

## MINUTE: PPC/2013/04

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Monday 23 September 2013 at 09:30 hours in Training Room 2, Law House, Airdrie Road, Carlisle, ML8 5EP**

The composition of the PPC at this hearing was:

Chairman

Mr John Anning

Lay Members Appointed by NHS Lanarkshire

Mrs Margaret Caraher

Mr Charles Sargent

Mr John Woods

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

Mrs Janet Park

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

Mr Edward Mallinson

Secretariat

Ms Anne Ferguson, Scottish Health Service Centre

1. **APOLOGIES - none**
2. **APPLICATION BY HEALTH PHARMACY LTD, 55A ALEXANDER STREET, AIRDRIE, ML6 0ED**

**a. Application**

There was submitted an application from Health Pharmacy Ltd received on 9 January 2013, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at 165c Chapel Street, Airdrie, ML6 6LN.

**b. Submission of Interested Parties**

The following documents were received from interested parties:

- (i) Letter received on 01 February 2013 from Boots UK Ltd
- (ii) Letter received on 11 February 2013 from Monklands Pharmacy
- (iii) Letter received on 14 February 2013 from Lloyds Pharmacy Ltd
- (iv) Email received on 18 February 2013 from Area Pharmaceutical Committee
- (v) Letter received on 20 February 2013 from BBF Enterprises Ltd

### **3. PROCEDURE**

At 9:30am on Monday 23 September 2013, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Health 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 a 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 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.”

The Chairman welcomed Panel Members to the meeting and introductions were made. Panel members confirmed receipt of the papers relevant to the hearing, that these had been considered and that site visits had been carried out independently.

The Chairman advised that the Applicant, Health Pharmacy Ltd, would be represented by Mr Asif Majid and accompanied by Mr Alex Neil. It was explained that Mr. Neil was present as MSP for Airdrie and not as cabinet Secretary for Health and Wellbeing. Representations were to be made by Mr Tom Arnott from Lloyds Pharmacy Ltd and Mr Charles Tait accompanied by Mr Mark Miller from Boots UK Ltd. Observer, Ms Hayley Docherty, was in attendance from BBF Enterprises Ltd. The Chair also reported that Mr George Lindsay, Chief Pharmacist Primary Care, was in attendance to clarify matters of factual accuracy

The Panel undertook a brief discussion about the application. Points requiring clarification were highlighted. Members confirmed awareness and understanding of the procedure to be followed during the Oral Hearing.

The Chairman instructed Ms Ferguson to invite the Applicant, interested parties and Health Board officers into the meeting room and the open session was convened.

### **4. ATTENDANCE OF PARTIES**

The Chairman welcomed all to the meeting and introductions were made. It was explained that the meeting was being convened to determine the application submitted by Health Pharmacy Ltd, 165c Chapel Street, Airdrie, ML6 6LN according to the statutory test set out in Regulations 5(10) of the 2009 regulations, as amended:

“5(10) and application made in any case other than one to which Paragraph (3) or (4) applies shall be granted by the Board, after the procedures set out in Schedule 3 have been followed, only if it is satisfied that 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”.

All parties were advised that the hearing would be conducted according to the procedure detailed within the Guidance Notes contained within the papers circulated. All parties confirmed receipt and understanding of these notes.

The Chairman explained the presence of Mr George Lindsay, Chief Pharmacist – Primary Care who entered the meeting at the same time as the interested parties and would withdraw at the same time. Mr Lindsay would not participate in the hearing and would only give comment on matters of factual accuracy if requested. If any questions or concerns arose during the closed session the Committee would return to open proceedings and put their concerns for advice. It was open to all parties to make themselves available should this event arise. The Chairman would give opportunity for the parties present to challenge or comment upon any advice given.

The Chairman also explained that Anne Ferguson, SHSC, would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. It was stressed that Ms Ferguson was independent of Lanarkshire NHS Board.

The applicant and interested parties were made aware that no member or officer in attendance had any interest in the application and that all members were aware of the location of the proposed site following independent site visits.

## **5. APPLICANT REPRESENTATION**

Mr Majid was invited to speak first in support of the application and read the following statement:

“I would like to thank the Chair and Committee for the opportunity to attend today and make my representation with regards to the application for a new pharmacy at 165c Chapel Street, Airdrie, on behalf of Health Pharmacy.

### **Neighbourhood**

I would like to first start by defining the neighbourhood-

North - Airdrie Golf Club and Roughcraig Glen  
East- A73 Stirling Road  
South - Chapel Street/Aitken Street and Black Street  
West - Commonsides Street and Glenmavis Road

We view this as an entirely separate neighbourhood within Airdrie referred to by local residents and annotated on local maps as Thrashbush and Holehills.

