up dispensing and freed up pharmacist time. Mr Razzaq then asked where the Needle Exchange services referred to by Mr Collington were located. Mr Collington apologised and advised that the statement had been written by the superintendent pharmacist and that he personally did not know where they were. Mr Razzaq then asked if Mr Collington thought that a local pharmacy in Orbiston would provide a good service. Mr Collington replied that it would but that it was more pertinent to consider the statutory test rather than convenience.

Having ascertained that Mr Razzaq had no further questions for Mr Collington the Chair invited questions from the other Interested Parties to Mr Collington. Mrs Stitt, Mr Tait, Mr McWhirter confirmed that they had no questions for Mr Collington.

The Chair then invited questions from Members of the Committee to Mr Collington

Mrs Caraher confirmed that she had no questions for Mr Collington.

Mr Sargent asked whether, if there were now fewer GPs in Bellshill, that would strengthen the argument for a pharmacy in Orbiston. Mr Collington replied that he was unsure if the doctor had been replaced. Mr Sargent then asked if fewer health professionals would not mean a greater need for pharmacy input. Mr Collington answered that if the doctor had moved outwith the dispensing of his prescriptions would also be likely to have moved and

that this would have an impact on existing pharmacies as their business model still relies heavily on income generated by dispensing.

Mr Sinclair asked Mr Collington to clarify what he meant with regard to the introduction of CMS and reduced patient registrations if a new pharmacy contract was granted. Mr Collington explained that as funding moves from dispensing to new contractual schemes the introduction of a new pharmacy would dilute the pool of patients looking to register with the existing pharmacies. Mr Sinclair asked if he thought that, as pharmacy is still very much dispensing based, one new pharmacy would affect the other pharmacies in Bellshill. Mr Collington responded that they were still in the payments transition phase with CMS and other services however pharmacies were worried about the final impact on income streams.

Mrs Park enquired whether Dickson Chemist had been approached to provide a Needle Exchange and he advised that they currently provide this service. Mrs Park then asked if Dickson Chemist provided dosette boxes and if they had spare capacity. Mr Collington advised that they did provide dosette boxes and had spare capacity and still accepted new patients.

Having ascertained that there were no further questions for Mr Collington, the Chair then invited Mr Charles Tait, Boots UK Ltd to make his representation.

Mr Tait thanked the chair and began his representation. He stated that Boots UK Ltd agreed with the neighbourhood as defined by the Area Pharmaceutical Committee which is close to that defined by the National Appeal Panel, although the West End might be excluded on the grounds that socio-economic factors are just as relevant as physical factors. The neighbourhood as defined by the applicant is actually mainly accessible to the west and south as the park and schools restrict access from the North. The area is principally housing and residents access all services outwith the area apart from buying milk and a paper and some do not even access those locally. He referred to Mr Razzaq's statement that most people access the 3 pharmacies in the town centre and added that there are about six buses an hour into the town centre which is a very good service.

Mr Tait then addressed the issue of service provision stating that there is no indication of a lack of service provision to the area and that the applicant was only offering one new service, namely a Needle Exchange, which has already been withdrawn from the GP surgery. Mr Tait questioned the wisdom of providing a needle exchange so close to a primary school and commented that he believed that indeed most users prefer to travel outwith their own area for this.

Mr Tait stated that the issue was one of convenience rather than adequacy of service to the area and that residents of the West End or those living to the east of the proposed pharmacy or south of Community Road would walk to other areas or use a car. He was of the opinion that the application was based around trying to carve up a population and attempting to show that there is an inadequacy of service because there is no pharmacy within the defined area. He went on to state that it is regular practice to take into account pharmacy services provided to the neighbourhood from outwith and that, in this case, there are 3, if not 4 pharmacies which are easily accessible and which provide all the services to be offered by the applicant other than the Needle Exchange which was previously available and was withdrawn.

Mr Tait advised that Boots UK Ltd do offer a delivery service and are rolling out across Scotland a fleet of vans with dedicated drivers and which will deliver to the Orbiston area. Boots also provide MDS which can be supplied from a hub if not from a local store. His final statement was that the application was based on convenience, and then only for a small

number of people resident immediately beside the proposed location, and therefore failed the statutory test.

