

**MINUTE: PPC/2013/05**

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday 26 September 2013 at 10:00 hours in Meeting Room 1, Law House, Airdrie Road, Carlisle, ML8 5EP**

The composition of the PPC at this hearing was:

Chair: Mr John Anning

Present: Lay Members Appointed by NHS Lanarkshire Board

Mr Charles Sargent

Mr John Woods

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

Mr William Lang

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

Ms Yvonne Williams

Secretariat Mrs Gillian Gordon, Scottish Health Service Centre

**1. APPLICATION BY MR T BYRNE, TKB PARTNERSHIP LLP, 178 WOODHALL AVENUE, KIRKSHAW, COATBRIDGE, ML5 5DD**

There was submitted an application and supporting documents from Mr T Byrne, TKB Partnership LLP, received 21 March 2013, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at 178 Woodhall Avenue, Kirkshaws, Coatbridge, ML5 5DD.

**Submission of Interested Parties**

The following documents were received:

- i) Letter received on 23 April 2013 from Boots UK Ltd
- ii) Letter received on 25 April 2013 from L Rowland & Co Ltd
- iii) Letter received on 26 April 2013 from H McNulty Ltd
- iv) Letter received on 29 April 2013 from Townhead Pharmacy
- v) Letter received on 30 April 2013 from Area Medical Committee
- vi) Letter received on 30 April 2013 from Monklands Pharmacy

- vii) Letter received on 2 May 2013 from Lloyds Pharmacy Ltd
- viii) Letter received on 2 May 2013 from Mint Healthcare Ltd
- ix) Letter received on 3 May 2013 from J E Robertson

## **Correspondence from the wider consultation process undertaken by NHS Lanarkshire**

- i) Letter received on 4 June 2013 from NHS Lanarkshire intimating the views of the Coatbridge Community Forum

## **2 Procedure**

- 2.1** At 09.30 hours on Thursday, 25 September 2013, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by Mr T Byrne TKB Partnership LLP, (“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”.
- 2.2** The Chair welcomed everyone to the meeting and asked all present to introduce themselves and their title. The Chair then 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. All Members confirmed that they had received and considered the papers and none had any personal interest in the application.
- 2.3** It was noted that Members of the Committee had previously undertaken site visits of the town of Coatbridge independently during various times of the day and week to gather a sense of the natural working patterns of residents and visitors to the various premises. All confirmed that in doing so each had noted the location of the premises, pharmacies, general medical practices and other amenities in the area such as, but not limited to, banks, post office, supermarkets, and churches.
- 2.4** The Chair then reported that Mr George Lindsay, Chief Pharmacist – Primary Care and Mrs Gillian Forsyth – Administration Manager, Primary Care would enter and withdraw from the hearing alongside the Applicant and Interested Parties. The Chair emphasised that Mr Lindsay and Mrs Forsyth were in attendance solely to clarify any matters of factual accuracy which could not be answered by Committee members or those attending to provide secretariat support. The Chair then advised that Mrs Gordon was independent from the

Health Board and would be solely responsible for taking the minute of the meeting.

- 2.5 The Chair asked Members for confirmation that they understood these procedures. Having ascertained that all Members understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. The Chair then instructed Mrs Gordon to invite the Applicant, Interested Parties and Officers of the Board to enter the hearing.

### **The open session convened at 1010 hours**

### **3 Attendance of Parties**

The Chair welcomed everyone and introductions were made. The Applicant, TKB Partnership was represented by Mr Thomas Byrne. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Khuram Akram accompanied Mr Mubashar Khan - Mint Healthcare Ltd; Mr David Henry - Lloyds Pharmacy Ltd; Mr Alasdair Shearer accompanied by Mr Michael Church - L Rowland & Co (Retail) Ltd and Mr Charles Tait accompanied by Mr Mark Miller - Boots UK Ltd

- 3.1 Mr George Lindsay, Chief Pharmacist – Primary Care and Mrs Gillian Forsyth, Administration Manager – Primary Care also entered the meeting at this time.
- 3.2 The Chair advised all present that the meeting was convened to determine the application submitted by TKB Partnership LLP in respect of premises at 178 Woodhall Avenue, Kirkshaws, Coatbridge, ML5 5DD. The Chair wished to confirm to all parties present that the decision of the Committee would be based entirely on the evidence submitted in writing as part of the application and consultation process, and the verbal evidence presented at the hearing itself, without prejudice, and according to the statutory test as set out in Regulations 5(10) of the 2009 regulations as amended:

“5(10) an 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 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.”

- 3.3 The Chair then advised the parties that the hearing would be conducted according to the procedure detailed within the Guidance Notes contained within the papers circulated. The Chair reported that Mr George Lindsay, Chief Pharmacist – Primary Care and Mrs Gillian Forsyth – Administration Manager, Primary Care had entered and would withdraw from the hearing alongside the Applicant and Interested Parties. The Chair emphasised that Mr Lindsay and Mrs Forsyth were in attendance solely to clarify any matters of factual accuracy

which could not be answered by Committee members or those attending to provide secretariat support. The Chair then advised that Mrs Gillian Gordon, SHSC would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Mrs Gordon was independent of Lanarkshire NHS Board.

- 3.4** The Chair asked all parties for confirmation that they understood these procedures. Having ascertained that all parties understood the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated.
- 3.5** 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 had any interest in the application.
- 3.6** The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, and that they had no questions or queries about those procedures and were content to proceed. All confirmed their agreement. The Chair concluded the procedural part of the hearing by reminding each party that there could be only one spokesperson. All confirmed their understanding.

#### **4 Submissions**

- 4.1** The Chair invited Mr Byrne to speak in support of the application and he read the following pre-prepared statement:

Thank you for the opportunity to present my evidence to demonstrate that the application, by the TKB Partnership LLP, to be included in the Lanarkshire's Health Board pharmaceutical list is necessary and desirable to secure adequate pharmaceutical service provision within the neighbourhood where the premises at 178 Woodhall Avenue, Kirkshaws, Coatbridge are situated.

I have copies of the proposed premise's layout for the PPC to consider, if they are not included in your pack, and you will see that a consultation room is provided and that the premises will comply with all the requirements regarding disabled access, including off street entry, as well as the standards required by the General Pharmaceutical Council for registration.

I have secured the lease for the premises, at 178 Woodhall Avenue, from North Lanarkshire Council subject to the successful outcome of this hearing. A copy of this agreement is provided for your information.

This letter from North Lanarkshire Council demonstrates that the council is supportive of the provision of pharmaceutical services from this site by selecting this proposal for the site over other enquiries and allowing the unit to remain unlet until the PPC decision is made, further the Council have explicitly stated that they support this application as a pharmacy is a resource that is required in the neighbourhood of Kirkshaws to address the health inequalities

that exist there.

The pharmacy will provide the full range of NHS services to the population including AMS, CMS, eMAS and PHS.

Locally negotiated services will also be provided, principally methadone dispensing and supervision, but will also include all other services where invited to do so. It would also be my intention to establish CHD; asthma and diabetes clinics to support patients in the self-supporting management of their conditions.

A prescription collection and delivery service will also be established, as is the norm these days, to ensure patients/residents of the neighbourhood have access to their prescription medicines without having to make the journey to the GP surgeries in the town centre.