We are of the opinion that the neighbourhood constitutes a distinct area surrounded by open land as a natural boundary on the north side and bounded by main roads on the other three sides and is recognised as a discrete neighbourhood, with its own sense of belonging. It is also a neighbourhood for all other purposes ... There are 2 primary schools, St Serfs Primary and

Chapelside Primary School. There is also a high school, Airdrie Academy, four convenience stores, three takeaways and William Hill betting Shop, places of worship, a golf club, Hope for Autism and Homeless Unit.

The neighbourhood shopping parade which has, two convenience stores, two takeaways and William Hill betting shop are all very well used with the only service not provided being a pharmacy.

Chapelside Community Facility - The Community Facility is the base for a number of activities. It contains offices for Community Learning and Development staff, and Phacts (a youth health and peer education project). The North Airdrie Music Project and the Chapelside Women's Health Project are also based there in addition to a variety of adult education classes, youth activities, creche facility.

Chapelside also acts as an adult literacy centre for the area.

The defined neighbourhood has a population of around 6500, therefore, making it a population in need of pharmaceutical services. As can be confirmed by the letters from the elected members and the Scottish index of multiple deprivation the densely populated area of the neighbourhood as defined is one of the worst deprived areas in Airdrie and indeed Scotland.

At this point I would like to refer to the neighbourhood as defined by the Area Pharmaceutical Committee which only disagrees with our definition on the north boundary. We are of the firm opinion that the natural boundary should be defined as the north area of the neighbourhood and not Dykehead Road as those residents North of Dykehead Road would naturally use Thrashbush Road and even the bus service from these areas comes through the neighbourhood onto the south boundary of the neighbourhood as defined.

Furthermore, we also contend the population of the neighbourhood as defined by the Area Pharmaceutical Committee should be about 4700.

## **Location**

The pharmacy will be located on 165c Chapel Street, Airdrie, ML6 6LN. An example floor plan of the pharmacy is enclosed with this application. The premises have Class 1 consent and therefore would not require planning. If the application is granted we envisage opening within 3 months obtaining any necessary consents and fit-out. The fit out cost will be around £60k - £70k. Internally the premises will be fitted to a modern standard and externally a ramp provided to comply with DDA regulations allowing for better wheelchair access.

We propose to open this pharmacy from 9am until 6.00pm on weekdays, 9am until 6.00pm on Saturdays. This will greatly enhance access to pharmaceutical services to the people of Thrashbush/Holehills. The services will be provided as follows –

Dispensing of NHS prescriptions -  
Minor Ailments service  
Urgent supply of medication when GP is not contactable

Display of public health messages  
Smoking cessation service  
Supply of emergency contraception  
Acute medication service  
Chronic medication service  
Stoma service  
Consultation Room  
Services for patients with substance misuse addictions  
Assessment of patient's compliance needs and monitored dose systems.  
Any other services required by the Health Board.

This was a unique provision.

### **Current Provision and Access**

The nearest pharmacy is located in the town centre namely Boots.

Boots close their dispensary at lunch time between 2.00pm and 2.30pm which is a crucial time as many do visit pharmacies during that time.

There is no pharmacy within the defined neighbourhood therefore the service must be deemed as being inadequate. The test for this application under Regulation 5(10) is whether this application is necessary or desirable to secure pharmaceutical provision in the neighbourhood.

We believe there is evidence of inadequacy in pharmaceutical services and that under this application I offer to secure pharmaceutical service provision that will be adequate for the people of Thrashbush/Holehills.

We would further contend that there is a need for services in the area which are readily accessible to patients and which will offer a differential pharmaceutical service to the area.

There is one controlled crossing point located approximately 1/3 of a mile from the access point to the Boots Pharmacy. This proves difficult for elderly or those who are less mobile, disabled patients and indeed those pushing young children in prams or push chairs.

For those patients who choose to drive to Boots Pharmacy the existing parking facilities are limited with an uneven surface and state of general disrepair. Delivery vehicles to other retailers also hamper access. The service currently provided by the nearest Boots Pharmacy, is in our opinion not adequate to meet the needs of the population of Thrashbush and Holehills. There is a belief that current service provision is less than adequate and patients face significant waiting times when attending other town centre pharmacies.

There is a concentration of five pharmacies in Airdrie Town centre which means access is being denied to individuals who do not need to travel to the town centre especially with respect to the new contract.

This matter is compounded when the specific services including,

EHC emergency hormonal contraception.

MAS minor ailment scheme.

eMS chronic medication service.

PHS public health service.

AMS acute medication service.

AMS in particular does not necessarily require a visit to the doctors.

All of these services require continuity of care to be really successful.

