

## MINUTE: PPC/2014/03

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Tuesday 13 May 2014 at 10.00 am in the Conference Room, Medical Education Training Centre, Kirklands Hospital, Fallside Road, Bothwell, G71 8BB**

The composition of the PPC at this hearing was:

Chair: Mr Michael Fuller

Present: Lay Members Appointed by NHS Lanarkshire Board

Mr Charles Sargent  
Mr John Woods

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

Mrs Catherine Stitt

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

Mr Kenneth Mackenzie

Observer: Mrs Margaret Morris, Co-chair of Lanarkshire PPC

Secretariat: Mrs Fiona Kennedy, NHS National Services Scotland

1. **APPLICATION BY THE RED BAND CHEMICAL COMPANY LTD, t/a LINDSAY & GILMOUR PHARMACY, UNIT 4, VARNSDORF WAY, AIRDRIE, ML6 8EQ**

There was submitted an application and supporting documents from The Red Band Chemical Company Ltd, t/a Lindsay & Gilmour Pharmacy received 20 January 2014, for inclusion in the Pharmaceutical List of Lanarkshire NHS Board in respect of a new pharmacy at Unit 4, Varnsdorf Way, Airdrie ML6 8EQ.

### **Submission of Interested Parties**

The following documents were received:

- i) Letter received via email on 3 February 2014 from Health Pharmacy Ltd.
- ii) Letter received on 11 February 2014 from Boots UK Ltd.
- iii) Letter received via email on 25 February 2014 from Calderbank Pharmacy.
- iv) Letter received via email on 26 February 2014 from Monklands

- Pharmacy.
- v) Letter received on 26 February 2014 from BBF Enterprises Ltd.
  - vi) Email received on 27 February 2014 from Area Pharmaceutical Committee.
  - vii) Letter received via email on 28 February from Lloyds Pharmacy Ltd.

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

- i) Letter received on 25 March 2014 from Mrs Julie Arthur, PFPI Project Assistant, NHS Lanarkshire intimating the views of the Airdrie & Villages Community Forum.

## **2. Procedure**

- 2.1** At 09.30 am on Tuesday, 13 May 2014, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by the Red Band Chemical Company Ltd., t/a Lindsay & Gilmour Pharmacy, (“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 all to the meeting and introductions were made. When asked by the Chair, members confirmed that the hearing papers had been received and considered and that none had any personal interest in the application.
- 2.3** It was noted that Members of the Committee had previously undertaken site visits to the town of Airdrie 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, schools and churches.
- 2.4** The Chair then reported that Miss Margaret Morris, Non-Executive Director of Lanarkshire NHS Board who had been appointed Co-Chair of the PPC would enter and withdraw from the hearing alongside the Applicant and Interested Parties. The Chair emphasised that Miss Morris was in attendance solely as an observer for training purposes and all parties were consulted on her proposed attendance and no objections had been received. The Chair advised that Mrs Kennedy was independent from the Health Board and would be solely responsible for taking the minute of the meeting.

- 2.5** The Chair reported that arrangements were in place to access advice or clarification should any questions arise regarding factual and procedural issues. This service would be provided via telephone using a handsfree facility and available solely during open session in order that all parties were able to receive and question the advice given.
- 2.6** The Chair asked Members to confirm an understanding of 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 For Members of Pharmacy Practices Committee. The Chair then instructed Mrs Kennedy to invite the Applicant, Interested Parties and Miss Morris, Non-Executive Director of the Board to enter the hearing.

**The open session convened at 10.05am.**

**3. Attendance of Parties**

- 3.1** The Chair welcomed all and introductions were made. The Applicant, The Red Band Chemical Company Ltd., t/a/ Lindsay & Gilmour Pharmacy was represented by Mrs Yvonne Williams, accompanied by Mr Robert McGregor. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Andrew Blair accompanied by Ms Hayley Docherty – BBF Enterprises Ltd, Mr David Henry – Lloyds Pharmacy Ltd, Mr Asif Majid accompanied by Mr Sarfraz Majid – Health Pharmacy Ltd, Mr Addy Mohammed accompanied by Mr Ian Nicholson – Calderbank Pharmacy and Mr Charles Tait – Boots UK Ltd.
- 3.2** Miss Margaret Morris, Co-Chair, Lanarkshire PPC also entered the meeting at this time.
- 3.3** The Chair advised all present that the meeting was convened to determine the application submitted by The Red Band Chemical Ltd, t/a Lindsay & Gilmour Pharmacy in respect of premises at Unit 4, Varnsdorf Way, Airdrie, ML6 8EQ. The Chair confirmed 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.”
- 3.4** The Chair advised all 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 Miss Margaret Morris, Co-Chair, Lanarkshire PPC had entered and would withdraw from the hearing alongside

the Applicant and Interested Parties. All parties were consulted on her proposed attendance and no objections were received. The Chair emphasised that Miss Morris was in attendance solely as an observer for training purposes and would not be taking part in any of the decision making process.

- 3.5** The Chair then advised that Mrs Kennedy, SHSC, NHS National Services Scotland would be present throughout the duration of the hearing for the purposes of providing secretariat support to the Committee. The Chair confirmed that Mrs Kennedy was independent of Lanarkshire NHS Board and would not take part in discussions around the decision making process.
- 3.6** The Chair asked all parties for confirmation that these procedures had been understood and accepted. Having ascertained that all parties understood and accepted the procedures the Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated.
- 3.7** The Chair explained 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.
- 3.8** The Chair reported that arrangements were in place to access advice or clarification should any questions arise regarding factual and procedural issues. This service would be provided via telephone using a handsfree facility and available solely during open session in order that all parties were able to receive and question the advice given
- 3.9** The Chair asked for confirmation that all parties fully understood the procedures to be operated during the hearing as explained, had no questions or queries about those procedures and were content to proceed. All confirmed agreement. The Chair concluded the procedural part of the hearing by reminding each party that there could only be one spokesperson. All confirmed understanding of this requirement.

#### **4. Submissions**

- 4.1** The Chair invited Mrs Williams to speak first in support of the application.

- 4.1.2** Mrs Williams read the following pre-prepared statement:

I would like to thank the Committee for the opportunity to present today in respect of our application for inclusion in NHS Lanarkshire's Pharmaceutical List at our premises at Unit 4 Varnsdorf Way, Petersburn, Airdrie, ML6 8EQ.

**4.1.3** **NEIGHBOURHOOD**

I would like first of all to start by defining the neighbourhood. The boundaries of the neighbourhood as we define it are:

To the North - B8058 Petersburn Road  
To the South - North Calder Water

To the East - Towers Road leading to Craigens Road  
To the West - A73 Carlisle Road

These boundaries form natural boundaries to the neighbourhood in terms of three busy roads and a watercourse. It is also important when identifying a neighbourhood to take into account the opinions of those living within this neighbourhood and who they regard as their 'neighbours'. This is demonstrated in your papers by the views of the residents expressed in their comments where they frequently refer to their 'neighbourhood' simply as 'Petersburn'.

#### **4.1.4 EXISTING SERVICES**

There is currently no existing pharmacy within the neighbourhood, and so pharmaceutical services are currently accessed from outwith the neighbourhood at present. There are no GP services located within the neighbourhood of Petersburn however this does not mean that there is no requirement for Pharmaceutical services.

The nearest Pharmacy is located in Willow Drive, approximately half a mile away from our proposed premises. The next nearest is Health Pharmacy in Forrest Street near to the Clarkston Medical Centre. In addition there are a number of Pharmacies located within the town centre of Airdrie itself. Currently the residents of Petersburn will access their Pharmaceutical services from a variety of Pharmacies across Airdrie and beyond as with any urban area.

#### **4.1.5 ADEQUACY OF EXISTING SERVICES**

- **Population/Demography**

In terms of population, figures from the 2012 Scottish Index of Multiple Deprivation (SIMD) show the population to be in the region of 4000.