It may be argued, by some, that there is no need to establish a pharmacy in this neighbourhood as there is no GP surgery. However, it is my contention that this fact, in combination with the neighbourhood population and health demographics, makes it necessary to have a pharmacy at my proposed location to provide the population with access to health services which are currently missing, and are required. I also believe that my application to provide pharmaceutical services from this address supports the Scottish Government's 2020 vision of everyone being able to live longer healthier lives at home, or in a homely setting, where they will have access to healthcare focussed on prevention, anticipation and supported self management.

I would propose to provide pharmaceutical services Monday to Saturday from 9.00am to 6.00pm.

Now I would like to define the neighbourhood. I would state this as:

To the north Old Monklands Road

To the east - Rosehall Industrial Estate

To the south -the A8/M8

To the west - Woodside Street/Kirkshaws Road to its junction with Old Monklands Road.

This definition of the neighbourhood has previously been accepted by the PPC.

Statistics taken from GROS and validated by representatives from North Lanarkshire Council (Lesley Maan) indicate that the population of the neighbourhood is 3424. These figures are from the year 2011 (June) and are comprised of the data zones of S01004719, 4724, 4717 & 4711.

The deprivation scores for the neighbourhood of Kirkshaws consistently rank amongst the most deprived, not only in Lanarkshire but in Scotland.

An independent research article published in the Pharmaceutical Journal on 28/08/10 highlights that the Minor Ailment Service has higher registration numbers in areas of deprivation and where located in an urban area.

It would, therefore, be reasonable to conclude that this service would be well used at Woodhall Avenue, Kirkshaws.

This contention would be further supported by the presence of St Timothy's

Primary School and St Andrews High school adjacent to the proposed site. In fact the primary school in Kirkshaws has among the highest rates of absence both locally and nationally and a locally accessible eMAS service may assist in addressing this issue.

Statistics obtained from the NSS Scotland ISD website and the websites of GROS, SNS and North Lanarkshire Council confirm that the neighbourhood as defined is among the most socially economically and health deprived in Lanarkshire and Scotland.

Male and Female life expectancy in the defined neighbourhood is statistically significantly worse than the national average, as are 23 of the 45 indicators reported on (data taken from SCOTPHO profile 2010)

Deaths at all ages are +18% on national average

Patients hospitalised with alcohol conditions are +30%

Patients over 65 with multiple hospitalisations is +25% (this will only get worse with changing demographics)

Patients hospitalised with CHD is +30%

Prevalence of diabetes is +36%

Percentage of Population prescribed drugs for anxiety/depression is +14.1%

Adults claiming incapacity benefit/severe disability allowance is +82.4%

Primary school attendance is statistically significantly worse than national average and ranks 68<sup>th</sup> out of the 73 neighbourhoods listed. (local accessible eMAS will help this)

The percentage of the population that are income deprived is +73% on national average and ranks 67<sup>th</sup> out of the 73 neighbourhoods listed. (why do these people need to pay to access pharmaceutical services)

Percentage of population claiming job seekers allowance is +67%

Percentage of 60+ claiming pension credits is + 100%

Crime rate is less than the national average - so methadone provision will not be a problem these people do not travel for services.

Mothers smoking during pregnancy +46%

Babies breast fed at 6-8 weeks is 1/3 of national average and ranked 72<sup>nd</sup> out of 73 neighbourhoods

Further statistics from SCROL for the defined neighbourhood show that; Average age of carer is 54 vs 48 nationally

Percentage of economically inactive who are permanently disabled/sick 44% v 21%

Percentage of resident population with not good health is 16 v 10

Percentage with limiting long term illness is 24 v 20

Percentage providing 50+ hrs of care per week 2.8 v 2.2

Percentage of carers above pensionable age 43 v 20

Percentage of households with no car 45 v 34

This data suggests a neighbourhood with some of the highest prevalence of disease, and some of the poorest outcomes related to health. Yet within the neighbourhood as defined there are no pharmacies. It is my contention that this provision is inadequate for a population of this size in a distinct neighbourhood with the social, economic and health demographics of Kirkshaws.

The other neighbourhoods adjacent to Kirkshaws are: Kirkwood to the west and Whifflet and Shawhead to the east, both of which have pharmacies. AA route map reports these pharmacies as being 1.1 and 1.4 miles, respectively, from my proposed pharmacy at 178 Woodhall Avenue.

The residents of these neighbourhoods, in which the nearest pharmacies are located, do not consider themselves to be neighbours of Kirkshaws. This is evidenced by the presence of individual community facilities such as shopping, neighbourhood centres, youth groups, social club, churches, schools, scout troops etc.

The local newspaper also describes these areas as being separate within its weekly district updates.

In addition the websites of GROS, SCROL, SNS, SIMD, Lanarkshire Health Board, North Lanarkshire Council all describe Kirkshaws as a distinct neighbourhood which is separate from the neighbourhoods of Kirkwood and Whifflet and Shawhead, which are also identified as separate neighbourhoods.

With no pharmaceutical services available from within the neighbourhood defined consideration must then be given to the adequacy of services into the neighbourhood from outside the defined neighbourhood and the question of access, and the population's desire and ability to avail themselves of these services, must also be considered.

Statistics taken from the 2001 census, the most recent available, indicate that 45% of the households in Kirkshaws have no access to a car. This figure rises to 64% when those households with cars use their cars to access their places of work. This means that 2/3 of households in the neighbourhood have no access to a car Monday to Friday during the times when pharmacies outside the neighbourhood are open and would have to walk or take a bus to access pharmaceutical services.

It is my contention that the walk to and from pharmacies located out with the neighbourhood would be difficult for the elderly, those with chronic health conditions and mothers with young children and in fact the residents of Kirkshaws do not in the main access pharmaceutical services from Kirkwood or Whifflet. The walk to the pharmacies located outside the defined neighbourhood involves hilly, undulating terrain which elderly, disabled, young mothers and

those with long term conditions would find difficult to negotiate. I would estimate that the walk to and from the nearest pharmacies would take 1 hour and 10 minutes from Woodhall Avenue, based on a walking speed of 3 mph and a waiting time of 10 -15 minutes for prescriptions.

It is my contention that this walk renders the provision of services from these pharmacies into the neighbourhood as inadequate.

Residents of Kirkshaws do not frequent Kirkwood or Whifflet for their main shopping requirements, the shopping parades here, and in which the pharmacies are located, are characterised by empty units, hairdressers, tanning salons and take away shops.

The local Boots Pharmacy is located in Woodside Street, again, in a parade of shops below residential flats .The retail offering here is Paula's closed, Real Madras takeaway, North Lanarkshire Council, Rapid Tan closed, Banners Hardware closed, newsagent, Golden Fry chippie, post office, Scotmid, Village Store, butchers closed, Ladbrokes and a pub. The offering shops that exists coupled with the empty units creates an environment that is uninviting to the people of Kirkshaws.