The chair then invited questions from Mr Razzaq to Mr Tait

Mr Razzaq enquired whether Mr Tait would agree that modern pharmaceutical service were best provided at a local level. Mr Tait replied that Orbiston was a 10 minute walk from Main Street. Mr Razzaq then asked if it would not be easier to access Lawmuir Road than Main Street from The Orb. Mr Tait replied that it was not. Mr Razzaq stated that he has telephoned Boots on 3 separate occasions and been told on each occasion that they did not provide MDS and did not deliver. Mr Tait asked Ms Toshner for clarification and was informed that the MDS hub is based in Boots at Main Street, Bellshill which has capacity for 200 blister packs that they do deliver. Mr Razzaq next asked if Mr Tait thought that everyone should be forced to use a bus to access services to which Mr Tait responded that he did not think that it is a necessity for everyone to have a pharmacy within walking distance and that indeed many people from the neighbourhood would not walk to Lawmuir Road.

Having ascertained that Mr Razzaq had no further questions for Mr Tait the Chair invited questions from the other Interested Parties to Mr Tait. Mr Collington, Mr McWhirter and Mrs Stitt confirmed that they had no questions for Mr Tait.

The Chair then invited questions from Members of the Committee to Mr Tait

Mrs Caraher enquired whether Boots held an export licence and Mr Tait advised that they did not. He then added that the Medicines Act was about to be amended with debate continuing about the definition of “wholesaling” and whether it should include supply to other healthcare professionals such as GP surgeries.

Mr Sargent asked how often patients go to a pharmacy and receive only part of their prescription. Mr Tait explained that Boots try to arrange to collect prescriptions from GP practices which allows time to order in anything which they do not have in stock before the patient comes to collect their prescription. He also stated that although there can be national issues with low stock of particular items this is not very common. Mr Sargent stated that from personal experience he often did not receive all the items on his prescription on the day it was presented. Mr Tait suggested that Mr Sargent should contact him regarding this and went on to give an overview of Boots’ stock supply standard operating procedure.

Mr Collington asked whether Mr Tait thought that drug shortages were a specifically a Boots problem. Mr Tait responded that it was a national problem and gave an overview of the national issue and Royal Pharmaceutical Society discussions on wholesaling/exporting by pharmacies. Mr Collington then asked if negative press regarding supplies within Bellshill was inaccurate to which Mr Tait replied that he believed it was.

Mr Sinclair advised that he had no questions for Mr Tait.

Mrs Park enquired whether the Needle Exchange had been provided by Boots. Mr Tait advised that it had been provided at the GP surgery through the Addiction Service who withdrew it as it was not well used.

Mr Mallinson questioned Mr Tait regarding his definition of the neighbourhood and Mr Tait explained that he would define the neighbourhood as the area between Hamilton Road and Motherwell Road linked by the park and golf course probably excluding the area to the south of Community Road.

Having ascertained that there were no further questions for Mr Tait, the Chair then invited Mr Ken McWhirter, Lloyds Pharmacy Ltd to make his representation.

Mr McWhirter read the following pre-prepared statement:

“Thank you for giving us the opportunity to place comments before the PPC today.

Neighbourhood:

In defining the neighbourhood we are mindful that there has been previous guidance. The National Appeal Panel as part of a similar application in Orbiston considered that the neighbourhood extend into the town centre to Main Street and then down Motherwell Road. The PPC has previously considered the neighbourhood to be the township of Bellshill.

Whichever definition of neighbourhood is defined there is already a pharmacy or pharmacies within it and the fact of the matter is that both the PPC and the NAP both considered that there was adequate provision of pharmaceutical services within the neighbourhood.

We would support the neighbourhood as that of the township of Bellshill as a whole as that is to where people relate and would consider themselves resident of.

The applicant suggests that the northern boundary is the railway line. We disagree with this. Both the PPC and the NAP has dismissed the notion of the railway being a boundary or a barrier. The population is used to crossing under the railway to access all services without undue difficulty and there are numerous crossing points.

Necessary or Expedient

The applicant refers in the written submissions that there have been responses in the consultation which highlights bad weather and how some residents find it very difficult to travel outwith Orbiston. The proposed site which is at the very southern end of the neighbourhood would still require a journey to be made and for many the journey would be just as easy if not easier to go into the town centre. Apart from a convenience store and a hair dresser there is little else in terms of retail services at the proposed site therefore little reason for a resident to make the journey.