Airdrie itself is a relatively deprived area with a higher than average rate of unemployment (4.9% compared to 4.8% - Census 2011) and nearly twice the national average of people classed as long-term sick or disabled. Crime rates are also higher than the national average.

Craigneuk and Petersburn falls below even the Airdrie average in terms of deprivation in the areas of Health and Labour. The 2011 Census shows that since the previous Census in 2001 the number of people in 'bad health' in the Petersburn area has increased by approximately 250%. These statistics paint a bleak picture in terms of the health of the population of Petersburn and an additional Pharmacy would assist in addressing these health inequalities.

- **Transport**

Whilst the residents of Petersburn have slightly higher than national average car ownership this is again below the Airdrie average. However we are more and more being encouraged to rely more heavily on walking, cycling or on public transport for

reasons of economy, environment and fitness. Having access to a car should not discount reasonable access to a Pharmacy.

There are a number of bus services running from Petersburn:

201- runs every 15 - 20 minutes during the day

222 - runs every 15 minutes

26 - runs every 30 minutes during the day

In addition there are two commuter buses - the X62 and the 203 which both travel to Glasgow and the N2 night bus which runs on a Saturday, however, none of these operate during normal Pharmacy hours.

Whilst the buses run regularly it is unacceptable in this day and age for people to have to rely on travelling to a Pharmacy by bus. Even with a short waiting time of 15 minutes between buses a journey, once you have factored in waiting on the bus, travel time, picking up your prescription and returning home could easily take 45 minutes. How feasible is it for someone not feeling at their best to spend this length of time travelling for a prescription? Are they going to feel like waiting on and getting on a bus in the first place? Whilst it is accepted that most pharmacies offer a collection and delivery service this cannot be viewed as a suitable substitute.

- **Topography**

On foot it is a distance of roughly half a mile up (and down) hill from our proposed premises to the nearest pharmacy at present. Studies of the Ordnance survey map for the area show on Glen Road a height of 135m at Varnsdorf Way which rises to 170m at Petersburn Road - an incline of 35m over a distance of 480m. This amounts to a slope of 1 in 18 and the Disability Discrimination Act would call for resting plats at 10m intervals for a slope of this magnitude. As I am sure you have seen from your site visit there are no such resting points. Walking is clearly not an easy option for anyone with physical or visual disabilities and the distance involved are not ideal even for those who are able bodied.

If for instance, looking at the 2007 NAP decision for Lloyds Pharmacy in Halfway, Cambuslang. The panel there noted that a distance of 0.7miles was "significant and challenging, particularly for those such as young mothers with pushchairs, the disabled and others without transport". As a former resident of that particular area who regularly walked the route they were referring to I can assure you that I would much rather have pushed my son's pram up that hill than the one on Glen Road.

In addition with the press publicity last year around the junction of Petersburn Road and Tower Road due to a number of accidents and near misses over the years this is clearly not the easiest of routes to navigate. This is a busy road and despite the council's subsequent proposal to install traffic calming measures, which appear to be yet in place, it will remain busy and difficult.

With regard to the population's belief in terms of adequacy it is evident from the comments received from members of the public that they believe the current services to be inadequate for their neighbourhood.

**4.1.6 SERVICES**

In terms of services, we intend to deliver all the core services of the Pharmacy contract:

Dispensing of NHS and Private prescriptions  
Acute Medication Services  
Chronic Medication Services  
Minor Ailment Services  
Public Health Service, including EHC and Smoking Cessation  
Gluten Free Food Service  
Stoma Service  
Compliance Aids Collection and Delivery Service

In addition we would intend to deliver any available locally negotiated services and would be happy to bid for any additional services should funding become available from the Health Board.

**4.1.7** In our original application we stated that we would not be participating in the Methadone program as a result of the strength of local feeling against it. However, the recent publication of the 'Delivering Recovery' document which reviewed Opioid Replacement Therapies in Scotland has further reinforced the importance of community Pharmacy in improving the outcomes of people with substance misuse problems.

**4.1.8** This has given us a significant headache. We are fully supportive of government strategy and always follow professional guidance wherever possible, however, we had made a commitment to local residents that we would not dispense Methadone. It was clear from our first meeting with community representatives that Methadone provision from other Airdrie pharmacies and the Craigneuk Pharmacy in particular was a concern for them. With more than one stating that they were 'frightened' to use the pharmacy due to the presence of people receiving their Methadone there. However, upon reflection of this we have considered that it would be unprofessional, unethical and socially irresponsible to the neighbourhood and the wider public for us NOT to dispense Methadone. It would therefore be our intention to consider accepting patients local to our premises to ensure that we do not encourage patients from outwith the area. However it would not be our intention to do this on a supervised basis (for which there is precedent locally).

**4.1.9** We accept that this may not make us very popular with the local community in the short term; however, we would hope that the additional Pharmaceutical services we would offer to the neighbourhood would more than make up for this. We have significant experience of providing Substance misuse services at our

other 27 branches and have had very few issues over the years.

- 4.1.10** With the recent completion of the revised Pharmacy contract and the ongoing development of the new contract following the publication of the Prescription for Excellence document the population is becoming less reliant on their GP to provide all their healthcare services and advice in the first instance. Approval of this application would assist in allowing Pharmacy to meet these changing demands. Local initiatives to signpost patients to Pharmacy rather than attending A&E departments, once established, will also increase demand for Pharmacy services.
- 4.1.11** It should also be noted that the area around our proposed premises has been identified as being in SIMD quintile 1 (i.e. one of 20% most deprived areas in Scotland) and as such is included in the revised HEAT targets for smoking cessation. An additional Pharmacy within the area would assist NHS Lanarkshire in delivering these 12 week quit targets and in improving the health of residents in the neighbourhood.
- 4.1.12** The plans we have submitted for our premises show a large DDA compliant, modern facility. Our premises are located in a small retail precinct which benefits from a large number of off-road parking spaces both at the front and the back. The car park has benefitted recently from having been resurfaced by the council.
- 4.1.13** A population of this size, with the access difficulties described, **DOES** need its own local Pharmacy to meet such an inadequacy. There is the need for access to healthcare within easy reach for the people of the community. As already stated emphasis on Pharmaceutical services has increased as a direct result of the Pharmacy contract with the introduction of the Minor Ailment Service, Acute Medication Service, Public Health Service and the Chronic Medication Service. Ease of access to direct contact with a Pharmacist is an essential element in delivery of these services.
- 4.1.14** The GP practices locally are extremely busy - with roughly 53000 patients on their list (ref: ISD Scotland 2011) generating on average 18.2 prescriptions per person per year (ISD Scotland 2012). That creates a LOT of prescriptions (964600 annually) i.e. 80400 per month). More than enough to make 12 Pharmacies viable let alone the existing 11.
- 4.1.15** **Every individual in Scotland has equal right** to have access to healthcare services **irrespective of their level of deprivation or affluence** and that includes access to a Pharmacy.
- 4.1.16** **NECESSITY**  
In order to secure an adequate Pharmaceutical service for our defined neighbourhood we believe it is therefore necessary that the application be granted for the establishment of this Pharmacy.



In conclusion, I would urge the panel to grant this application from Lindsay and Gilmour for inclusion in the Pharmaceutical list.

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

The Chair invited the Interested Parties in turn to question the Applicant.

**4.2.1** Mr Majid, Health Pharmacy Ltd had no questions.

**4.2.2** Questions were then invited from Mr Tait, Boots UK Ltd.

Mr Tait noted that the applicant had now changed their position with regards to methadone dispensing in that they would now offer a restricted methadone service i.e. there would be no supervised provision. Mrs Williams stated that their position had not changed as they had advised the local community that the proposed pharmacy would not participate in the methadone programme.