In addition, during a meeting with residents of Kirkshaws, it was reported to me that there are tensions between the neighbourhoods and that residents of Kirkshaws in the age range 15 - 30 would not access pharmaceutical services from Kirkwood or Whifflet for personal safety reasons. The existence of tensions between the communities was further confirmed by Sgt Ian McMillan, the community police officer looking after these neighbourhoods. These tensions, coupled with the poor shopping environment where Boots and McNulty's are located prevent the population of my neighbourhood from accessing services and render these services inadequate to that neighbourhood.

Residents from Kirkshaws obtain their main shopping requirements from Tesco and Asda, in Coatbridge, both of which are large destination supermarkets, but do not have pharmacies.

Population movements out of the neighbourhood into the town centre have changed in line with national trends. This is a major material change since the previous application to establish pharmacy services at this site was heard.

There is now no requirement for residents of Kirkshaws to travel out with their neighbourhood to access supermarkets, banks or post offices as these services are readily available on line. More and more of the population are accessing services by these means. Indeed all of the respondents to my public consultation did so via email from a mobile phone device or laptop/pc, demonstrating the neighbourhood population's acceptance of, and reliance on this form of technology.

The change in population movements is further confirmed by the increasing number of vacant units in the town centre, now standing at 16% up from 9.8% 2012 along with successive years of decline in footfall in the town centre.

With increasing numbers of the population choosing not to access the town centre this renders the services there inadequate for the residents of my population.

This contention is further supported by the North Lanarkshire council document: Coatbridge Town Centre: Working Towards a New Framework and Action Plan, published earlier this year.

This document reports a town centre with a poor range of shops and many vacant units, a lack of links from the town centre, poor pedestrian accessibility and physical barriers, increase in commuting to other shopping malls and an increase in internet shopping, antisocial behaviour, a lack of parking. I believe this further demonstrates the population's lack of desire to enter the town centre where the majority of pharmacy services are located rendering service provision to my neighbourhood as inadequate. While residents may be able to arrange prescription delivery services from town centre pharmacies they cannot make similar arrangements for eMAS and PHS. This fact was recognised by the NAP in their decision to grant an application for Mint Pharmacy in Calder Road when they stated that delivery services were no substitute for face to face interaction with a pharmacist.

In fact residents of Kirkshaws have reported to me that problematic access issues prevent them from accessing eMAS and PHS services offered in the town centre. This renders these services inadequate to my population.

This contention is evidenced even further by information obtained from NSS ISD indicating that only 12.6% of the residents of Kirkshaws were registered with all pharmacies in Coatbridge for eMAS in March of this year, while the figure for Lanarkshire as a whole was 19.7%. I have made previous reference to the PJ report that eMAS has higher registrations and use in deprived urban areas, but Kirkshaws would seem to be the exception to this rule with registrations 35% below the total Health Board figure, a finding which I believe is due to the inaccessibility of the services to the resident population.

The issue of problematic access is further evidenced by comments received in response to the public consultation undertaken in which more than one respondent stated that they felt intimidated and scared to use pharmacies nearby due to the people who were hanging around outside the pharmacies.

"Many people in Coatbridge are frightened to walk past a pharmacy in Coatbridge Main Street for fear of reprisals."

"I see the actions of some of the customers in the town centre and do not want to see that here".

Issues have also been reported in the National Press regarding Buckfast fuelled fights in the bus station on a Saturday morning - July 2013 Sun Newspaper. This makes the town centre uninviting for the elderly and young mothers with children.

This contrasts with other comments from respondents to my public consultation supporting a pharmacy at my proposed location.

"I would approve of the pharmacy being in Kirkshaws as my mum and dad is from that area and would benefit them as they are getting on and struggle sometimes in the bad weather to get up, the main street."

"Regarding the opening of a Chemist in Woodhall Avenue I would like to say I

fully support this. As a full time carer and Chairperson of Parent Action for Safe Play in Kirkshaws have spoken to many residents in the community and know this would be very beneficial to myself and others. I fully supported this the last time it was suggested but felt there was not enough community consultation.”

This respondent to my public consultation exercise arranged a petition of their own volition to support the establishment of a pharmacy at my proposed location and received support from 121 residents of the neighbourhood. This is a considerable response rate supporting the proposed pharmacy

Consideration must also be given to the financial impact felt by the population of my neighbourhood if they have to travel to access services. The neighbourhood has a high number of residents in receipt of benefits.

Bus services are available to the pharmacies located outwith the neighbourhood defined but this is not suitable means to access pharmacy services for population with these demographics.

There are bus services on main arterial routes of Kirkshaws road and Old Monklands Road (provided by First Buses and Silverdales – the 200 and 262), but poor access to and from the main arterial route. There is a local bus service (provided by McNairns) that makes the connection between the two main routes of Kirkshaws Road and Old Monklands Road and I accept that this can be a regular service.

However the vehicles used are of a considerable age (18 to 20 years) and referred to by residents as the "rickety bus" (N, L, M & R registrations), are not wheelchair accessible and do not lower to the kerb meaning that parents/carers of children in buggies and those with disabilities struggle to use this service. To get on the bus residents have to step from the pavement onto a platform and then climb another two steps through a very narrow door. Try this if you have a one year old, a buggy and some shopping or an arthritic hip. This bus service is inaccessible to many residents of the neighbourhood.

Residents also inform me that the service is also unreliable and is cancelled with no notice when the road conditions are icy, meaning it is unavailable at the time when it is needed most, resulting in those wishing to access pharmaceutical services for prescription supply, eMAS or public health services who are disabled, elderly or have young children having to walk to Old Monklands Road or Kirkshaws Road to access suitable transport in poor weather conditions.

McNulty's pharmacy is directly accessible by public transport from a small section of Kirkshaws Road.

Boots at Kirkwood is not directly accessible by public transport.

Residents have stated to me that this is a further barrier which prevents them from accessing services and I believe this further demonstrates the inadequacy of service provision into the neighbourhood.

It has previously been suggested that the neighbourhood population, of 3424, in Kirkshaws would be insufficient to support a pharmacy. The PPC will be interested to know that:

Crosshouse with a population of 2472

Darvel with a population of 3342

Drongan with a population of 2968

Kilmaurs with a population of 2563

Newmilns with a population of 3162

& Patna with a population of 2184 all support thriving community pharmacies.

The recently published Prescription for Excellence provides a vision of how pharmacy will contribute to 10 of the 12 priority areas in the 2020 Route map; these are person centred care, safe care, primary care, unscheduled and emergency care, integrated care, care for multiple and chronic illnesses, health inequalities, innovation, prevention & efficiency.

This vision can best be achieved through a pharmacy embedded in the local community. For, this and all of the reasons that I have articulated, I believe that the inclusion of a pharmacy at 178 Woodhall Avenue, Kirkshaws, Coatbridge on NHS Lanarkshire's pharmaceutical list is necessary and desirable to secure adequate provision of pharmaceutical services to the neighbourhood.

#### **4.2 Questions from Interested Parties to the Applicant**

The Chair invited the Interested Parties in turn to put their questions to the Applicant.

Mr Akram opened the questioning. In response to a question regarding his lease of the premises, Mr Byrne stated that he believed the Council had given him an assured lease not because the premises were empty and that they wanted to let it or because pharmacies traditionally took long leases, but because of the health inequalities in the neighbourhood.