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

Granting the application will greatly improve the neighbourhood's access to pharmaceutical services and the management of long term conditions and should greatly improve self-care of the population. The lack of provision within the neighbourhood makes this application both necessary and desirable and will secure adequate provision.

This is not just an application dependent upon the generation of prescriptions from GPs it is instead, an application based on the delivery of pharmaceutical services fully as envisaged under the Right Medicine and now being applied under the New Pharmacy Contract.

We are not going to go on about augmenting existing services but we are looking to create services where none currently exist and are therefore inadequate.

This is an area of dense population, public transport provision is insufficient to meet residents' needs and that there is only one bus route that takes residents into the town centre. Given this poor provision of public transport facilities, it is necessary and desirable to grant the application in order to secure adequate provision of pharmaceutical services in the neighbourhood.

The distance for the residents of Thrashbush/Holehills, including the elderly and mothers with young children, over the distance they have to travel to obtain pharmaceutical services is unreasonable, particularly if they have to proceed on foot or by bus. The residents are entitled under the new pharmaceutical contract, to have reasonable access to face-to-face service provision under the contract for eMAS services.

There are no general medical practices in the area and consequently given the evidence of the Government's policy paper "The Right Medicine", it was reasonable to offer the population of Thrashbush/Holehills access to health services in their area through a pharmacy, in the absence of any general medical practice provision located in the area.

There are no G.P. practices within the neighbourhood, and in my view this indicates an even greater need for pharmaceutical services. Especially when

there was two surgeries previously. One moved to Clarkston and the other to the new Airdrie Health Centre.

According to the Scottish Index of Multiple Deprivation the densely populated part of the neighbourhood is one of the most deprived areas in Airdrie and indeed Scotland. On complying with the regulations a consultation process was conducted with adverts placed in the local paper, allowing people to comment by email or post. However, the response was minimal due to the time of the year, namely Christmas and New Year. Therefore, we instructed canvassers to go round the doors in the neighbourhood with a questionnaire.

There was overwhelming support for the proposed Pharmacy as many felt this was a very much needed service. Not having face to face contact with a pharmacist was a big concern. A small percentage of 8% said no to the proposal.

The main concern was from parents whose kids were attending Chapelside Primary School and the pharmacy providing drug related medicine, namely methadone. This was easily resolved even though the local newspaper had got involved. My response was that currently we operate Health Pharmacy which was only 10 yards from the local primary school before the school was relocated and there were no issues there at all. None whatsoever. This was something portrayed back through the local paper to the residents which allayed their fears.

In addition to the overwhelming support from the local public, the proposed pharmacy is being supported unanimously by all elected members for the local area but in particular I want to draw your attention to the detailed support from the local MP Pamela Nash and Councillor Jim Logue who not only support the application but give their reasons for inadequate pharmaceutical provision.

Furthermore, the attendance of the local MSP, Alex Neil on behalf of his constituents from his busy schedule is further testament to the desirability and need for a pharmacy in the neighbourhood.

A copy of the proposed pharmacy floorplan was distributed to the Committee as it was omitted from the papers provided.

## **6. QUESTIONS FROM THE INTERESTED PARTIES TO THE APPLICANT**

### **a. Mr Tom Arnott (Lloyds Pharmacy Ltd)**

- Mr Arnott asked the applicant to estimate how long it would take to walk from 165c Chapel Street to the Boots Pharmacy at 1 South Bridge Street. Mr Majid estimated 15 minutes but explained the time taken would depend upon the age and mobility of the individual. Mr Arnott reported walking this route in 5 minutes.
- Mr Arnott then asked Mr Majid to estimate how long it would take to walk from Linkwood Road to 165c Chapel Street. Mr Majid thought this would take a similar length of time around 15 minutes. As would from Rochsoles Drive to the proposed site of the new pharmacy. Mr Majid declined to estimate a time from Merrick Court as this was out-with the defined neighbourhood.

- Mr Arnott asked the applicant to explain then why if it was perfectly acceptable for people to walk 15 minutes to the proposed new pharmacy that it was not acceptable to walk the same distance to an existing pharmacy at 1 South Bridge Street. Mr Majid reported that the results of the survey were very positive for a new pharmacy in this location. Mr Arnott suggested that the positive survey responses for the new pharmacy were for convenience rather than need.
- Mr Arnott asked Mr Majid whether the triangular area within Aitchison Street, High Street, Chapel Street, Aitken Street, Black Street to the north, Motherwell Street to the east and Clark Street, Graham Street and Alexander Street to the south could be defined as a neighbourhood. Mr Majid declined to comment as this was not the neighbourhood in question.
- Mr Arnott referred to the survey and asked Mr Majid to clarify which streets were canvassed. Mr Majid explained that only a sample of streets were canvassed as it was not feasible to canvas all streets in the neighbourhood. Information on the exact streets canvassed was not to hand but Mr Majid remembered that Ferguson Way, Roughcraig Street and Wellside Avenue had been included.