**4.2.3** Mr Tait noted that a number of the respondents to the flyers advertising the application for a new pharmacy were in support of the new pharmacy as long as there was no methadone dispensed and asked if Mrs Williams thought that they would have received the same level of support from the community had they reported that they would be offering the methadone service. Mrs Williams replied the level of support may have been different but that was not the reasoning behind their decision as many of the public were not aware of what offering a methadone service entailed. Mr Tait that educating the public on the methadone service was an issue.

**4.2.4** In response to questioning from Mr Tait on the boundaries of the proposed neighbourhood Mrs Williams stated that the top of Petersburn Road (i.e. the junction with Towers Road) was viewed as physical boundary as there have been issues with access and crossing points as she had mentioned in her statement. There had been a number of accidents over the years therefore it was selected based on the topography of the area.

**4.2.5** Mr Tait referred to Mrs Williams comments that it was not acceptable to get a bus to a pharmacy and questioned the distances for people to walk to current pharmacies should they live on Moorcroft Drive for example; near the junction of Towers Road and Petersburn Road. Mrs Williams stated that she accepted that people could travel by bus to pharmacies but it was certainly not ideal. She acknowledged that if someone lived on Moorcroft Drive they would be quicker walking to the pharmacy in Forrest Street than the proposed pharmacy.

**4.2.6** Questions were then invited from Mr Mohammed, Calderbank Pharmacy.

Mr Mohammed asked what the population was for the proposed neighbourhood. Mrs Williams replied that the figures she had presented were taken from census data and datazones. Petersburn

and Craigneuk covered 11 datazones some of which were wholly included and some datazones had only a proportion of the figures therefore it had been calculated based on those 11 datazones.

**4.2.7** Mr Mohammed noted that in Mrs Williams' statement she had stated 4000 as the population but on referring to the Intermediate Geography table contained in the circulated papers 2982 was quoted for the Petersburn area. Mrs Williams acknowledged the difference and stated it would be fair to say the true figure lay somewhere between 2982 and 4000.

**4.2.8** When challenged on the provision of unsupervised methadone when Mr Mohammed argued that the majority of patients would require supervised methadone dispensing, Mrs Williams stated that it had not been a big shift from their application. She accepted that it was fair to say that the majority of methadone patients would require a supervised service but there were others that did not require this level of supervision.

**4.2.9** Questions were then invited from Mr Blair, BBF Enterprises Ltd.

Mr Blair stated that Mrs Williams's clarification of the population was still not clear as from the table circulated it was clearly less than 3000 people. He then questioned why it was unacceptable for a patient to get a bus to a pharmacy as they were very frequent; every 12 minutes and it was free for the elderly and there were other concessionary fares. Mrs Williams replied that clearly buses were regarded as an important way to access pharmaceutical services but the best option would be to have a pharmacy without having to travel to it. Mr Blair stated that the majority of patients already had to travel to their GPs who were located across the town therefore did not accept travelling by bus to be an issue.

**4.2.10** In response to further questioning regarding travelling distances to pharmacies Mrs Williams acknowledged that pharmacies were offering a prescription collection service from GP surgeries which in part negated her argument of travelling times between surgeries and pharmacies but Mrs Williams argued that having a pharmacy located in Petersburn would make things easier for patients.

**4.2.11** Mr Blair referred to Mrs Williams comments that the local community wanted a pharmacy as could be seen from the response to the survey but commented that the survey contained no other constructive comments apart from convenience and questioned why Mrs Williams had stated that the community wanted it for other reasons when none were apparent. Mrs Williams replied that a few people had commented that they wanted this pharmacy in terms of access and mobility issues.

**4.2.12** Mr Blair referred to Mrs Williams's statement that local people had stated they were frightened to attend their pharmacy if it provided methadone and asked where she had gained this information. Mrs

Williams replied that evidence was provided at the local meeting with residents of the community. It was stated it was an issue in Craigneuk and in Airdrie as well.

- 4.2.13** Mr Blair returned to the earlier discussions around methadone, stating that it was a matter of semantics between what had been stated in the application, that the pharmacy would not participate in the methadone programme and now stating that it would dispense methadone but not to those requiring supervision. He then referred to the copy of the email from Robbie McGregor of Lindsay & Gilmour to William Hynd, which stated in bold capital letters that the pharmacy would not be dispensing methadone and the emails from local councillors that they would not support another pharmacy as it would bring more methadone in the area. He questioned if the local community understood what the methadone programme entailed.
- 4.2.14** Mrs Williams replied that they had attended a local community meeting at which the councillor had been present and there had been a frank discussion as to what the methadone programme involved. They had made a commitment to the local people not to commit to the methadone programme.
- 4.2.15** Mr Blair reiterated that methadone was a prescribed drug and there are very few instances where it was not provided under supervision. Mrs Williams replied that from her experience the methods in the provision methadone varied. They had two pharmacies in Lanarkshire where methadone was dispensed and there were those who were on “take away” doses”. She acknowledged the majority were supervised but there was still a fair proportion that was not.
- 4.2.16** Mr Tait asked to make a comment at this stage regarding “take away” doses of methadone. He stated that people on this type of dosage were assumed to be stable. Mrs Williams agreed but it could be for other reasons. Mr Tait further stated that methadone patients were addicts and an addict’s life could be chaotic and asked what would happen if there was an incident and they then required the supervised methadone service. Mrs Williams replied that they would cease to supply them if they needed supervision.
- 4.2.17** Mr Blair informed Mrs Williams that his colleague, Ms Docherty, had attended the local meeting that Mrs Williams referred to and there had been no clear distinction made regarding the methadone programme and the service they proposed to offer. Mrs Williams assured Mr Blair that there had been a very frank discussion around methadone and that everyone was clear on what was and was not being provided.
- 4.2.18** Questions were then invited from Mr Henry, Lloyds Pharmacy Ltd.
- Mr Henry asked if the pharmacy would be providing Suboxone. Mrs Williams replied that if it required supervision then they would not be providing it.

- 4.2.19** Mr Henry noted that in the letters of support one person had given their address as Craigneuk and asked if it was the intention to provide services to Craigneuk. Mrs Williams stated that flyers were left at the stores near the proposed premises. As with any pharmacy initially the intention was to serve the immediate neighbourhood but anyone could access the services as clearly people travelled at present.
- 4.2.20** In response to questioning about the topography of the neighbourhood and incline between Glen Road and Petersburn Road Mrs Williams accepted that no matter which way people walked this road they would have to go up and down the hill at some point and stated that it all came down to the patient's choice as some people may choose to go to Forrest Street instead or any other pharmacy.
- 4.2.21** Mr Henry concluded his questioning by asking if Mrs Williams was aware if an application had been made in the previous 12 months to provide pharmaceutical services in this neighbourhood. Mrs Williams replied that she was not aware of any previous applications.

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

- 4.3.1** Mrs Stitt stated that in terms of defining a neighbourhood the Regulations referred to the inclusion of amenities such as a bank, post office, supermarket, etc. and asked where residents of the proposed neighbourhood would access the nearest amenities. Mrs Williams replied that it would be either Craigneuk or the town centre of Airdrie. In response to further questioning as to whether the nearest post office was under threat of closure, Mrs Williams stated that she was not aware of any plans to close this post office.
- 4.3.2** In response to questioning regarding opening hours, Mrs Williams confirmed that the pharmacy would remain open over lunch time.
- 4.3.3** In response to questioning regarding the patient survey Mrs Williams confirmed that their first application had been withdrawn but that the survey responses were from the original application.
- 4.3.4** Mr MacKenzie asked, in terms of viability, how many prescriptions would ensure the proposed pharmacy would be considered viable. Mrs Williams stated that initially there would be a substantial cost involved in building up the business but approximately 3000 prescriptions would be adequate.
- 4.3.5** Mr MacKenzie referred to the previous discussions surrounding methadone and asked if the population decided not use the pharmacy because it was being dispensed would this impact on the viability. Mrs Williams replied that obviously this would potentially be a concern but every pharmacy in Airdrie currently supplied methadone apart from one.
- 4.3.6** Following this line of questioning Mr Woods referred to the email from

the local community representative that they would not support the pharmacy if methadone was being supplied and the subsequent reply from Lindsay & Gilmour that it would not be dispensing methadone and asked again for clarification on this point. Mrs Williams reiterated that their application had never stated that they would not be dispensing methadone only that they would not be taking part in the methadone programme. It was their intention to dispense but not supervised.