When asked how he proposed to allay the concerns of the residents regarding the additional services such as methadone and needle exchange, Mr Byrne replied that he would work with the community to make them aware of the public health benefits from these services but if he received major adverse feedback he would not hold back from providing these services. When asked what he would do if the Health Board asked him to provide the service anyway, he stated that he would do so as they would not ask if there was not a need. Regarding how he would implement such a scheme, when there were concerns expressed by the primary schools, Mr Byrne said that other pharmacies were located even closer to schools but believed that the problem could be easily addressed by working with them to agree times, outwith major school traffic periods, when methadone patients could attend for treatment.

In response to a question regarding the use of the national average as a measure of comparison rather than Coatbridge as a whole, Mr Byrne indicated that he was comfortable with his comparisons.

He indicated that the only demographic change since the previous application for the site had been a movement of population away from the town centre but could not comment on how this compared with other towns in Scotland.

Mr Henry then put his questions. When asked to clarify his car ownership statistics, Mr Byrne said that 45% of households had access to a car and those households could use it to access pharmacy services. He also indicated that the residents accessed medical services in the town centre and as far as pharmacy services were concerned they would use the town centre, local pharmacies and services outwith the area.

When asked about the strength of objections from the schools and how he would overcome these, Mr Byrne replied that he would work with them in health education and promotion to highlight the benefits of a local pharmacy and the services it offered. He also stated that one of the respondents to the consultation had indicated that undue influence was exerted by people coming from outside the area during the previous application.

He also confirmed that there were 4 shops in the parade where the pharmacy was proposed, 3 of them – a newsagent, butcher and grocer – were open.

Mr Shearer then put his questions to the Applicant. Regarding the petition, Mr Byrne said that during the consultation, he was contacted by one of the respondents who supported that application and wanted to assist. He had spoken to her and she offered to run a petition. He confirmed that he had provided her with the question at the top and then had no further involvement. He acknowledged that the question only mentioned support for a pharmacy and did not refer to adequacy of pharmacy services. He believed that she had used the community and neighbourhood centres and churches within the neighbourhood. When asked if he was aware that 7 of the signatures on the first page were from outwith the defined neighbourhood, Mr Byrne indicated that this was not a surprise and illustrated that that the pharmacy could serve a greater neighbourhood.

In response to a question about the reality of residents in that area paying a premium to do their major shopping online, Mr Byrne replied that he was told by residents that they regularly saw vans from Asda and Tesco delivering shopping.

Mr Tait then put his questions to Mr Byrne. He began by looking at the datazones and questioned the validity of S01004711 and asked whether Shawhead was in the defined neighbourhood. Mr Byrne indicated that Shawhead was not in his neighbourhood and that he was happy with the zones which had been validated by Lanarkshire District Council.

Regarding the frequency of buses, Mr Byrne replied that they were every 15-20 minutes.

When asked how long the premises had been vacant, Mr Byrne did not know but accepted Mr Tait's assertion that it was 6 years.

#### **4.3 Questions from the Committee to the Applicant**

Mr Sargent opened the questions and asked about the door to the consulting room which was shown as having a glass panel. Mr Byrne indicated this could be made into a full door.

Turning to the areas with small populations which had pharmacies, Mr Sargent asked if these were mainly rural villages which Mr Byrne acknowledged but stated that his other pharmacy in Kilmarnock served a community of 3,600 and was part of the broader Kilmarnock area.

In reply to a question on how the establishment of a community pharmacy would improve the statistics he had quoted, Mr Byrne said that it would not directly impact on the statistics but would help health improvement and those within deprived areas had a greater requirement for pharmacy services.

Mr Woods then asked about access to the toilet and Mr Byrne replied that it was not currently DDA compliant but could be made so.

Referring to the petition, Mr Woods asked how he should interpret this given that mention was only made about supporting the establishment of a pharmacy and nothing about the adequacy of the existing services. Mr Byrne replied that it meant that these people would not think of adequacy but saw it as a resource they needed in the neighbourhood based on the difficulty of accessing the other pharmacies and his contention was that difficulty in accessing the service rendered that service inadequate. If people did not support the establishment of a pharmacy, they would not have signed the petition. He referred to the eMAS statistics where registrations were lower than expected and contended that this was because the services were outwith the area and not readily accessible and the way to resolve this was to have a local community pharmacy which could proactively promote eMAS and public health messages.

Turning to the methadone service, Mr Woods indicated his concern that this would be provided if the Health Board requested it regardless of public concern. Mr Byrne replied that part of the feedback that he got was that there was concern that methadone provision would attract people from outwith the area but his experience was that such patients did not travel and preferred to access the service where they stayed.

Ms Williams referred back to eMAS and asked how a local pharmacy service would help reduce absence rates in schools. Mr Byrne replied, that based on his experience, parents would pop in with their children and ask for advice on treatment and whether they should be kept off school. He envisaged that this same interaction would take place in Kirkshaws. Mr Byrne also confirmed that he would treat CHD, asthma and diabetes and would undertake supplementary prescribing in future when he became an independent prescriber.

He confirmed that the staffing level would be 1.5 FTE pharmacists and 3 counter staff which would be reviewed after 3 months.

Returning to the issue of methadone, Ms Williams asked how educating the community in public health would allay the fears they had about crime and people loitering in the area. Mr Byrne replied crime in the Kirkshaws area was low and reiterated that people using this service would come from the area.

Regarding parking and access, Mr Byrne replied that there was on-street parking outside the premises and he was unaware of any lip on the pavement.

Ms Williams referred to the petition and noted that 121 signatures only made up 3% of the population and asked if this meant, in view of Mr Byrne's previous statement, that 97% did not support it. Mr Byrne said that this was not the case.

Mr Lang then asked about bus routes and asked which bus route ran from Kirkshaws to Whifflet. Mr Byrne said that people in the neighbourhood were aware of the 200 and 262 to Whifflet but felt that they had to take 2 buses to get to Boots. He was not aware of the 213.

Mr Byrne confirmed that he had had about 5 or 6 meetings with residents and were supportive about the methadone service and did not mention it as an issue; in fact the Safe Play Group recognised the need and felt that the service should be offered. He reiterated that the previous application had been influenced by representations from outwith the neighbourhood.

Mr Lang asked if the area defined by the PPC included a pharmacy, would the service to that area be adequate and Mr Byrne said that it would not because of the difficulty in accessing the current pharmacies.

Finally the Chair put his questions. He asked if Mr Byrne had considered doing his own survey in addition to the petition. Mr Byrne said that he had not as he considered the petition and the public and Health Board consultation to be adequate.

The Chair asked about concerns about personal safety as Mr Byrne had stated that people did not like to go outwith the area. Mr Byrne said that this arose as a result of a comment made at a meeting and he had spoken to the local police who had said there were no "no go" areas and that crime was generally low.

There being no further questions, the Chair invited the Interested Parties to state their cases.

## 5.1 Mr M Akram, Mint Healthcare Ltd

Mr Akram read out the following prepared statement:

We are in an independent Pharmacy based in the Sykeside/Carnbroe area of Coatbridge. I'd like to thank the panel on inviting us to this hearing. We feel the application to be added to Pharmaceutical list does not show merit and we wholly oppose this application for entry.