We note that the applicant has included representations from local community supporting the application, but this is common. The neighbourhood centre states that it would "be a positive thing" and other comments state it "is a great idea".

It is difficult to see how the proposed site would be significantly more accessible than the existing pharmacies.

There has been the occasional comment about waiting times but there is no reference as to how long, what the wait was for or whether it was because advice had to be given or whether it was due to a large number of items on the prescription. There are a wide number of pharmacies to choose from in Bellshill and therefore patients and residents have a variety of services they can access.

Lloydspharmacy has invested in its pharmacies in Bellshill and delivers an extensive range of services. We have recently added a van service to drop off prescriptions and dosette boxes as required.

The census statistics reveal that Orbiston is considered as being within the Bellshill locality and combined have a population of 16,600 in 2001. This will have increased slightly since then but is probably no more than 20,000. The number of pharmacies in Bellshill is more than adequate to meet the needs of the population.

It is our submission that the current provision of pharmaceutical services is adequate and we have not seen any evidence to the contrary. We therefore ask that the PPC refuse the application as neither necessary nor desirable.”

Following Mr McWhirter’s representation the Chair then invited the Interested Parties to ask questions of Mr McWhirter

Mrs Stitt mentioned that she had met the manager of a Bellshill pharmacy at a social occasion and been told that if another contract were granted it would compromise the viability of the pharmacy because of the changes in the neighbourhood including the opening of Tesco and the relocation of the GP practice. She asked if Mr McWhirter and Mr Tait would agree with this view. Mr Tait responded that they would not close but that investment would be affected. Mr McWhirter agreed that it would not help the situation adding that the GP practices have recently moved to 2 monthly prescribing which has meant a large shortfall which is difficult to make up so there is definitely less business even without an additional contract.

The Chair then invited Mr Razzaq to ask questions of Mr McWhirter.

Mr Razzaq asked why Mr McWhirter thought it logical to define a large town such as Bellshill as a single neighbourhood. Mr McWhirter replied that Lloyd’s catchment area was Bellshill not just a part of it and this was the neighbourhood. Mr Razzaq then asked if he considered Motherwell and Wishaw as one neighbourhood to which Mr McWhirter responded that these were larger areas and that therefore he would not. Mr Razzaq next enquired whether Lloyds had any capacity issues particularly with blister packs and was advised that they did not. Mr Razzaq stated that he had telephoned the branches of Lloydspharmacy and was told by two that there was a waiting list, by the third that it was full and only North Road offered to deliver. Mr McWhirter reiterated that Lloyds had capacity and advised that they offered a delivery service. Mr Razzaq then asked if Mr McWhirter thought that one large pharmacy would provide the same service as the three existing pharmacies which are so close together. Mr McWhirter said that it was a difficult question to answer. Mr Razzaq then asked if the viability of the Lloydspharmacies in Bellshill would be affected if he opened a new pharmacy. Mr McWhirter replied that it would not help.

Mr Tait asked Mr McWhirter if Lloyds had recently opened a factory to produce blister packs and was advised that they had.

The Chair then invited questions from the Committee to Mr McWhirter and was advised by Mrs Caraher, Mr Sargent, Mr Sinclair and Mrs Park that they had no questions.

Mr Mallinson asked Mr McWhirter to clarify whether he would define Bellshill as his catchment area which is different from neighbourhood. Mr McWhirter replied that he had made a wrong choice of words and that he believed Bellshill to be his neighbourhood.

Having ascertained that there were no further questions for Mr McWhirter, the Chair then invited Mrs Stitt, The Pure Pharmacy Company to make her representation.