Having ascertained that Mr Arnott had no further questions, the Chair invited questions from Mr Charles Tait to Mr Majid.

**b. Mr Charles Tait (Boots UK Ltd)**

- Mr Tait asked the applicant to state what was different about the services to be provided in the new pharmacy compared to those already offered at the existing pharmacies. Mr Majid replied that the new pharmacy would offer face to face contact for people in the Thrashbush area and that this interaction was currently lacking. Mr Tait concluded that Mr Majid was not offering any new or different services just the same service provision in a different location.
- Mr Tait noted that Mr Majid had made reference to one bus route – the Thrashbush circular bus – that services North Bridge Street, Dykehead Road, Thrashbush Road and Aitken Street. Mr Tait asked if there were other buses that went round Glenmavis Road, Stirling Road, Aitken Street and Black Street. Mr Majid had not been able to find any information on such a bus service though Mr Tait believed that there was a bus in operation on this route.
- Mr Tait asked how someone would get from Broompark Crescent to the proposed pharmacy. Mr Majid thought they might get a bus to Thrashbush Quadrant then walk. Mr Tait had worked out that walking alone would take 35 minutes as there was no direct route.
- Mr Tait asked if Mr Majid agreed that generally speaking most people would travel to the proposed pharmacy by bus. Mr Majid did not agree with that suggestion.
- Mr Tait said that for people travelling by bus, there was only one bus stop of a difference to get to 165c Chapel Street and the Boots Pharmacy at 1 South Bridge Street. Mr Tait asked if



Mr Majid agreed with this statement. Mr Majid thought there were another two stops prior to that for the Boots Pharmacy. Mr Tait disagreed.

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

## **7. QUESTIONS FROM MEMBERS OF THE COMMITTEE**

Mr Sargent made reference to Mr Majid's statement that a lot of people used the community services within the neighbourhood. Mr Sargent asked how many people using these services would come from the proposed neighbourhood. Mr Majid thought all community service users would live in that neighbourhood.

When carrying out the site visit Mr Sargent was shocked at the state of disrepair of the building and questioned whether it was possible to have the pharmacy open within 3 months. Mr Majid explained that it was possible to complete the necessary work well within this timescale as he had his own builders/fitters. Mr Majid stated that the visible damage to the flat roof was not difficult to fix.

Mrs Caraher asked if the convenience store next door to the site of the proposed pharmacy was also part of Mr Majid's company. Mr Majid confirmed that this was a totally separate business and had no connection to the convenience store.

Mrs Caraher went on to ask what reassurances Mr Majid could give concerned parents that children attending a local primary school would have limited sight of methadone users. Mr Majid explained that he currently operated Health Pharmacy which was until recently 10 yards from a primary school. No issues arose from the close proximity of children to patients on the methadone programme visiting the pharmacy. It was also possible to ask these customers to attend the pharmacy at a particular time to minimise contact with school children.

Mr Woods asked Mr Majid whether Golfhill was considered to be in the neighbourhood for the proposed pharmaceutical service. Mr Majid stated that Golfhill was on the boundary. Mr Majid considered only part of the Golfhill area to be in the Thrashbush/Holehills neighbourhood.

Mr Woods noted that Mr Majid mentioned that a pharmacy was the only missing community service from the neighbourhood. Mr Woods asked if there were any anchor services such as a bank, credit union or post office in the area. Mr Majid stated that this area was so deprived that it did not attract these services though discussions were ongoing about relocation of the post office to the Londis convenience store.

Mr Woods referred to Mr Majid's statement that the pharmaceutical service within the Thrashbush/Holehills area was inadequate because there was no pharmacy located in this neighbourhood. He asked Mr Majid if this was the only reason he considered pharmacy services in the area to be inadequate. Mr Majid replied that these services were also inadequate because the nearest

Boots pharmacy closed when the pharmacist was at lunch 2-2:30pm and there was no face to face contact for the 6500 residents in the neighbourhood. Mr Woods pointed out that the Lloyds Pharmacy in Unit 2, High Street did not close for lunch so why were the pharmacy services inadequate. Mr Majid said that the issue of closing for lunch was only part of the reason. Those requiring repeat prescriptions would not be able to collect medication at this time. Mr Majid was asked what the arrangements would be for pharmacist lunch breaks at the proposed location. Mr Majid advised that there would be no break in service for lunch as the pharmacist would remain on the premises and would attend to the prescriptions of any customers arriving at the pharmacy during this time.