Population:

The population of the proposed neighbourhood is approximately 3200, based on the census and analysis, which we would deem as low for this application contract to be granted, especially with no increase in population since the last application at the same address back in 2010 and with so many other contractors within a good vicinity.

The population being proposed we believe is not a representation of this neighbourhood and we would propose the neighbourhood to be:

West: Langmuir Road

North: Train line stretching from Bargeddie Station through Kirkwood Station along to Whifflet Station East: North Calder Waters

South: A8 Road

This would clearly have 2 pharmacies in this neighbourhood, with the flow from these residential areas, the general flow would be towards these two pharmacies and to the 3 Pharmacies based in Coatbridge Town Centre on a daily basis.

The communities in this area are not really broken down and we have patients from all over. Any conflict is more on an individual basis rather than community barriers.

Bus Route:

There is a bus service to amenities is every 15 minutes from the heart of the proposed neighbourhood through Kirkshaws. These buses travel to Coatbridge town centre and Whifflet Street where McNulty's Pharmacy is. The buses also stop near Boots Pharmacy on Woodside Street.

Level of services we provide:

To the said neighbourhood, we currently provide a full un-biased delivery service at least 3 – 4 times a day, not to mention the delivery service offered by the numerous other contractors in Coatbridge. We have recently taken on another driver to allow greater coverage and extended our delivery to everyone, including the neighbourhood in question. We now have 2 delivery drivers working from 9 am to 6 pm.

We provide numerous services to patients, as majority of the time we have 2 full time pharmacists available. We keep up with trends and try to maintain viability by extending our services. We are always happy to visit any patients or speak to them at any time and do not discriminate. We make sure anyone

who needs help and assistance is not deprived of it. We always endeavour to allow the full scope of pharmaceutical services we provide to be available to all our patients, including the population within the proposed neighbourhood. If a service is available we will provide it. At the moment we do not do flu vaccinations but I have just finished the independent prescribing course and will be holding clinics.

As in the previous application we believe tension with methadone supervision in such close vicinity to schools may still exist. We have patients who travel from Kirkshaws for methadone and these patients attend regularly. The want to get out of the house and the fact that we are further away is a plus point as patients prefer to have this treatment away from areas where they may be known.

Regarding eMAS registrations, I have worked for all the Interested Parties and know that residents in Kirkshaws are registered and that they are offered registration where applicable. If the level of registration is low, then this must mean that the population is in general good health.

The effect of opening a new business is not better understood than by ourselves, especially in this type of locality, nor do we believe it would be difficult to survive, but it would have a detrimental effect on the services other contractors can provide. There are already 8 or 9 pharmacies in the wider area and that is sufficient to meet the need. Due to the before mentioned concerns we feel this application should be rejected, as it shows no further merit upon the same applications repeatedly rejected at the same location.

#### **5.1.1 Questions from the Applicant to Mr Akram**

Mr Byrne asked Mr Akram to name the 6 pharmacies mentioned in his letter of objection. Mr Akram gave these as; Lloyds, Boots, Rowlands, McNulty's, Calderbank and Mint. He was then asked why he thought the Kirkshaws residents took such a scattergun approach and indicated that he would not know but it may be that it depended on where individuals normally went on a daily basis or where they shopped. In any event all the pharmacies were in the general area and they all delivered.

Mr Akram was asked how residents of Kirkshaws travelled to his premises. He said that it varied – some came by taxi, some by bus, some walked, some cycled and some drove. He indicated that locals had special deals with the local taxi firm if they used the services regularly and believed this was not too expensive.

Mr Byrne asked about the detriment to Mint's business if a new pharmacy opened and Mr Akram replied that there would be some as he would lose some customers and NHS income was important to maintain services. It may be that he had to cut staffing. He acknowledged that the PPC should not base its decision on financial impact but stated that they needed to consider the impact on other pharmacies and the services offered.

Mr Byrne referred to the 2020 Vision and the drive towards being treated in the community and asked if it was appropriate for methadone patients to travel.

Mr Akram replied that this was an individual decision and that the 2020 Vision was about much more than that.

### **5.1.2 Questions from Interested Parties to Mr Akram**

The Interested Parties had no questions for Mr Akram.

### **5.1.3 Questions from the Committee to Mr Akram**

Mr Sargent referred to the neighbourhood that Mr Akram had defined and asked if all those would consider themselves to be part of Kirkshaws. Mr Akram said that he had based his neighbourhood on the natural flow of people around the area. He also indicated that about 5-6% of his patients, including the deliveries, came from Kirkshaws.

In response to questions from Mr Woods about how his business catered for housebound patients, Mr Akram replied that they spoke on the phone, the delivery drivers were trained to give out appropriate information and numbers and they were always happy to do a home visit. He indicated that either he or his partner did this about 4-5 times a week. He appreciated that this was not part of the contract but he was interested in giving a good service.

Turning to eMAS, Mr Woods was interested in low registration being an indicator of good health. Mr Akram replied that it could be but he knew that all the pharmacies in the area offered registration where applicable. He could not say how many patients he had registered for Kirkshaws but 100% were offered the opportunity.

Mr Woods asked how Mr Akram would go about organising clinics in the area and he replied that he would work with the Health Board and local GPs to see which locations would benefit from clinics.

Ms Williams then put her questions to Mr Akram. She asked about the affect on the schools of the methadone supervision and Mr Akram said that there were no problems because he had implemented a structure for appointments which was strictly applied.

Regarding the population of the neighbourhood he defined, he replied that he did not know.

Referring to the fact that Mr Akram stated that 5-6% of the population of Kirkshaws used his pharmacy, Ms Williams asked how much of this business this was and he replied that it was probably about 15-20%.

Ms Williams asked if he had any idea why the eMAS registrations were lower from Kirkshaws and he did not.

Mr Lang had no questions. The Chair had no questions.

## **5.2 Mr David Henry, Lloyds Pharmacy Ltd**

Mr Henry read out the following pre-prepared statement which began by describing the neighbourhood which was the same as that defined by the Applicant:

To the north:	Old Monklands Road
To the south:	M8/A8
To the east:	St Andrews School/St Timothy's School, Rosehall Industrial Estate down to A8
To the west:	Old Monklands Road down Woodside Street to Kirkshaws Road

Although there is no pharmacy in the described neighbourhood this in itself does not infer inadequacy of pharmaceutical services, an opinion which has already been demonstrated in the past by both the PPC and the National Appeal Panel on a number of occasions. There are a number of pharmacies close to the neighbourhood and a number in the town centre, all of whom already provide a service to this neighbourhood. The medical services in Coatbridge are located either in the town centre and Dundyvan Road and the users of these services are already adequately served by the existing pharmacies. Lloyds provide a delivery service to Kirkshaws and are there every day. The local bus services from the neighbourhood to the town centre are regular and frequent.

From observations made during a visit, Kirkshaws would appear to have a high proportion of car owners, suggesting a higher than average ability to travel to access services.

I would argue that the Applicant has failed to demonstrate any inadequacy of pharmaceutical service to the described neighbourhood and, therefore, the application, being neither necessary nor desirable, should be refused.