- 4.3.7** In response to questioning regarding the population statistics Mrs Williams confirmed that it was fair to say that the figure lay somewhere in between 2982 and 4000. The map presented along with the application presented a datazone and Mrs Williams confirmed that they had difficulty in establishing the exact population of the area as the zones overlapped. She reiterated that 11 datazones went in to the neighbourhood and their best calculation was approximately 4000 people but did accept that it may be less. She further stated that anything over 2,900 would make the pharmacy viable.
- 4.3.8** Mr Woods expressed his confusion as to the comments made regarding it was unacceptable for people to travel by bus to pharmacies and then the comments made about the difficulties encountered walking to pharmacies and asked for clarification. Mrs Williams replied that by having a local pharmacy without having to rely on a bus service alone would be the ideal solution.
- 4.3.9** Mr Woods then referred to the public consultation exercise carried out by the applicant and asked what made the current services inadequate. Mrs Williams replied that this survey was used to establish whether a pharmacy would be of benefit to that local community. The word “adequate” was used as that is the word used in the legal test but acknowledged that the public would not know what “adequate” meant in relation to pharmaceutical services. It was their intention to keep the wording as open as possible and not to ask leading questionings and reiterated that it could be seen that the majority of people were in favour of the proposed pharmacy.
- 4.3.10** Mr Woods continued to question Mrs Williams with regards to determining the adequacy of current services and stated that he was seeking to find evidence that supported the view that the current services were not adequate and asked if Mrs Williams could clarify this point. Mrs Williams replied that inadequacy was demonstrated around patient access to current services including the difficulties in getting up Glen Road, the distances from current pharmacies, the overall terrain for the elderly or wheelchair users or people with prams, and the busy roads to cross especially at the junctions mentioned earlier.
- 4.3.11** In response to questioning from Mr Sargent about a comment made that the majority of the public are less reliant on their GP and access their pharmacy instead Mrs Williams replied that she knew this from

her own experience as a pharmacist.

- 4.3.12** Mr Sargent asked when the floor plans were drawn up for the new premises. Mrs Williams replied September/October in 2013. Mr Sargent then asked why was there a separate counter included in the floor plans when it was known at time of application they would not be dispensing methadone. Mrs Williams explained that whilst they would not dispense it to be consumed under supervision patients who would receive methadone to take away still deserved some privacy. Mr Sargent queried why their application had stated that they would not be dispensing methadone also confirmed within an email from Robbie McGregor if they now intended to do so. Mrs Williams clarified that the application did not state that methadone would not be dispensed but rather that the pharmacy would not be participating in the methadone programme.
- 4.3.13** In response to questioning from Mr Sargent as to whether people might chose not to use the pharmacy when they find out they had broken a promise and were dispensing methadone. Mrs Williams stated that she did not think they had broken a promise as she had mentioned earlier they had always been clear in their service provision but stated that there was always a risk that people would not attend a pharmacy because they were supplying methadone.
- 4.3.14** The Chair asked why they had selected this area to apply to submit an application. Mrs Williams stated that they had been approached by a business colleague who had a lease for these premises and had asked if they would be interested.
- 4.3.15** The Chair asked if a business case had been prepared. Mrs Williams stated that an internal assessment had been made and a business case put forward. The Chair asked why that business case had not been submitted with their evidence. Mrs Williams explained that they create internal documents for the Chair of their Company but it was not normally something that was supplied to Boards when making an application.
- 4.3.16** The Chair stated that, in terms of viability, the Committee had to depend on the evidence provided to them. Mrs Williams replied that they had pharmacies that operated in a much lower population than the current neighbourhood being considered, for example they had one with 1400 people and it was viable. This application was perfectly capable of being viable.
- 4.3.17** In response to questioning from the Chair with regards to where they expected business to come from, Mrs Williams stated that she expected the residents of Petersburn to use the pharmacy and possibly from a lot of the GP surgeries across the town.
- 4.3.18** The Chair asked why Petersburn Road was used as the northern boundary of the neighbourhood. Mrs Williams explained that they felt it was a busy road and because of the topography at the crest of the

hill which had been further reinforced by speaking with local residents. She accepted that there were some similarities in housing both north and south of Petersburn Road but equally there were differences particularly in Varnsdorf Way the housing was different. Petersburn had a lot more flats and Craigneuk was mainly semi detached housing.

- 4.3.19** In response to further questioning on the neighbourhood boundaries Mrs Williams stated that they did not construct the boundaries specifically to exclude Craigneuk and Petersburn Pharmacy.
- 4.3.20** The Chair asked if there had been a change of mind with regards to dispensing methadone. Mrs Williams explained that the methadone supervision programme was a locally negotiated service if they refused to dispense methadone they would be in breach of their terms of service with the Health Board. In reality they were not able to refuse to dispense the prescription.
- 4.3.21** The Chair concluded his questioning by returning to the responses from the survey, in which a number of people had responded stating that they would not support a pharmacy if it was to supply methadone. He asked Mrs Williams if she would accept that the weight the Committee could now give to this survey may have changed in light of the current discussion. Mrs Williams accepted that it may have been affected.
- 4.3.22** The Chair thanked Mrs Williams and asked if anyone had any other issues that had arisen from the questioning.
- 4.3.23** Mrs Stitt stated that she wished to clarify the issue of methadone dispensing in the light of information received from George Lindsay, Chief Pharmacist of NHS Lanarkshire, prior to the meeting. She stated that pharmacists get paid locally for dispensing and for supervision and asked why Lindsay & Gilmour believed that they could not opt out of both dispensing and supervision.
- 4.3.24** Mrs Williams replied that it was their understanding that under their terms of service they could not reasonably refuse to provide methadone. Mrs Stitt stated that if methadone was used as part of the substance misuse programme then remuneration would be paid for both dispensing and supervision of administration but that this was a locally negotiated service and pharmacy contractors were not obliged to provide locally negotiated services.
- 4.3.25** Following a brief consultation with her colleague, Mr McGregor, Mrs Williams reported that if they received a prescription for methadone for pain relief they would be required to source and dispense as this is a core service, unlike methadone for substance misuse which is a locally negotiated service which they can choose not to participate in.
- 4.3.26** The Chair asked again if anyone had any further questions at this

point. No other points were raised.

## **5. The Interested Parties' Cases**

### **5.1 Mr Asif Majid, Health Pharmacy Ltd.**

Mr Majid stated that there were currently enough pharmacies in the neighbourhood providing adequate services. Health Pharmacy already delivered into the area and there have been no complaints to the Health Boards about service provision. He did not believe the applicant had provided any evidence to show there was an inadequacy of service and asked that the application be refused.

### **5.2 Questions from the Applicant to Mr Majid**

The Chair invited the Applicant to question Mr Majid.

Mrs Williams had no questions.

### **5.3 Questions from Interested Parties to Mr Majid**

The Chair invited the Interested Parties in turn to question Mr Majid.

The interested parties all confirmed they had no questions for Mr Majid.

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

**5.4.1** Mrs Stitt asked how frequently Health Pharmacy delivered into the area. Mr Majid confirmed it was twice daily. In response to further questioning he confirmed that the pharmacy did not close at lunch time.

**5.4.2** In response to questioning from Mr Mackenzie regarding viability of Health Pharmacy should the application be granted Mr Majid stated that it would have an impact as they did service the Petersburn area. He could not provide accurate figures but guessed approximately 10 to 15% of business came from this area.