Turning to the survey, Mr Woods sought clarification about the number of people involved. After consideration Mr Majid agreed with Mr Woods that around 450 people had been surveyed. Mr Woods explained that the committee had difficulty interpreting the results of the three questions asked due to the way in which these had been phrased. They appeared to be leading questions. Mr Majid explained that the questions were simplified so that people could respond quickly on the doorstep. This approach had been successful as an excellent response rate was achieved.

Mrs Park returned to the neighbourhood issue and asked if Mr Majid saw the residents of Golfhill living in an area of deprivation. Mr Majid thought partly yes and partly no explaining that the national index of deprivation had been used in the application and did not want to comment further.

Mrs Park asked Mr Majid to explain how the relocation of two medical practices out-with the neighbourhood had created a considerable void in pharmacy services. Mr Majid replied that it was because people had previously had an opportunity to use these services. The void would be filled by the proposed pharmacy as it would provide one to one consultations with the pharmacist and an acute medication service (AMS). Mr Majid was under the impression that AMS did not require a visit to the doctors but patients had in fact to visit the GP at some point.

Regarding the survey Mrs Park asked for clarification as to how exactly the survey had been carried out. Mr Majid explained that initially an advert ran for three consecutive weeks in the Airdrie and Coatbridge Advertiser seeking views from the community about this proposal. As the timing of the advert was over the Christmas and New Year period the response was not good and so it was decided to employ doorstep canvassers. Mrs Park noted that there was a return address on the form used to canvass residents' opinions so asked if any of these forms were actually returned by post. Mr Majid explained that the form was usually completed on the doorstep by the canvasser and only around 5 or 6 forms were received by post. Mr Majid agreed with Mrs Park's interpretation that of 500 forms returned 416 would benefit from the proposed pharmacy.

Mr Mallinson asked Mr Majid to explain what he meant by face to face consultation. Mr Majid stated that it was face to face consultation with a pharmacist. Mr Mallinson went on to ask if Mr Majid was implying that there was no face to face interaction at the other pharmacies. Mr Majid was not saying that at all.

Mr Mallinson sought clarification as to whether the pharmacist in the proposed new location working a 9 hour shift would not have a break at all. Mr Majid said that the pharmacist would have lunch in the pharmacy so could help out if anyone came in.

The Committee had no further questions.

## **8. REPRESENTATIONS FROM INTERESTED PARTIES**

### **a. Lloyds Pharmacy Ltd**

Mr Arnott thanked the Committee and read the following pre-prepared statement:

“The Applicant’s main argument seems to be that the pharmaceutical services provided by current contractors are inadequate only because there are no pharmacy premises in his definition of the neighbourhood.

There are, as the Panel is aware numerous examples from Pharmacy Practice Committee Hearings and numerous National Appeal Panel Hearings that adequate Pharmaceutical Services can be provided to a neighbourhood from pharmacies situated outwith that neighbourhood.

However in this case I believe the applicant has defined his neighbourhood with the sole intention of excluding existing pharmacies as he conveniently takes Chapel Street, Aitken Street and Black Street as his southern boundary.

If the Panel accepts this definition of neighbourhood then it appears that there are four existing Pharmacies who serve a neighbourhood with Chapel Street, Aitken Street and Black Street as its northern boundary; the A73 Motherwell Street as its eastern boundary; Alexander Street, Graham Street, Clark Street as southern boundary and Aitchison Street as the western boundary.

The neighbourhood’s southern boundary is the railway line and then along Forrest Street.

The eastern boundary being the land to the east of Connor Street and Burnhead Road and Stirling Road. The northern boundary Airdrie Golf Course.

In this neighbourhood there are six Pharmacies adequately serving the population.

Interestingly when quoting deprivation statistics the Applicant then includes figures for Whinhall North and Mavisbank (neither of which are in his proposed neighbourhood).

The letter from Pamela Nash MP refers.

Interestingly residents of Whinhall and Mavisbank are nearer existing pharmacies than the Applicants proposed site.

I have walked from the Boots Pharmacy at South Bridge Street to the applicants proposed site. There are no barriers and no issues with gradients. The walk took me 5 minutes and the distance involved is less than 800 yards and it is a further 2 minute walk to the Lloyds Pharmacy.

At the Applicants proposed site there is a bookmakers a small convenience store an off licence and three takeaway units. Hardly the hub of a neighbourhood.

Residents currently access all their daily needs in the town centre where there are Banks, supermarkets and indeed the Aidrie Community Health Centre.

The applicant's proposed opening hours are less than those of some of the existing Pharmacies some of whom offer a 7 Day service and have longer opening hours than those proposed by the applicant. "There are currently six Contractors some of whom are open for more than 60 hours per week including Saturdays and Sundays. This is sufficient to provide all negotiated services".