### **5.2.1 Questions from the Applicant to Mr Henry**

Mr Byrne asked if Mr Henry had a figure for the level of car ownership in Coatbridge and he replied that he had none other than that in the pack supplied by the Applicant. He did say that he was surprised during his walk round the area at the number of cars in driveways and at the roadside.

When asked to describe the environment surrounding Lloyds' premises, Mr Henry said it was located at the corner of a pedestrian area less than 50 yards from a free parking area and that there was another car park nearby. He was not aware that parking was an issue.

Mr Byrne asked what Mr Henry's opinion was of the low eMAS registrations in Kirkshaws. Mr Henry replied that he did not know but tended to agree with Mr Akram that it suggested that health was generally good and acknowledged that this was surprising given that the data zones were among the most deprived.

### **5.2.2 Questions from Interested Parties to Mr Henry**

Mr Akram asked what percentage of his business came from Kirkshaws and Mr Henry said that about 5% of his delivery business was to Kirkshaws so possibly 10% in total. He indicated that he would hope to retain at least 5% of this if the application succeeded.

There were no other questions to Mr Henry from the Interested Parties.

### **5.2.3 Questions from Committee to Mr Henry**

Mr Sargent referred to the objections about the methadone service and asked what security Lloyds had in place. Mr Henry said that they did not have a security guard because this was not necessary as there had never been any trouble. He confirmed that there were no restrictions on the times when patients came for their treatment.

Mr Woods asked what face to face service was supplied. Mr Henry replied that everyone was happy to do phone consultations and their Standard Operating Procedures and Regulations allowed for a pharmacist to leave if there was a dispensing error. In addition, on days when there was a second pharmacist on duty, it was possible to offer a home visit.

Ms Williams asked where the residents of Kirkshaws normally went for pharmacy services. Mr Henry replied that he imagined the majority would go to the town centre as the medical services were concentrated there and the main shopping would be done there. A fair percentage went to Lloyds and others would go to other pharmacies in Coatbridge – it may depend on where they worked.

In response to a question from Mr Lang who was keen to understand why eMAS take up was low, Mr Henry outlined the criteria for registering and noted that not all conditions qualified which may be the reason.

The Chair had no questions.

### **5.3 Mr A Shearer, L Rowland & Co (Retail) Ltd**

Mr Shearer read the following prepared statement:

Firstly, I would like to address the issue of neighbourhood.

I would disagree with the definition given by the Applicant. To give our definition, I would describe the boundaries of the neighbourhood as:

To the North -           The railway line

To the West - The Open land to the west of Mitchell Street, running down to the A8 which forms the southern boundary  
To the East - A725 Whifflet Street back to the railway line

Looking at the Applicant's definition - is Old Monklands Road a boundary? Well it's certainly not a barrier - residents cross it freely to access schools every day. The speed on the road is kept low using a number of speed reduction measures, so I don't think anyone would struggle to cross. The housing on both sides of the road is similar, I don't think there is any distinct change, and certainly don't see how this makes a natural boundary. The same could be said of Woodside Street in the west. Will the residents of "Kirkshaws" do their day-to-day living within the Applicant's boundaries? Not a chance. There are not all the services you'd expect in a neighbourhood in its own right. Residents in this area will travel out and about for services, work and leisure facilities. In doing so, they will not find it hard to access existing pharmaceutical services.

And how will they do so? Well, I would agree that this area would not exactly be described as affluent, but seeing the number of cars park around of an evening, I think a number will actually use cars to get in and out the neighbourhood. Many residents walk - again, I would imagine during site visits you would see a number of residents taking to the pavement by foot.

Perhaps they'll use public transport? I would argue that this area is well served for bus routes. The 262 service running every half hour, or the No 2 First Bus Simplicity service that runs along Old Monklands Road, connecting the entire neighbourhood I have defined. This runs roughly every 20 - 30 minutes. Now, I may be wrong, but I would suggest that such a frequent service would not be a barrier for any of these residents.

Within my defined neighbourhood, there is one existing pharmacy, but we must account for the fact that pharmacy services can be provided by pharmacies in adjacent neighbourhoods. In actual fact, residents may use any one of the 11 pharmacies in the Coatbridge area. All these pharmacies provide all contracted services, alongside a number of additional services that individual pharmacies do themselves. Existing pharmacies are able to adapt as required. There are extended hours and collection and delivery services for those that need it. I fail to see how this serving of pharmaceutical services could be anything but adequate. I don't believe residents in my defined neighbourhood have any issues with access to a pharmacy, and once there, no pharmacy has been shown to be inadequate. As a result, this application should be refused.

### **5.3.1 Questions from the Applicant to Mr Shearer**

Mr Byrne asked Mr Shearer to define the areas covered by his proposed neighbourhood and he replied that it covered Kirkshaws, Kirkwood, Barrowfield, Dundyvan, Shawhead, Old Monklands. He confirmed that Langloan was not included. He could not say what the population of that area was but was happy to accept Mr Byrne's figure of 15,000. He also confirmed that there was one pharmacy in the area and a number of others which served it. When asked about the health demographics, Mr Shearer said that the

population and housing was much the same throughout the neighbourhood so it would be some of the most deprived data zones in Scotland, as was the whole of Coatbridge.

When asked about eMAS registrations, Mr Shearer stated that, despite promoting the service, it was massively underutilised in recent years and it was hard to say where those registered with him came from.

Mr Byrne said that as Kirkshaws had all its own resources and was referred to as an area in all the statistics which gave it an identity of its own and asked Mr Shearer if that constituted a neighbourhood. Mr Shearer indicated that that was for the PPC to decide but it was difficult to say who was actually accessing the amenities in Kirkshaws as no doubt many came from other areas as there was natural cross boundary movement.

### **5.3.2 Questions from the Interested Parties to Mr Shearer**

Mr Akram asked what percentage of his business came from Kirkshaws and Mr Shearer replied that it would probably be about 10% and he would hope to retain most of this as he had been there for years and had a well established collection and delivery service plus a the pharmacist was an independent prescriber who ran clinics and was consulted by many residents. Mr Akram asked about McNulty's which was just outside the area and Mr Shearer replied that they would undoubtedly serve his proposed neighbourhood too as people would naturally cross back and forth across the road. In addition McNulty were renowned for providing a good service locally and many people used them.

When asked about the population size, Mr Shearer did not consider 15,000 to be too large as there were other pharmacists serving the area and many people would use the town centre.

There were no other questions from the Interested Parties.

### **5.3.3 Questions from the Committee to Mr Shearer**

Mr Sargent asked about the boundary at Old Monklands Road and Mr Shearer said that this was not a natural barrier and while it was relatively busy, it was not a trunk road and had speed reduction measures so was easily crossed.

Replying to a question about the take up of eMAS, Mr Shearer said that they did what they could to make patients aware by speaking to them and making leaflets available so that they were not paying needlessly for medicines.

Mr Woods asked how, they managed face to face consultations with the housebound. Mr Shearer replied that they use the telephone to call either before or after a prescription was delivered to talk through any changes. The contact number was also on the bag. Locally the pharmacist ran clinics on

days when cover was available and as these did not last all day, she used the spare time to make home visits. These were not undertaken as often as Mint did but as and when required and there was no formal procedure in place.