**5.4.3** In response to further questioning on viability from the Chair Mr Majid stated that it was difficult to say what the precise impact would be but they had been in existence before Craigneuk & Petersburn Pharmacy opened and they were affected by that pharmacy being granted and again suggested that 10 to 15% of business would be affected.

### **5.5 Mr Charles Tait, Boots UK Ltd.**

**5.5.1** Mr Tait began by stating he had several difficulties with this application firstly in relation to the definition of the proposed neighbourhood which he would extend north to include almost anything that was to the east of Carlisle Road and Motherwell Street. Essentially this would be known as East Airdrie. This definition would then include the Craigneuk & Petersburn Pharmacy and Health



Pharmacy on Forrest Street which if he lived on Towers Road, he stated that would be the Pharmacy he would access.

**5.5.2** In addition he would extend the eastern boundary using the North Calder Water till it met Airdrie Road. Another option would be to use Burnhead Road down Connor Street as the eastern boundary as this was essentially the end of Airdrie. He stated that Motherwell Street and Carlisle Street were the main busy roads in the neighbourhood and not Petersburn Road as the Applicant had argued.

**5.5.3** Mr Tait stated that within the neighbourhood as he had defined it there were two pharmacies and also a fantastic public transport system. The 201 bus was probably the most used bus in Lanarkshire which ran every 15 minutes from Petersburn to Hairmyres Hospital and in addition there were the local bus routes.

**5.5.4** Mr Tait stated that he believed the applicant had not shown an inadequacy of the current provision of service. In addition to the two pharmacies he mentioned there were another eight pharmacies that provide services into that neighbourhood and are accessed when people go shopping or take their children to school, etc.

**5.5.5** Mr Tait concluded his presentation by stating that the application was neither necessary nor desirable to secure adequate provision of services as those services were already present and more than adequate therefore this application failed.

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

**5.6.1** In response to questioning from Mrs Williams regarding the size of the neighbourhood as he had proposed it Mr Tait agreed it was a large definition and he had been tempted to cut it down but in terms of access to pharmacies he believed that if he lived on Towers Road or the top end of Moffat it was easier to walk to Forrest Street Pharmacy. No matter where he lived in his proposed definition it would be easy to access the current two pharmacies.

**5.6.2** In response to further questioning about the population size of this neighbourhood Mr Tait estimated it to be about 8000 people.

## **5.7 Questions from Interested Parties to Mr Tait**

There were no further questions from any of the Interested Parties.

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

**5.8.1** In response to questioning from Mrs Stitt, Mr Tait confirmed that Boots had four pharmacies located in Airdrie and one offered late night opening until 7pm. Following further questioning he confirmed that Lloyds Pharmacies also had late night opening from 9am to 9pm Monday to Friday.

- 5.8.2** In response to questioning from Mr Sargent, Mr Tait confirmed that Boots provided a collection and delivery service into the applicant's proposed neighbourhood.
- 5.8.3** The Chair asked if the opening of this pharmacy would impact on the viability of Boots. Mr Tait replied that it would probably not affect their viability but it would reduce their profitability as it would be another outlet offering the same services.
- 5.8.4** In response to further questioning on this subject Mr Tait stated that a very small amount of business came for the neighbourhood as defined by the applicant. With regards to the larger neighbourhood as he defined it, it would be a significant proportion of business.
- 5.8.5** The Chair asked again if anyone had any further questions at this point. No other points were raised.

**5.9 Mr Addy Mohammed, Calderbank Pharmacy.**

Mr Mohammed read aloud the following pre-prepared statement making adjustments as necessary to account for the evidence previously presented:

**5.9.1 Neighbourhood**

I echo the sentiments and the interpretations of various organisations/bodies providing services to the area of Craigneuk & Petersburn

- NHS Lanarkshire PPC's definition of neighbourhood when granting the original contract to Craigneuk & Petersburn Pharmacy
- APC's supporting information and clear decision Craigneuk & Petersburn as one neighbourhood
- Local Community Council, Craigneuk and Petersburn forum, which represents Craigneuk & Petersburn as one neighbourhood

Specifically, I view the boundaries as:

- North - Railway line
- West - Carlisle road
- South - North Calder Water
- East - Continuation of North Calder Water, to the rear of Wester Moffat

- 5.9.2** I strongly disagree with the applicant's north boundary of Petersburn Road. It does not act as a physical barrier as it can be crossed at many points freely and housing on both sides is of similar stock.
- 5.9.3** The above points to one conclusion - that Craigneuk & Petersburn are one area and cannot be siphoned off.
- 5.9.4** Finally, and most importantly, I have conducted quite a comparative

look at the datazones, there are 3/9 data zones comprising Craigneuk & Petersburn which encroach both the north and south of the applicants proposed boundary (Petersburn Road). Data zones have been made to respect physical boundaries and natural communities. They have a regular shape and, as far as possible, contain households with similar social and health characteristics. When examining the data zones for Craigneuk & Petersburn it is clear they share very similar demographics (covering similar indices for health, housing, deprivation, and access to services).

#### **5.9.5 Services**

##### **Provision through network of pharmacies**

Craigneuk & Petersburn Pharmacy and the network of pharmacies surrounding the neighbourhood are providing a comprehensive pharmacy service to the area. Calderbank Pharmacy is offering all NHS pharmacy services to a high standard. We have a full-time pharmacist manager who is available for home visits (this service has been promoted in our pharmacy and practice leaflets). We also have a full time delivery driver and ample space to take on new patients.

#### **5.9.6 Methadone**

Addiction services have confirmed that the area of Craigneuk & Petersburn has a higher than average drug misuse profile. If the applicants interpretation of boundaries was accepted and a new contract was granted at the proposed site residents seeking a methadone dispensing service would be forced to traverse out of their neighbourhood and access the service of Craigneuk & Peterburn Pharmacy -- The question I ask is, will the new pharmacy be truly serving those that need health services the most on a daily basis?

#### **5.9.7 I'd like to summarise now....**

With a deprived neighbourhood comprising of several thousand I find the lack of public support an indication that residents do not want another pharmacy (there were only two responses to the recent public consultation). In addition, the petition at the adjacent shop needs to be taken into true accordance; it wasn't independently audited; any positive responses given show it would be a convenience; and there was no mention of existing pharmacies being inadequate.

**5.9.8** Michael Coyle has been a councillor in this area for a number of years and strongly opposed this application. Even if the PPC accept the applicants definition of the neighbourhood and considers Petersburn as a neighbourhood for all purposes this application still fails the legal test as the current provision of services to this neighbourhood is adequate.

**5.9.9** I support the neighbourhood identified by PPC, APC, Local Community Council all recognising Craigneuk & Peterburn to be one neighbourhood. There has been no evidence to show inadequacies in

the current network of pharmacies serving this neighbourhood. I therefore conclude that it is neither necessary nor desirable to have another pharmacy in this neighbourhood.

#### **5.10 Questions from the Applicant to Mr Mohammed**

- 5.10.1** In response to questioning about the delivery service provided by Calderbank Pharmacy Mr Mohammed confirmed that they delivered as often as required, sometimes twice a day.
- 5.10.2** Mrs Williams asked how many patients attended Calderbank Pharmacy from the neighbourhood as she had defined it. Mr Mohammed stated that the majority came from Calderbank but it would be between 30 to 50 patients from that neighbourhood.
- 5.10.3** In response to questioning about viability should the pharmacy be granted Mr Mohammed stated that it would not be an issue.

#### **5.11 Questions from Interested Parties to Mr Mohammed**

There were no further questions from any of the Interested Parties.