"No complaints have been received about inadequacy of existing pharmacies or poor service"

Of the seven letters submitted by the applicant, three oppose the application.

Of the others one states I think it is a good idea (no other justification).

One states I think it would be very good to have a Pharmacy at Chapel Street (no other justification).

In Summary

The Applicant has shown no inadequacies in current pharmaceutical provision other than there is no pharmacy in his proposed neighbourhood. He has created a neighbourhood with the sole purpose of excluding existing contractors.

There have been no complaints about current service provision.

I would therefore ask the panel to refuse this application as it is neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the premises are located."

#### **b. Boots UK Ltd**

Mr Tait stated that this application related to a site 480 metres from the current Boots pharmacy in Bridge Street that was only 6-7 minutes walk away. This Boots pharmacy was located on the periphery of the

neighbourhood as defined by the applicant and served by the same bus service. What goes past Mr Majid's door goes past Boots and Lloyds.

The applicant did not propose to provide any different services so the question to be addressed was whether the current services were adequate. This application did not change the degree of adequacy to the neighbourhood.

Mr Tait was of the opinion that had been selected randomly for boundaries without thought as to whether people can actually cross the boundary.

Boots pharmacists did have a lunch break but if they were on the premises then customers would be served.

Boots also provided prescription medication via a delivery service which was run nationally with vetted drivers etc. Customers did not have to be disabled or have mobility problems to use the Boots delivery service. Mr Tait believed the applicant had failed to indicate any failing in the current service and that this application did not significantly change the services available. For these reasons Mr Tait concluded that this application should be denied.

## **9. QUESTIONS FROM THE APPLICANT TO THE INTERESTED PARTIES**

Mr Majid challenged the statement made by Mr Arnott that streets were conveniently selected to make a neighbourhood for the proposed pharmacy. Mr Majid stressed that this was not the case.

Mr Majid asked if Mr Arnott agreed that pharmacies numbered 1, 3, 4, 6 and 7 on the map were town centre pharmacies. Mr Arnott did not consider pharmacies 4 and 7 to be town centre pharmacies but on the periphery just as the proposed pharmacy was on the boundary of Mr Majid's proposed neighbourhood. This same question was posed to Mr Tait who agreed with Mr Arnott that the public did not see the "top cross" as being in the town centre.

Mr Majid asked Mr Tait to clarify why Boots owned so many pharmacies in Airdrie (numbers 1, 2, 4 and 6). Mr Tait believed there was no requirement to answer this question for the purposes of this hearing.

Mr Majid had no further questions.

## **10. QUESTIONS FROM THE INTERESTED PARTIES TO THE OTHER INTERESTED PARTIES – none**

## **11. QUESTIONS FROM MEMBERS OF THE COMMITTEE (IN TURN) TO BE ADDRESSED TO THE INTERESTED PARTIES**

### **a. Questions to Lloyds Pharmacy Ltd**

Mrs Caraher asked Mr Arnott to explain how Lloyds Pharmacy dealt with complaints. Lloyds Pharmacy had a mandatory complaints procedure. This procedure required the complaint to be logged then sent to the superintendents department. Depending on the nature of

the complaint it would be dealt with by the superintendent or forwarded to a field manager for resolution. Complaints could be made in the pharmacy, by phoning head office or by emailing Lloyds Pharmacy Ltd. In each Lloyds pharmacy there was a customer services charter that explained how to make a complaint but forms on which to submit a complaint were not held on the premises.

Mr Woods was interested to know whether Lloyds had any monitoring procedures in place to gauge how well it was doing. Mr Arnott explained that there was a composite quality measure which was annotated red, amber or green. This information was sent on a monthly basis to each field manager. Information such as the number of dispensing errors for each pharmacy was shown in this measure. Mystery shoppers were also used by Lloyds. Mr Arnott would like to think that the customers were asked for their opinions on the pharmaceutical services provided by Lloyds though there was no formal mechanism to do so. Many staff working in Lloyds pharmacies had developed good customer relationships and many knew the customers by name. The measure would be the interaction between staff and customers.

Mr Arnott confirmed that there were never any issues with lunch breaks. If the pharmacist remained on the premises then acute prescriptions would be fulfilled during this time. Lloyds provided a collection and delivery service for the housebound. With regards to face to face contact, pharmacists would carry out home visits if required but very few requests for this were received.

Mrs Park referred to the recent relocation of a Lloyds Pharmacy to the retail park and asked if this had any impact on prescription numbers. Mr Arnott confirmed that there had been no significant impact on prescription numbers as customers generally stayed loyal to a particular pharmacy although over the counter purchases had improved.