Mrs Stitt read the following pre-prepared statement:

“I would like to begin by defining the neighbourhood as follows:

North -A721 Gartcosh Walk

South-Bankhead Avenue continuing along Community Road to the A721

East-A721 Motherwell Road, continuing along North Road to its junction with Gartcosh Walk West-A725 Bellshill bypass to its junction with A721 Gartcosh Walk

This definition agrees with the view of the Area Pharmaceutical Committee. With the exception of the South boundary it is also the same as the definition of the neighbourhood given by the Pharmacy National Appeal Panel in October 2010 for an application submitted for a pharmacy in Mansefield Road, Bellshill. We have taken the South boundary as Bankhead Avenue continuing along Community Road. The housing below Community Avenue, known as Loch View Estate, is more affluent owner occupied housing compared with local authority type housing above Community Road. We do not accept that the railway line is a boundary as we found that there are at least 3 different points where it can be easily crossed. The neighbourhood definition contains a pharmacy, namely Lloyds at 174 Main Street, and 2 more in close proximity.

I note from the NHS Lanarkshire demographics that the population of Bellshill is just over 20,000 and that there are 5 pharmacies serving that population. These are Lloyds in Pollock Street, Lloyds at 174 Main Street and 273 Main Street respectively, Boots at 245 Main Street and Lloyds on North Road.

The residents of Bellshill benefit from the Lloyds on North Road being open from 9am-9pm, 365 days a year. In addition, there are at least a further 6 pharmacies located on the periphery of the town.

According to the information provided by NHS Lanarkshire, the proposed pharmacy is only 0.8 miles away from the nearest pharmacy, Lloyds at 174 Main Street and 0.9 miles from Boots, Main Street and Lloyds at 273 Main Street.

It took me just over 11 minutes to walk from the site of the proposed pharmacy in Lawmuir Drive to the Lloyds at 174 Main Street and that was using the normal footpaths - I am sure that there will be some 'shortcuts' through the large green public park area shown on the map that I am unaware of but which are known to locals.

Car parking when you start looking for it is plentiful. There is car parking available outside all the pharmacies with some of the spaces being designated for disabled drivers.

In addition I was surprised at the number of car parks all within a few minutes walk of a pharmacy - these are, starting from the bottom end of the Main Street: Gladstone Street, Emma Jay Road, Morrison's car park, Tesco car park, John Street, North Road, Churchview Gardens and Glebe Street. These are all designated car parks and all offer free parking.

Buses are plentiful near to the proposed pharmacy with the 201 and 240 being timetabled to run every 9 and 15 minutes respectively.

People frequently and readily make this short journey for everyday living to access healthcare services like pharmacies, GPs, dentists, opticians and chiropodists and to access supermarkets, banks, a post office and even to post a letter.

New Stevenston Pharmacy is situated in Clydesdale Street, New Stevenston, the next village along from Bellshill. There has been a pharmacy at this address for more than 100 years. Myself, Catherine Stitt and my business partner Kate Bankier are both pharmacists and purchased the business in 2004. Historically, there was no GP in New Stevenston until 2004 when a split in the John Street practice resulted in one of the GPs relocating to premises in New Stevenston provided for him by NHS Lanarkshire. This has meant that New Stevenston residents have their GPs in many different practices. We collect prescriptions from 14 different surgeries and deliver throughout the day, 6 days a week. We provide needle exchange services and have a large number of patients on monitored dosage systems.

In November 2005 a year after purchasing the pharmacy we underwent a full refit which included expanding in to the premises next door. In December 2011 the premises next door to us became vacant and we took over the lease for them. We felt able to go ahead with plans for expansion as the application for a pharmacy by the applicants at 138 Motherwell Road in Bellshill had been withdrawn towards the end of October 2011. However, another application for a different site in Bellshill from the same applicants then arrived in February. Had we known this, we would have put our plans for expansion on hold pending the outcome of this application.

Any additional pharmacy obviously has potentially negative financial implications for all of the existing pharmacies but also has increased cost implications for the NHS at a time when tremendous cutbacks and cost saving measures are being implemented.

Having made enquiries, there appears to be no plans to change the location of medical services in the area or have additional services.

NHS Lanarkshire Pharmaceutical Care plan as collated by the office of the Chief Pharmacist for primary care indicates that the population has access to a comprehensive range of pharmaceutical services alongside the core requirements of the new contract.

Having made enquiries, there have been no complaints made to NHS Lanarkshire regarding the provision of pharmacy services in Bellshill.

This application in my opinion is based on convenience and only for the few streets near to Lawmuir Drive. For the vast majority of residents it would still be quicker and easier to access one of the existing pharmacies in Bellshill.