#### **5.12 Questions from the Committee to Mr Mohammed**

- 5.12.1** In response to questioning from Mr Woods about the pharmacist being available for home visits Mr Mohammed confirmed that this service was rarely asked for but it was something that they offered. Following further questioning he confirmed that most pharmacies provided a collection and delivery service.
- 5.12.2** Following questioning from the Chair regarding the revised definition of the neighbourhood Mr Mohammed confirmed that he believed Petersburn Road not to be a physical barrier as it could be easily crossed and the housing on both sides were similar.
- 5.12.3** The Chair asked again if anyone had any further questions at this point. No other points were raised.

#### **5.13 Mr Andrew Blair, BBF Enterprises Ltd.**

Mr Blair read aloud the following pre-prepared statement making adjustments as necessary to account for the evidence previously presented:

- 5.13.1** Good morning chairperson and members of the PPC, ladies and gentleman. Thank you for taking the time to listen to this statement. My name is Andrew Blair and I am here on behalf of BBF Enterprises Ltd to represent the interests of Craigneuk and Petersburn Pharmacy with regards to an application for entry to the Pharmaceutical List by the Red Band Chemical Company.
- 5.13.2** Sorry, if I reiterate points previously made. It is our position that more than adequate pharmaceutical services are already provided in this

area and that the granting of this application is neither necessary nor desirable to secure these services in the neighbourhood of Craigneuk and Petersburn.

- 5.13.3** Firstly, with respect to the defined neighbourhood in the current application we would refer to the original application for our own pharmacy by Mr Ian Mouat in 1999. The PPC and NAP both agreed on the boundaries of this neighbourhood (known as Craigneuk AND Petersburn) as:  
To the North: railway line  
To the West: Carlisle Road/ A73  
To the South: North Calder Water  
To the East: the continuation of North Calder Water to the rear of Wester Moffat
- 5.13.4** There have been no material changes to the neighbourhood since then to substantiate the claim that Petersburn is a separate locality.
- 5.13.5** This was corroborated by Gail Richardson on behalf of the Area Pharmaceutical Committee in her email to the Primary Care Trust dated 27<sup>th</sup> February 2014. Further, the APC commented that “Petersburn and Craigneuk should be classed as one neighbourhood. Petersburn Road can't be defined as a boundary as it has housing on both sides and can be easily crossed at many points. This neighbourhood already has a pharmacy - aptly named Craigneuk and Petersburn Pharmacy”. Consequently the APC were of the opinion that it was neither necessary nor desirable to have another pharmacy given that a contractor already sits within their defined neighbourhood.
- 5.13.6** I would like to elaborate further on the subject of neighbourhood. The proposed pharmacy is only 0.4 miles from our own pharmacy. Our pharmacy is so-called as it delineates the appropriate neighbourhood in that location as is ordinarily understood. The residents of Petersburn have to leave the proposed neighbourhood to access the local post office (next door to our pharmacy), GP surgeries (located mainly in Airdrie town centre but scattered around the locality and the closest being accessible only by traversing Craigneuk **from** Petersburn) and many shops (this latter will become all the more apparent with the opening of the new Asda superstore next year within Craigneuk). The local primary schools (Dunrobin, Petersburn and St Dominic's) as well as Petersburn Nursery all lie along Petersburn Road and are shared between the residents of Craigneuk and Petersburn. The local secondary school, Caldervale High is similarly shared by the neighbourhood of Craigneuk and Petersburn. Furthermore, the proposed boundary of Petersburn Road is inappropriate given that it has houses on both sides, many crossing points and schools and a nursery used by residents from Craigneuk and Petersburn along its length. This cannot, therefore, be seen as a natural or physical boundary and seems to have been manufactured for the purposes of this application.

- 5.13.7** Submitted information regarding datazones confirms that **both** Craigneuk and Petersburn are in the lowest quintile for deprivation. Moreover, both areas contain a mixture of social and private housing. Consequently, one could not make a clear distinction between the two areas on socioeconomic grounds. This lends further credence to the belief that the two areas form just one neighbourhood.
- 5.13.8** Our pharmacy provides the full range of expected pharmaceutical services which I will not list exhaustively. This, in itself, demonstrates adequate provision. Furthermore, a number of pharmacies in surrounding districts contribute to an adequate provision of services to this population. Indeed, it is the assertion of local councillors and the APC that this is the case.
- 5.13.9** We have a policy of no more than ten minutes wait for a prescription to be dispensed and have never refused a new patient or declined a delivery or tray request. We, along with the other local pharmacies, provide both delivery and prescription collect services including, where necessary, (and in our case certainly) for mothers with young children. This, therefore, gives adequate provision for those with mobility issues. A regular bus service operates between Petersburn and Craigneuk along Glen Road at a frequency of every ten minutes and is free to the elderly and only £1 for many others, allowing access to our pharmacy from this part of our neighbourhood. Our pharmacist provides telephone advice where face to face contact may not be possible and will readily visit patients at home if that is required. We believe this circumvents any issues or arguments to the contrary with respect to access problems for the residents of Petersburn.
- 5.13.10** Our pharmacy, along with others in the area, has opening hours at least equivalent to those of the proposed pharmacy. Therefore, any new pharmacy would offer no additional advantage of late night, Sunday or Public Holiday access. Adequate services exist to the extent that no part of the population, even within the disputably-defined neighbourhood, is effectively prejudiced.
- 5.13.11** Our pharmacist has never received a written complaint and has had no contact from the Health Board regarding a complaint.
- 5.13.12** With regards to the methadone service, which has been talked about exhaustively, while this is not a requirement of the new contract it nonetheless provides for the large volume of opiate dependent patients in the vicinity. Surely, a new pharmacy should offer this service to accommodate this group and hence benefit the area in terms of medical and pharmaceutical care? While the local community may prefer a pharmacy not to dispense methadone, this could be seen as prejudicial and where there is a group of patients requiring this service, particularly in the current economic climate where viability needs to be ensured, then this type of provision ought

to be adopted. The feedback forms completed by the public and submitted for this application assert that they are in favour of a new pharmacy so long as there is no methadone dispensing. This argument (along with that of the convenience of a new pharmacy) is the only comment made within the forms. There is no constructive feedback beyond that to suggest that the current service is in any way inadequate. A few members of the public stating that they would like a new pharmacy does not equate to a legal test for desirability.

**5.13.13** There has been no support expressed by the local general practitioners for a new pharmacy, bringing further into question its desirability.

**5.13.14** Finally, of importance in relation to the notion of desirability, we would ask the PPC to consider issues surrounding viability. Firstly, there is no clear population for the area expressed within the applicants' defined neighbourhood. There is, therefore, a concern as to whether or not this would lead to a viable pharmacy in the first instance. While Mrs Williams stated that because they were part of a large company and viability would not be an issue for them it was a very important issue for us. Just as importantly, however, Craigneuk and Petersburn Pharmacy rely on the population defined in this application as part of its neighbourhood and this covers a significant percentage of prescriptions processed by the pharmacy. This is evidenced by a survey of script figures for last month which demonstrated a 60:40 split in favour of Craigneuk versus Petersburn for patient numbers and 56:44 split for items dispensed. If this application were to be approved, then there is the very real prospect it could jeopardise the viability of Craigneuk and Petersburn Pharmacy with a knock-on effect for the staff therein and for the surrounding community. In our respectful opinion this is clearly not desirable. Thank you for your patience.

#### **5.14 Questions from the Applicant to Mr Blair**

In response to questioning about the opening hours of Craigneuk & Petersburn Pharmacy Mr Blair confirmed that the opening hours were changed in October 2013 to Monday to Friday 9am to 6pm and 9am to 5pm on a Saturday. He stated that they were not changed because of this application.

#### **5.15 Questions from Interested Parties to Mr Blair**

In response to questioning from Mr Majid regarding the bus routes Mr Blair confirmed that there was a major bus route outside their pharmacy and there was a bus stop directly outside the pharmacy.

There were no other questions from the Interested Parties.