Ms Williams asked about any issues with the methadone service and Mr Shearer replied that there had never been any trouble and they had received no complaints about the service. He confirmed that appointments were spread throughout the day and held in the consultation area away from the main shop.

In reply to a question from Mr Lang regarding the unfairness of pointing out only the names on the 1<sup>st</sup> page, Mr Shearer acknowledged that he could have used the whole petition but he wanted to make the point that if people were coming into the area, they could just as easily leave the area to access services.

The Chair had no questions.

#### **5.4 Mr Charles Tait, Boots UK Ltd**

Mr Tait began his presentation by referring to the datazones used to describe the neighbourhood and was unclear as to what the exact neighbourhood should be. He had looked at 4-6 zones but believed that there were 3 which had been stable over the last 10 years and that 2 of those were very high in the health deprivation. He noted that in the larger area there was a population of about 10,000 at mid 2011. Of the zones referred to by the Applicant he believed 3 to be relevant as there was little residential population in the 4<sup>th</sup>, this gave a population of approximately 2500.

He referred to the public transport system and thought that this area was served by more buses than he had ever seen before with 4 buses an hour, 2 companies offering 2 different routes both going into the centre and into the estate and there were also up to 8 bus companies going into Coatbridge from Old Monklands Road.

He believed that access to pharmacy provision was not based around how far you have to walk; the question was were pharmacies accessible by foot, public transport or by some other means. This area had the best public transport he had seen and he believed that there was no issue with accessing pharmacy services anywhere. He stated that there was no evidence to suggest that the actual pharmacy provision to the area was inadequate given that, using the Applicant's neighbourhood, there were 2 pharmacies in adjoining areas which were reasonably accessible and access to the other pharmacies in the town centre was easily accessible by bus.

Mr Tait then referred to the parade of shops where the proposed pharmacy was and had noted that it was extremely busy at lunchtimes when the pupils came to buy their lunch but at other times there was little activity and the local population did not appear to go there for their shopping.

As far as the provision of a methadone service was concerned, he had extensive knowledge of this and believed that many people liked to leave the area and be treated elsewhere so that they were not readily identifiable.

In conclusion he stated that there was no evidence of inadequacy as the existing pharmacies gave a good service and the application should therefore fail.

#### **5.4.1 Questions from the Applicant to Mr Tait**

Mr Byrne opened by questioning Mr Tait about the neighbourhood and datazones. Mr Tait said he had not defined a neighbourhood but had excluded the one containing Shawhead because that was where the schools were and there was no population and illustrated this to Mr Byrne on a map he had. He said that he would concede that the neighbourhood covered 3 datazones plus part of Shawhead. He believed that the zones were currently being looked at as they were out of date.

Mr Byrne then asked if the Pharmacy in Kirkwood had off street entry for wheelchair users. Mr Tait said that there was a portable ramp and customers had to ring a bell to request it. He said that this was not ideal but was acceptable.

Regarding the security, Mr Tait said that there was a security guard in the town centre shop for theft but not for any anti social behaviour.

Mr Tait agreed that there were empty units around the town centre premises and that this was because the town centre had moved across to the area by Asda and the retail parks. Most people went there for their shopping. He confirmed that there was currently no pharmacy in that area.

#### **5.4.2 Questions from the Interested Parties to Mr Tait**

Mr Akram then questioned then asked if the Woodside premises were DDA compliant and Mr Tait confirmed that they were.

In response to a question about the amount of shops closing in the town centre, Mr Tait reiterated that the centre of activity in the town had moved which was common in other towns. The High Street was no longer a main artery as people entered the Asda site by car or from the bus station. He confirmed that the pharmacies were clustered around the area where the health centres were.

When asked what proportion of Boots' patients came from the proposed neighbourhood, Mr Tait estimated, that across both sites, it would be about 40-50% of the population. He would like to retain all of these but there would be some impact on the business

There were no other questions from the Interested Parties.

### **5.4.3 Questions from the Committee to Mr Tait**

Mr Sargent asked Mr Tait to define the neighbourhood and he said that he found this difficult because demographically there was little or not difference all the way from Kirkshaws to Whifflet Road. All the housing stock was similar apart from one or two parts where there was serious deprivation and a small area of more affluent housing. In terms of real boundaries, he stated that Whifflet Road was the only obvious one as Old Monklands Road was not a boundary. There was no change in the housing on either side of it.

Mr Sargent then asked what proportion of people had to come back to collect prescriptions and Mr Tait said that it was less than 2%

Mr Woods asked what was considered acceptable access under the DDA. Mr Tait said that non fixed ramp which could be deployed on request was acceptable. It was not ideal but they were not permitted to put a fixed ramp as there would then be a trip hazard. He confirmed that the other Boots store had flat access.

On the topic of not being proactive about eMAS, Mr Tait said that he had checked the figures for both stores and both were in the top level. There were 4000 registrations across the two stores who did try to be proactive. There were many reasons why people did not use the service. He pointed out that many people would register and then forget that they could get the medicines free and buy them elsewhere. Also some patients would just get them added on to a GP prescription so that they did not have to pay. In addition a lot of people were not eligible for registration.

With regard to face to face consultations, Mr Tait said that they very rarely did home visits although they would do so in extreme cases. They did deliver and spoke on the phone and were currently looking at tele-pharmacy.

Ms Williams asked what percentage of Boots business came from the Kirkshaws area. He said it was difficult to say but most of them would likely use the Woodside site. He surmised that the residents used the public transport system and could access many pharmacies within a few minutes.

Ms Williams referred to the difficulty Mr Tait had in defining the neighbourhood and asked him how he would define it if he were in the Applicant's shoes. He replied that he would use exactly the same definition as he would be trying deliberately to exclude any other pharmacies and then would argue the case.

Mr Lang said he was confused by the population figures and the data zones being spoken about. Mr Tait referred to a map that he had showing the 6 datazones given by the Applicant and pointed out the 3 that he considered relevant along with a small part of Shawhead where there were houses. Having checked with Mr Byrne, the Chair allowed the map to be submitted for information.

There were no further questions from the Committee.

- 6.1** After the Chair had confirmed that nobody present and participating in the hearing had any further comments or questions, he asked the various parties to sum up their arguments.
- 6.2** Mr Akram stated that, based on what had been said today and what had gone before, there was no reason to say that the service provided was inadequate. The application should therefore be rejected
- 6.3** Mr Henry stated that there had been no material changes in the neighbourhood since previous applications, all of which were refused, so there should be no reason to grant this application either.
- 6.4** Mr Shearer said that he stood by what he had said previously in that people moved freely about the whole area and there were no barriers to access. The existing service was comprehensive and there was no need to grant this application.
- 6.5** Mr Tait said he had nothing further to say other than to restate that the application should not be granted.
- 6.6** In conclusion, Mr Byrne read the following statement:

I understand the onus is on the Applicant to demonstrate that the pharmaceutical services within the neighbourhood as defined are inadequate before the panel can consider necessity or desirability. I believe I have demonstrated that the neighbourhood services are inadequate due to:

- The population size and deprivation that exists within the neighbourhood with no pharmacy.
- There only being one other pharmacy within an area that comprises Shawhead, Kirkshaws, Kirkwood, Old Monklands, Barrowfield & Dundyvan and a population of around 15,000
- Access issues to the town centre as identified in the document Coatbridge Town Centre: working towards a new framework and action plan
- Antisocial behaviour in Town Centre, bus station and Outside Pharmacies currently providing methadone. Intimidation and feeling unsafe
- The change in population movements into the town centre referred to in the Coatbridge Town Centre: Working Towards a New Framework and Action Plan and confirmed by the town centre coordinator, Increasing vacant units and decreasing footfall.
- The tensions that exist between elements of the communities of Kirkshaws, Kirkwood and Whifflet and Shawhead making services in Kirkwood and Whifflet inaccessible to residents of the defined neighbourhood.
- The local bus service being challenging for young mothers and the

disabled to use / wheelchair users cannot use, combined with unreliability in cold weather.