Mr Mallinson asked Mr Arnott to define the neighbourhood. Mr Arnott appreciated the viewpoint of the applicant in using the railway line as a boundary but would extend the proposed neighbourhood to include Whinhill and Mavisbank. On that basis, Mr Mallinson asked Mr Arnott to state where he would say he lived to someone he met on holiday if he had a house in Golfhill. Mr Arnott replied Airdrie.

The Chairman asked if Lloyds had a record of current customer addresses for the area as defined in the application or if Mr Arnott could estimate the number of Lloyds Pharmacy customers who lived in the applicant's proposed neighbourhood. Mr Arnott did not have that information and had no idea of the scale but added that historically patients accessed pharmacies close to the GP location.

The Chairman also asked for clarification as to whether the home delivery service was solely for the benefit of the housebound. Mr Arnott confirmed that it was available to people who needed it so included those with mobility difficulties as well as the housebound.

## **b) Questions to Boots UK Ltd**

Mrs Caraher enquired as to whether all pharmacists in the four Boots pharmacies in Airdrie took a lunch break at the same time. Mr Tait explained that two pharmacies did not close at all during lunch as there was sufficient cover. Pharmacists in the small pharmacy (numbered 3) and the one at “top cross” (numbered 4) did not provide pharmacy services during the lunch break. The timing of the lunch break remained constant for the benefit of customers. Mr Tait advised that patients were unable to collect repeat prescriptions if the pharmacist was not on the registered premises during the lunch break because that was breach of contract.

Mr Woods went on to ask why a pharmacist from another Boots pharmacy in Airdrie could not be arranged to cover these breaks. Mr Tait advised that walking between pharmacies to cover breaks was not the most effective use of time. Pharmacies 3 & 4 did not work as town centre pharmacies and had the same customers all the time. Patients had been educated to know that the pharmacist was on a break at a particular time.

Mr Tait explained that delivery drivers provided feedback to pharmacists if face to face consultation with a patient was required. However such requests were very rare in practice.

Mr Tait reiterated that of the four Boots pharmacies in Airdrie only two were affected by the lunch break issue. Having said that the shops did not close and patients were able to leave prescriptions at this time.

Mrs Park noted that although the address for pharmacy 4 was 1 South Bridge Street, the door to enter these premises was located on East High Street. Mr Tait confirmed that this was the case.

Mr Mallinson asked where customers of the “top cross” pharmacy (numbered 4 on the map) would park if travelling by car. Most customers of this pharmacy travelled by bus though car parking was available in side streets and in the retail park.

The Chairman was interested to know if it was possible to identify the addresses of repeat prescription customers using pharmacy number 4. Mr Tait confirmed that whilst it was possible to find out where patients were located it was not a simple exercise and would take around three weeks to produce this information.

Mr Tait agreed that it was reasonable for the Chairman to assume that most people from Thrashbush and Whinhill would access Airdrie pharmacies by public transport.

The Committee had no further questions.

## **12. INTERESTED PARTIES SUMMING UP**

### **a. Lloyds Pharmacy Ltd**

Mr Arnott stated that whether or not the applicant's definition of the neighbourhood was accepted, the Applicant had shown no inadequacies in current pharmaceutical provision other than there was no pharmacy in the proposed neighbourhood. This neighbourhood had been created with the sole purpose of excluding existing contractors about which there had been no complaints about the current service provided.

Mr Arnott therefore asked the panel to refuse this application as it was neither necessary nor desirable in order to secure the adequate provision of pharmaceutical services in the neighbourhood in which the proposed premises were located.

### **b. Boots UK Ltd**

Mr Tait agreed with this summary from Mr Arnott.

## **13. APPLICANT SUMMING UP IN RELATION TO THE APPLICATION**

Mr Majid asked if Mr Neil could conclude. The Chairman explained that this would be outwith the normal rules of procedure governing the hearing but offered to check with the Central Legal Office. Mr Majid decided to sum up himself.

Mr Majid maintained that there were 6500 residents in the proposed neighbourhood. Consultation with residents unanimously indicated that another pharmacy was needed. Current services to the area were inadequate being concentrated in the town centre. The loss of the GP surgeries would be remedied by granting this application.

The Chairman asked Mr Lindsay whether the Health Board received details of pharmacy complaints. Mr Lindsay confirmed that information was received from all independent contractor professions about complaints they had received and how they had responded. The exact figures were not to hand but Mr Lindsay said that there was nothing in the data received that had required NHS Lanarkshire to take any further action.

## **14. FAIR HEARING ACKNOWLEDGEMENT & RETIRAL OF PARTIES**

The applicant and interested parties confirmed that a fair hearing had been received and had nothing further to add.