#### **5.16 Questions from the Committee to Mr Blair**

**5.16.1** In response to questioning from Mr Woods regarding whether the Pharmacy was DDA compliant Mr Blair confirmed that if someone came to the pharmacy in a wheel chair they would be seen from the

counter and help would be given to enter the premises. He also stated that they had a regular patient who was a double amputee and there had been no issues with access. He could not confirm exactly the DDA requirements for access to the premises.

- 5.16.2** Mr Woods noted that from Mr Blair's presentation he had stated that services were adequate and asked how he knew that. Mr Blair stated that they have a high level of dispensing and there had been no complaints. In addition they provided customer feedback forms on the counter for patients and no-one had ever stated that the service was inadequate.
- 5.16.3** Following further questioning he confirmed that the staff staggered their hours over lunch, lunch was usually taken within the premises to ensure they were available for advice and they would provide a home visit if requested.
- 5.16.4** Mr Woods noted that Mr Blair had stated there were many crossing points along Petersburn Road but he had noted no pedestrian crossings during his site visit and therefore asked for clarification. Mr Blair stated that he could not comment specifically on pedestrian crossings but that the staff lived locally and they expressed no issues in crossing the road.
- 5.16.5** Mr Woods stated that he spoke to three people in the area of Petersburn and when asked they all stated they obtained their prescription items from pharmacies in the town centre of Airdrie; no-one mentioned Craigneuk & Petersburn Pharmacy. Mr Blair stated that he could not base anything on that comment as it was a very small survey but it further reinforced that there was an exceptional bus service into town. All GP surgeries were located in Airdrie so many patients do use services near them.
- 5.16.6** Mr Sargent noted that Mr Blair had stated in his presentation that they had a policy of no more than 10 minutes to wait for a prescription and asked if that was a standard target or average and how they monitored it. Mr Blair informed him that the times were marked on the prescription when they are handed in and the staff prioritised accordingly. He confirmed that 10 minutes was an average.
- 5.16.7** When asked often patients were told that they would need to return to collect a prescription Mr Blair stated that did not happen very often, it was rare.
- 5.16.8** The Chair noted that Mr Blair had stated that the new pharmacy would impact on the viability of their pharmacy and asked for further details on the impact it would have. Mr Blair hoped that his customers would remain loyal but stated because of the convenience of the location his current patients may want to use the new pharmacy. On further questioning he stated that the worst case scenario would be to lose 40% of his prescription business therefore the pharmacy would no longer be viable.



5.16.9 The Chair asked again if anyone had any further questions at this point. No other points were raised.

**5.17 Mr David Henry, Lloyds Pharmacy Ltd**

Mr Henry read aloud the following pre-prepared statement making adjustments as necessary to account for the evidence previously presented:

Good Morning, I would like to thank the panel for allowing us to present our objection to this application.

**5.17.1 Neighbourhood:**

We would agree with the Area Pharmaceutical Committee definition of the neighbourhood:

North: Railway Line

West: Carlisle road

South: North Calder Water

East: North Calder Water round to rear of Wester Moffat Hospital

5.17.2 Petersburn Road cannot be considered as a boundary as it has housing on both sides and has many easy crossing points. Therefore Petersburn and Craigneuk should be considered as one neighbourhood.

**5.17.3 Adequacy**

There are a number of pharmacies already serving Airdrie although most are located in and around the town centre. This does not infer inadequacy as, with many towns, the residents will travel to the town centre to access many services not just pharmaceutical.

5.17.4 With particular reference to the application – the intention to NOT or maybe not supply methadone/suboxone surely excludes a section of the population with more than average need to access health services. I am not convinced the public appreciate the differences discussed by the applicant.

5.17.5 The applicant has not provided evidence of inadequacy of service to the neighbourhood. The letters suggest convenience to Petersburn residents rather than a genuine need or requirement for a pharmacy.

5.17.6 With these points in mind, we would say that a pharmacy in Petersburn is neither necessary nor desirable to secure pharmaceutical services to the neighbourhood and would request that the application be refused.

**5.18 Questions from the Applicant to Mr Henry**

Mrs Williams stated she had no questions for Mr Henry.

**5.19 Questions from Interested Parties to Mr Henry**

There were no questions from any of the Interested Parties.

## 5.20 Questions from the Committee to Mr Henry

The Chair asked if the application were granted what affect it would have on the viability of current Lloyds Pharmacies. Mr Henry reported that Lloyds currently had two pharmacies, one in Chapelhall and one in Airdrie town centre. Chapelhall served enough patients from Petersburn to offers a delivery service everyday to Petersburn. It would not affect viability but would negate the growth of 4.5% which makes a difference to every other service provided.

## 6. Summaries

6.1 After the Chair had confirmed that there were no further questions or comments from those present and participating in the hearing, the various parties were asked in reverse order to sum up the arguments.

6.2 Mr Henry stated that he just wished to repeat that there was no evidence of inadequacy of current service provision and the letters of support received suggested more an issue of convenience. He stated that he was still concerned about the exclusion of the majority of substance misuse patients and that this could be viewed as prejudicial. This would also suggest that the proposed pharmacy was not providing an adequate service to the community.

6.3 Mr Blair referred to the earlier comment about people being frightened to attend a pharmacy if they dispensed methadone and assured the Committee that they dispensed this from a separate room. In addition these people still used Petersburn for other needs such as OTC and MAS. Supervised or unsupervised, dispensed or not dispensed – the best practice was to give daily dispensed supervised methadone as advocated by the addiction service. He reiterated that viability of their current pharmacy was a big issue. In addition there was an adequate service in the neighbourhood and a regular bus service and there were no issues with regards accessing the service by walking. Mr Blair concluded his summary by stating that there was no constructive feedback from the public survey and that the current provision was adequate therefore the new pharmacy was neither necessary nor desirable.

6.4 Mr Mohammed had nothing further to add.

6.5 Mr Tait had nothing further to add.

6.6 Mr Majid stated the new pharmacy was neither necessary nor desirable and supported a decision to refuse the application.

6.7 Mrs Williams read from the following pre-prepared statement making adjustments as necessary to account for the evidence previously presented:

By way of summary I would underline to the panel. the key points as follows:

6.7.1 **Equal Rights**: Every individual in Scotland has equal right to have access to these services. Petersburn is a mixed community and suffers from a degree of unemployment and deprivation higher than many communities. It is statistically poor in amenities/facilities and in

particular has NO Pharmacy.

- 6.7.2** **Population:** At approximately 4000 this is significant and is more than sufficient to sustain a viable pharmacy.
- 6.7.3** **Accessing Existing Services:** it is all too evident that there are obvious difficulties in accessing services. Although the distances involved are not huge the terrain is not user-friendly in particular Glen Road is very steep and the junction of Towers Road and Petersburn Road has been highlighted as dangerous. This creates difficulties for people with prams, those with a disability or anyone who is perhaps less mobile.
- 6.7.4** **Local residents** have expressed their support for the application in that they believe there is a clear need for a Pharmaceutical service within their own community and neighbourhood and we would urge the committee to take cognisance of these views.
- 6.7.5** **Emphasis on Pharmaceutical services** has increased as a direct result of the new Pharmacy Contract and ease of access to direct contact with a Pharmacist is an essential element in delivery of this.
- 6.7.6** With regards to the dispensing of methadone. I and my colleague had previously been unaware of the official advice from the Chief Pharmacist as presented during discussion that we do not have to supply methadone. On the basis of this advice we will not supply methadone.

In conclusion, I would urge the panel to grant this application.