I therefore submit that it is not necessary or desirable to allow this application to the pharmacy list to be granted as the neighbourhood is adequately serviced by the pharmacy within the neighbourhood, the 4 other pharmacies in close proximity in Bellshill and by the pharmacies on the periphery of Bellshill.”

Following Mrs Stitt’s representation the Chair then invited Mr Razzaq to ask questions of Mrs Stitt.

Mr Razzaq asked if Mrs Stitt’s pharmacy was within or nearby their defined neighbourhood. Mrs Stitt replied that it was not but that they provided services to the area. Mr Razzaq then enquired what percentage of services were provided by her pharmacy to patients in the area.

Mrs Stitt advised that it was about 4% based on the ML4 postcode which covers Bellshill, not just Orbiston. Mr Razzaq went on to ask if Mrs Stitt considered that this suggested that there was a need for pharmacy services in the Orbiston area. She responded that these patients had either moved into the area or were patients of the GP who relocated and took his list with him and that they only accepted new patients from New Stevenston. Mr Razzaq next asked whether, if it took Mrs Stitt 11 minutes to walk to Main Street, she would expect an elderly person to walk. Mrs Stitt replied that she would expect them to use the bus including the “MyBus” service which will collect people from their home.

Having ascertained that the Interested Parties had no questions, the Chair then invited questions from Members of the Committee to Mrs Stitt.

Mrs Caraher queried the use of supermarket carparks pointing out that they may charge a penalty for parking. Mrs Stitt replied that she was not aware of this happening and that she regularly used the supermarket carpark when accessing the bank and that if patients were using it to access the pharmacy they would probably not be parked for long. Mrs Caraher then asked about the relevance of the post box mentioned in her statement. Mrs Stitt replied that she was trying to show that residents would have to leave the area to access services. Mrs Caraher next asked if New Stevenston Pharmacy provided a Needle Exchange and was advised that they did

Mr Sargent asked if Mrs Stitt knew that the “MyBus” service had to be booked 24 hours in advance. She replied that she was aware of this.

Mr Sinclair and Mrs Park had no questions for Mrs Stitt.

Accordingly, the Chair then invited the interested parties to sum up their representations. Mrs Stitt, Pure Pharmacy Company was first to speak.

Mrs Stitt read the following pre-prepared statement:

“There are already 5 pharmacies either in the neighbourhood or in close proximity. No evidence has been provided to suggest that the current services are in anyway inadequate, or that the proposed pharmacy would enhance the services currently provided. There are excellent public transport links in the area and the existing contractors adequately serve the population by delivering a comprehensive range of pharmaceutical services.

Therefore, I feel that the application is neither necessary or desirable and would respectfully ask that the PPC to refuse the application accordingly.”

The Chair then invited Mr McWhirter, Lloyds Pharmacy Ltd to sum up his representation.

Mr McWhirter stated that there was little change from the previous application and that there was plenty of pharmacy provision within Bellshill and that therefore it was neither necessary nor desirable.

The Chair then invited Mr Collington, J & J G Dickson & Son Ltd to sum up his representation

Mr Collington proposed that as there had been no proven increase in the population then perhaps it would be wise to await the results of the 2011 census especially in the light of the cash strapped NHS. Also there are no new GP surgeries or doctors so it should be declined.

The Chair then invited Mr Tait, Boots UK Ltd to sum up his representation

Mr Tait stated that the applicant had not proven that there was a lack of services to the area and therefore the application failed.

The Chair then invited Mr Razzaq, to sum up in relation to the application by Elixir Healthcare Ltd

Mr Razzaq read the following pre-prepared summary:

“The neighbourhood is that of Orbiston. It is a discrete deprived neighbourhood and is one for all purposes. Within its boundaries there are currently no contract pharmacies. The current pharmaceutical services are clearly not adequate, a point emphasised by the elected representatives of the local community together with several notes of complaint from local people during the public consultation. They feel that they are being denied access to good pharmaceutical services and a long walk or bus journey does nothing to alleviate this. The provision of a full range of face to face pharmacy provisions under the new contract will be of particular value to this deprived community, where currently there are no GP services located either. Granting of this contract would secure services and for these reasons we believe it to be 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 been 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 Razzaq, Mr Brown, Mrs Stitt, Mr McWhirter, Mr Collington, Mr Tait and Ms Toshner withdrew from the meeting.