The Chairman explained that the Committee would now consider the application and representations and make a determination. A written decision with reasons would be prepared and a copy sent to all parties within 5-10 days. The letter would include information on how to make an appeal against the decision of the Committee and the time limits involved.



The applicant and interested parties were asked to leave the hearing but invited to remain within the building in case the Committee returned to open session. The Chairman agreed to inform remaining parties as soon as possible whether a return to open session was likely after the Committee had concluded its initial discussion.

Mr Majid, Mr Neil, Mr Arnott, Mr Tait, Mr Miller, Ms Doherty and Mr Lindsay left 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 Airdrie noting the location of the proposed premises, the pharmacies, general medical practices hosted and some the facilities and amenities within.
- ii. A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Airdrie.
- iii. Prescribing statistics of Doctors within the town of Airdrie which included branch surgeries within the areas of Caldercruix, Glenmavis and Calderbank during the period April 2012 to March 2013.
- iv. Dispensing statistics of the Pharmacies within the town of Airdrie including areas of Plains, Caldercruix, Glenmavis and Calderbank during the period April 2012 to March 2013.
- v. Demographic information on the town of Airdrie and areas of Calderbank, Chapelhall, Caldercruix, Plains and Glenmavis taken from the 2001 Census.
- vi. Comments received from the Area Pharmaceutical Committee and Interested Parties 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 Airdrie and areas of Caldercruix, Calderbank, Chapelhall, Glenmavis and Plains.
- viii. Letter received on 28 February 2013 from Mrs J Arthur PFPI Project Assistant, NHS Lanarkshire, intimating the views of the Airdrie and Villages Community Forum.
- ix. The application and supporting documentation provided by the applicant on 09 January 2013.

## 15. DECISION

Having considered the evidence submitted during the period of consultation, presented during the hearing and recalling observations from their site visits, first had to decide the question of the neighbourhood in which the premises to which the application related, were located.

### **Neighbourhood**

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties, and the Area Pharmacy Committee in relation to the application, as well as comments received from the public consultation.

The Committee noted that it was difficult to define a neighbourhood in a sprawling conurbation like Airdrie. However by applying the neighbourhood test to Golfhill it was agreed that this area should not be included in the neighbourhood. Golfhill had a very different demographic to Thrashbush/Holehills. Golfhill residents were unlikely to recognise themselves as living in an area of deprivation. Instead the northern boundary was agreed as Dykehead Road.

The Committee agreed that Commonsides Street/Glenmavis Road was the western boundary of the neighbourhood. This was a natural boundary and contained housing of a similar type. For these same reasons Chapel Street/Aitken Street/Black Street and Stirling Road were the agreed south and east boundaries respectively of the proposed neighbourhood. The southern boundary extended to the far side of Chapel Street as this was where the community centre was located.

In summary the Committee considered that the neighbourhood should be defined as follows:

North: Dykehead Road  
East: Stirling Road  
South: Chapel Street  
West: Commonsides Street

### **Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability:**

Having reached that decision, the Committee considered the adequacy of pharmaceutical services within that neighbourhood, and whether the granting of the application was necessary or desirable to secure adequate provision of pharmaceutical services into that neighbourhood.

The Committee noted that there were no pharmacies within the neighbourhood as defined by the Committee although one shared its Southern boundary. , The Committee accepted that for many residents, especially those in Holehills who wished to access the service on foot, the location of the proposed pharmacy would add to convenience. The survey evidence submitted by the applicant supported this view. The Committee did not consider however the shopping parade next to the proposed pharmacy to be sufficient to fully meet

other standard needs for goods and services for which residents would travel outwith the neighbourhood. Five pharmacies (numbered 1, 3, 4, 6 and 7 on the map) could be accessed reasonably easily on foot, by public transport or by car in or on the routes into the town centre. These pharmacies provided a comprehensive range of pharmaceutical services including NHS core services and supplementary services. The Committee considered that the level of existing pharmaceutical services to the defined neighbourhood provided satisfactory access for those residents in the neighbourhood.

Much had been made by the applicant on the important provision of face to face consultations in the proposed pharmacy. In the experience of the pharmacist committee members, people were just as likely to telephone the pharmacist to raise any concerns or obtain advice.

The Committee was satisfied that no evidence had been produced by the Applicant, or had been made available to the Committee via another source, which demonstrated that the services currently provided into the neighbourhood were inadequate.

Following the withdrawal of Ms Park and Mr Mallinson 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 Committee, for the reasons set out above, considered that the existing pharmaceutical service in the neighbourhood was adequate.

Accordingly, the decision of the Committee was that the provision of pharmaceutical services at the premises was neither necessary nor 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. This decision is made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

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