## **7. Retiral of Parties**

- 7.1** The Chair then invited each of the parties present that participated in the hearing to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. Mrs Williams, Mr Blair, Mr Henry, Mr Majid, Mr Mohammed and Mr Tait each individually confirmed that they had a fair hearing and that they had no further evidence to submit nor any further questions to ask nor any additional points to raise. The Chair advised 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 issued to all parties as soon as possible. The letter would also contain details of how to make an appeal against the Committee's decision and the time limits involved.
- 7.2** The Chair reminded the Applicant and Interested Parties that it was in their interest to remain in the building until the Committee had completed its private deliberations. This was in case the open session was reconvened should the Committee require further factual or legal advice.

**The hearing adjourned at 12.10pm and reconvened at 12.40pm.**

## **8. Supplementary Information**

Following consideration of the oral evidence, the Committee noted:

- i) That each member had 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) A map of Airdrie and surrounding areas.
- iv) Prescribing statistics of the Doctors within the town of Airdrie.
- v) Dispensing statistics of the Pharmacies within the town of Airdrie.
- vi) Demographic information on the town of Airdrie taken from the 2011 Census.
- vii) Report on Pharmaceutical Services provided by existing pharmaceutical contractors within the town of Airdrie.
- viii) The application and supporting documentation, including maps and store plans provided by the Applicant received on 20 January 2014.
- ix) Complaints submitted to the Health Board about Pharmacy Services in Airdrie from April 2009 – 31 March 2014. Tabled at the meeting for the Committee members only.
- x) Complaints submitted to the Health Board about Pharmacy Services in Airdrie, Chapelhall and Calderbank areas from April 2013 to December 2013. Tabled at the meeting for the Committee members only.
- xi) Correspondence resulting from the wider consultation process undertaken by NHS Lanarkshire.

## **9. Decision**

**9.1** The Committee in considering the evidence submitted during the period of consultation, presented during the hearing and recalling observations from 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**

**9.2.1** The Committee noted the neighbourhood as defined by the Applicant and the views of the Interested Parties. A number of factors were taken into account in defining the neighbourhood, including those resident in it, natural and physical boundaries, general amenities such as schools/shopping areas and the existence of a Post Office. The Committee also took into consideration the availability and accessibility of medical and pharmaceutical services including the distances residents had to travel to access such services alongside the availability and quality of public transport

**9.2.2** It considered the larger neighbourhood as proposed by Mr Tait, Boots UK Ltd was too large as it encompassed a number of main roads and housing areas which could be considered as separate neighbourhoods. The Committee also discounted the neighbourhood proposed by the Applicant agreeing with the Area Pharmaceutical

Council (APC) that Petersburn Road could not be defined as a physical boundary as it had similar types of housing on both sides and could be crossed easily. In addition the committee deemed from the evidence presented and knowledge gained from site visits that Petersburn and Craigneuk should be classed as one neighbourhood given that they could be seen to share access to communal facilities such as a pharmacy, post office, community centre, railway station and schools. Accordingly the committee were satisfied that Petersburn and Craigneuk were regarded and treated as one neighbourhood and functioned as such.

**9.2.3** The Committee considered that the railway line to the North was a good physical boundary and the North Calder Water to the East to be a good natural boundary. Travelling from East to West the Committee considered the southern boundary as following the watercourse of the North Calder Water along the northern edge of the water as this formed a natural boundary of the housing from Moffat Mills, Luig and Petersburn, as housing was sparse and open ground lay to the south of the water. Where the North Calder Water met Carlisle Road and following Carlisle Road in a northerly direction till it met the railway line formed the western boundary as Carlisle Road/A73 was a good physical boundary as it was the main busy route into Airdrie town centre.

**9.2.4** The neighbourhood proposed by the Committee contained three primary schools, one secondary school, a community centre, church, Wester Moffat Hospital, recreational areas and a post office. In addition one pharmacy was located within the neighbourhood with a further nine pharmacies all located less than three miles away that provided services into the neighbourhood.

**9.2.5** The Committee agreed that the neighbourhood should be defined as:

To the North - South of the railway line following the railway line in an easterly direction from Carlisle Road/A73 to where it meets the North Calder Water encompassing Wester Moffat Farm.

To the East - Keeping to the East of North Calder Water following it down past the outskirts of Moffat Mills housing estate cutting across in a westerly direction across Craigends Road.

To the South - From Craigends Road, following the watercourse of North Calder Water to the north of the water till it meets Carlisle Road/A73.

To the West - Following Carlisle Road/A73 in a northerly direction until it meets the railway line.

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

- 9.3.1** Having reached a conclusion as to neighbourhood, the Committee was then required to consider the adequacy of existing pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.
- 9.3.2** The Committee considered population figures as defined by both the Applicant and the Committee's revised neighbourhood and agreed that based on the evidence available the population would be between 4,000 and 8,000 people. This reflected the difficulty in measuring precise population figures especially when using datazone figures which could overlap.
- 9.3.3** It was noted that there was one contracted pharmacy within the neighbourhood as defined by the Committee and another contracted pharmacy less than one mile from the proposed pharmacy. In addition there were a further eight contracted pharmacies in under a three mile radius from the proposed pharmacy all of which provide services into the neighbourhood. All pharmacies were within reasonable proximity, readily accessible by public or private transport. Many of these existing pharmacies were within walking distance of GP services, major food and other retail outlets. All provided the whole range of pharmacy services to the neighbourhood as well as a delivery service which was not part of the NHS contract. In addition it was noted that there were no complaints about the service provision and that the neighbourhood was well serviced by three late night pharmacies.
- 9.3.4** The Committee noted the responses to the public notice and the survey from the Applicant which had been left at various locations around the site of the proposed pharmacy. It was noted that the majority of the support for a new pharmacy came with the proviso that no methadone be dispensed. As discussed pharmacies are not obliged to provide a methadone dispensing and supervision service therefore despite the protracted discussion around this service the Committee did not deem this to be a relevant factor in the decision as it was noted that 10 pharmacies in Airdrie already provided this service.
- 9.3.5** The Committee noted, above all, that there was no evidence provided either before or during the hearing of any inadequacies in the current pharmaceutical services provided in the neighbourhood, as defined. Nor were there any complaints by members of the public about the existing pharmaceutical services. The point made most often in responses to the Applicant's survey was that an additional pharmacy would be "handy". The Committee therefore considered that support for a new pharmacy was driven primarily as a matter of convenience rather than by any inadequacies in the current services.
- 9.3.6** In addition, the Committee noted that there were no constructive comments providing evidence of any inadequacy of the current service provision therefore it was deemed that support for a new pharmacy

was more about convenience than being required to address any inadequacy of service.

**9.3.7** The Committee considered the access issues to the current pharmacies in the neighbourhood and the argument from the Applicant regarding the journey time, for a bus and the topography from Varnsdorf Way to Petersburn Road. Whilst it was accepted that such steep inclines would be difficult for people in wheel chairs, the elderly and for those pushing prams it was evidenced from both site visits and oral hearing that there was a very good bus service which serviced the area, and this had not been disputed by any party. In addition it was noted from site visits that the most regular buses provided for wheelchair users and those with prams.

**9.3.8** In terms of securing adequate pharmaceutical services, the Committee noted that whilst the applicant had not submitted a detailed business case in support of the application she had made assurances that as they were part of a large company viability would not be an issue. In comparison, Mr Blair of Petersburn & Craigneuk Pharmacy, the closest pharmacy to the proposed premises had serious concerns over their future viability quoting a loss of 40% of prescriptions. The Committee accepted that the opening of any new pharmacy would substantially impact the business of Petersburn & Craigneuk and other pharmacies as discussed during the oral hearing but considered that it would not be sufficient to destabilize the current service provision.

**9.4** Following the withdrawal of Mr Mackenzie and Mrs Stitt 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.

**9.5** 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 were included in the pharmaceutical list, and accordingly the application was rejected. This decision was made subject to the right of appeal as specified in Paragraph 4.1, Regulations 2009, as amended.

**9.6** **Mr Mackenzie and Mrs Stitt were requested to return to the meeting, and advised of the decision of the Committee.**

**The meeting closed at 1.30pm.**