Supplementary Submissions

Following consideration of the oral evidence

THE COMMITTEE

noted:

- i. that they had each independently undertaken a site visit of the town of Bellshill noting the location of the proposed premises, the pharmacies, the general medical practices, and some of the facilities and amenities within.

- ii. maps showing the location of the Doctors' surgeries in relation to existing Pharmacies within Bellshill, and the site of the proposed pharmacy
- iii. prescribing statistics of the Doctors within the area of Bellshill during the period December 2011 to February 2012
- iv. dispensing statistics of the Pharmacies within the area of Coatbridge during the period December 2011 to February 2012
- v. demographic information on the areas of Bellshill, Holytown, Motherwell, Carfin, New Stevenston, Uddingston and Viewpark taken from the 2001 Census
- vi. comments received from the interested parties including existing Pharmaceutical Contractors within the town of Bellshill and the surrounding areas of New Stevenston and Uddingston in accordance with the rules of procedure contained within Schedule 3 to the regulations
- vii. report on Pharmaceutical Services provided by existing pharmaceutical contractors within the town of Bellshill and the surrounding areas of New Stevenston, Holytown, Viewpark and Motherwell.

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 the definition of the neighbourhood as being the triangular area bounded by: to the north the railway line; to the west by Hamilton Road and the east by Motherwell Road; linked by the southern boundary beginning at Bankhead Avenue, down to Orbiston Road and joining Community Road along to Viewfield Road to meet Hamilton Road.

THE COMMITTEE

in reaching this decision was of the opinion that the neighbourhood constituted a distinct community within the Orbiston area as recognised by residents of that area and the wider community of Bellshill. The Committee also noted that there was a step change in the type of housing to the south of Community Road including Roman Place and Marina Court. It also considered that Hamilton Road formed a natural and recognisable boundary to "West End" area.

(ii) Existing Services

THE COMMITTEE

having reached a conclusion on the neighbourhood, was then required to consider the adequacy of existing pharmaceutical services and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

THE COMMITTEE

noted that whilst there was no pharmacy within the neighbourhood there were four pharmacies namely Lloydspharmacy, 106 North Road, Lloydspharmacy, 174 Main Street, Boots Chemist Ltd, 245 Main Street and Lloydspharmacy, 273 Main Street, located in close proximity which could be considered as providing services to the neighbourhood and were included in the local bus routes. Indeed, Lloydspharmacy, 4 Pollock Street was also close by and adjacent to the majority of medical practices. The Committee also recalled evidence provided during the hearing confirming that Dicksons Chemist, New Stevenston Pharmacy, Lloydspharmacy and Boots Chemist provided delivery services to the Orbiston area.

THE COMMITTEE

agreed that as the characteristics of the neighbourhood are such that residents are used to travelling outwith to access their daily needs these pharmacies could be considered providing services to residents within the neighbourhood.

THE COMMITTEE

taking all factors into consideration therefore agreed that the pharmaceutical services within and surrounding the neighbourhood were adequate as they are accessible both by public and private transport and on foot, as well as via established collection and delivery arrangements from existing pharmacies for those patients in need of such a service.

(iii) Adequacy

THE COMMITTEE

discussed the test of adequacy paying due regard to the findings set out above alongside the report collated by the office of the Chief Pharmacist – Primary Care, which indicated that the readily accessible pharmacies provided a comprehensive range of pharmaceutical services alongside the core requirements of the new contract.

THE COMMITTEE

also discussed the availability of a very frequent bus service of approximately six buses per hour as well as a “MyBus” service. The bus route included stops near to the existing pharmacies at 106 North Road and on Main Street.

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 easily accessible and available to the residents of the neighbourhood including vulnerable members of the community.

Accordingly, following the withdrawal of Mr Mallinson, Mrs Park and Mr Sinclair 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, Schedule 3 of The National Health Service (Pharmaceutical Services)(Scotland) Regulations 2009, as amended.

Mr Mallinson, Mrs Park and Mr Sinclair were then requested to return to the meeting, and were advised of the decision of the Committee.