- The support of the local council by awarding the lease to the tender which will add a much required service to the community.
- Support from the residents of the neighbourhood through a petition with in excess' of 120 signatories.
- Changing circumstances current configuration of services is to meet the requirements of a population that no longer exists.

With regard to necessity I believe a pharmacy at 178 Woodhall Avenue, Kirkshaws, Coatbridge is necessary to secure adequate pharmaceutical provision to the neighbourhood for the above reasons.

Further, the issue of desirability can also be considered by the PPC and as Lord Drummond Young stated in his judgement of Lloyds'Pharmacy vs National Appeal Panel, June 2004: "If the proposal under consideration does no more that make up shortfall, that proposal will obviously be "necessary" to secure provision of pharmaceutical services in the neighbourhood. In some cases, however the proposal may go further, and result in a degree of over provision. The use of the word "desirable" is in our view intended to permit the approval of such a proposal, if the decision maker is satisfied that, notwithstanding the over-provision, the proposal is still "desirable" in order to secure adequacy.

I would contend that if the PPC do not conclude that this application is necessary it would, in my opinion, based on the judgement of Lord Drummond Young, certainly be desirable.

For all of these stated reasons I believe this pharmacy application is necessary and desirable to secure adequate provision within the neighbourhood and should be granted.

The Chair thanked all parties for their contributions.

## **7 Retiral of Parties**

**7.1** The Chair then invited each of the parties present participating in the hearing to individually and separately confirm that they had received a fair hearing and that there was nothing further that they wished to add. Having been advised that all parties 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 who wished 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.

**7.2** The Chair reminded the Applicant and Interested Parties that they may wish to remain in the building until the Committee had completed its private deliberations should the Committee require factual or legal advice, at such time they would all return to an open session.

**7.3** At the Chair's request Mr Lindsay and Mrs Forsyth also withdrew from the meeting.

**The hearing adjourned at 1300 hours.**

**The hearing reconvened at 1320 hours.**

## **8 Supplementary Information**

Following consideration of the oral evidence, the Committee noted:

- i. That they had each independently undertaken a site visit of the town of Coatbridge 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 Coatbridge.
- iii. A map of Coatbridge and surrounding areas.
- iv. Prescribing statistics of the Doctors within the town of Coatbridge
- v. Dispensing statistics of the Pharmacies within the town of Coatbridge.
- vi. Demographic information on the town of Coatbridge taken from the 2001 Census.
- vii. Report on Pharmaceutical Services provided by existing pharmaceutical contractors within the town of Coatbridge
- viii. Letter dated 3 June 2013 , from Mrs J Arthur PFPI Project Assistant, NHS Lanarkshire, intimating the views of the Coatbridge Community Forum
- ix. The application and supporting documentation provided by the Applicant on 24 March 2013
- x. The map showing the data zones provided by Mr Charles Tait during the meeting.

## **9. Decision**

**9.1** The Committee in considering 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.

### **9.2 Neighbourhood**

The Committee noted the neighbourhood as defined by the Applicant and the views of the Interested Parties. It took into account a number of factors in defining the neighbourhood, including those who were resident in it, that it had natural and physical boundaries, the location of general medical practices, general amenities such as schools, shopping areas and the distance over which those who were resident in the neighbourhood had to travel by private car and also the availability of public transport, to obtain pharmaceutical services. Specifically, Monkland Road was a busy, albeit not a main trunk road and the

topography changed significantly to the North in the direction of Barrowfield. To the East, Rosehall industrial estate represented a clear physical boundary, as did the A8/M8 road to the South. To the West, Kirkwood was in a separate data zone with a different demography, and Old Monklands Cemetary represented a clear physical boundary.

The Committee then agreed that the neighbourhood should be that defined by the Applicant, namely:

To the North - Monkland Road  
To the East - Rosehall Industrial Estate  
To the South - the A8/M8 Road  
To the West - Woodside Street/Kirkshaws Road to its junction with Monkland Road.

### **Adequacy of existing provision of pharmaceutical services and necessity or desirability**

- 9.3** Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of existing pharmaceutical services in the neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 9.4** It was noted that there were no contract pharmacies within the neighbourhood as defined by the Committee. However it was recognised that there were 3 pharmacies (Rowlands, McNulty and Boots) which were all within reasonable proximity, readily accessible by public or private transport and that currently provided services into the neighbourhood. In addition there were a number of pharmacies, also currently providing services to the neighbourhood, located in the Town Centre which were reasonably accessible to the neighbourhood by public and private transport and were then within walking distance of GP services, major food and other retail outlets.
- 9.5** The Committee noted the points made by the applicant regarding health inequalities, absence of any GP surgery within the neighbourhood, the suggested changes in travel patterns to the town centre and adjacent supermarkets with the rise of on line shopping and the anxieties of various sections of the population about travelling out of the neighbourhood to adjacent areas or to the town centre. It noted the specific weight placed by the applicant upon lack of access and particularly face to face access to other existing pharmacies. The Committee concluded however that the accessibility and frequency of public transport links provided reasonable access to services including for the more vulnerable members of the population. The Committee considered it unlikely that the normal pattern of life for most households would have seen a mass switch to on line shopping and noted that the applicant had not provided specific evidence on this point.
- 9.6** The Committee had regard to the viability of other existing pharmacies should the application be granted. It was noted from the oral evidence that whilst all would remain viable it had been claimed by a number of parties that granting the application could have a slight detrimental effect on their business.

**9.7** The Committee recognised that this was an area of relatively high deprivation where there was usually a higher demand for pharmaceutical services. However, the population of the neighbourhood was low at between 2500 (Boots) and 3424 (Applicant), depending on which data zones or part data zones were included. The Committee took the view that the resident population was unlikely to increase in the foreseeable future. The Committee also considered that if the application was to be granted the new pharmacy would be unlikely to attract custom from outwith the neighbourhood, whereas a proportion of the population within the neighbourhood would continue to access the pharmacies they currently used. The Committee recognised that all of these existing pharmacies provided the whole range of pharmacy services to this neighbourhood to a greater or lesser degree. The Committee considered that taken together these factors might impact the long term viability of a new business.

**9.8**

Following the withdrawal of Ms Williams and Mr Lang 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 into the neighbourhood was adequate.

Accordingly, the decision of the Committee was 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. This decision is made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

**9.9 Ms Williams and Mr Lang were then requested to return to the meeting, and advised of the decision of the Committee.**

**The meeting closed at 14:30 hours**