

**Minutes of the meeting of the Pharmacy Practices Committee (PPC) held on Thursday 19 April 2018 at 09:30 hours in Training Room 2, Law House, Airdrie Road, Carlisle, ML8 5ER**

The composition of the PPC at this hearing was:

Chair: Mr Michael Fuller

Present: Lay Members Appointed by NHS Lanarkshire Board

Mrs Carol Prentice  
Mr Charles Sargent

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

Mrs Dorothy Findlay

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

Mr Arif Hanif

Secretariat: Ms Jenna Stone, NHS National Services Scotland, SHSC Meetings

**1. APPLICATION BY KKJ PHARMA AND MS SAIMA LATIF**

**1.1.** There was submitted an application and supporting documents from KKJ Pharma and Ms Saima Latif, received 26 February 2018, to have its name included in the Pharmaceutical List of Lanarkshire Health Board in respect of a new pharmacy at 14 Dorlin Road, Cardowan, Stepps, G33 6AP

**1.2. Submission of Interested Parties**

The following documents were received:

- i) Letter dated 21 March 2018 received via email on 21 March 2018 from Boots UK Ltd
- ii) Letter dated 8 March 2018 received on 27 March 2018 from Stepps Pharmacy t/a A & E Ceresa Ltd
- iii) Letter received on 27 March 2018 from J P Mackie & Co Ltd t/a Mackie Pharmacy
- iv) Letter received via email on 29 March 2018 from Thomas McLean & Sons Ltd.

The following parties did not respond during the consultation period removing their rights to make representation to the PPC as interested parties:

- i) Stepps & District Community Council
- ii) Lanarkshire Area Pharmaceutical Committee
- iii) Lanarkshire Area Medical Committee
- iv) Apart from Boots UK Ltd, no other party responded through the consultation conducted by Greater Glasgow & Clyde Health Board by virtue of their boundary being within 2km of the proposed premises as required by the Regulations.

**1.3. Correspondence from the wider consultation process undertaken jointly by NHS Lanarkshire and the Applicants**

- i) Consultation Analysis Report (CAR)

**2. PROCEDURE**

**2.1.** At 09:30 hours on Thursday 19 April 2018, the Pharmacy Practices Committee (“the Committee”) convened to hear the application by KKJ Pharma and Ms Saima Latif (“the Applicant”). The hearing was convened under Paragraph 2 of Schedule 3 of The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009, as amended, (SSI 2009 No 183, SSI 2011 No 32 and SSI 2014 No 118) (“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 was 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. The Chair informed members that the applicants would attend and that Mr Butt would make the representations, accompanied by Ms Latif. There would be representations from the following interested parties: Stepps Pharmacy, Thomas McLean & Sons Ltd and J P Mackie & Co Ltd.

**2.3.** It was noted that Members of the Committee had previously undertaken site visits to Stepps 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, churches, schools and sports facilities.

- 2.4. The Chair advised that Ms Stone was independent from the Health Board and was solely responsible for taking the minute of the meeting.
- 2.5. There was a brief discussion on the application and the Chair invited 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 contained within the papers circulated. The Chair then invited the Applicant and Interested Parties to enter the hearing.

The Open session convened at 10:00 hours.

**3. ATTENDANCE OF PARTIES**

- 3.1. The Chair welcomed all and introductions were made. For the Applicant, Mr Kashif Butt would present and be supported by Mrs Saima Latif. From the Interested Parties eligible to attend the hearing the following accepted the invitation: Mr Edoardo Ceresa representing Stepps Pharmacy, Mr Roger McLean, accompanied by Mr Robert Love, representing Thomas McLean & Sons, and Ms Cara McGee representing J P Mackie & Co Ltd. Ms McGee would not be making a statement but was attending in order to answer any questions that may be raised or ask any questions herself.
- 3.2. The Chair reported that Boots UK Ltd had submitted a letter of objection but declined to attend the Hearing.
- 3.3. Due to the proximity of this Application to the boundary of NHS Greater Glasgow & Clyde, regulations required that they also undertake a consultation exercise with the statutory committees and any pharmacy contractors they deemed appropriate. Parties who had been included in the Consultation exercise, by either NHS Board, and who had responded, were outlined above.
- 3.4. The Chair advised of the parties consulted but who failed to respond and therefore were ineligible to attend or make representation to the PPC:
- (i) Stepps & District Community Council
  - (ii) Lanarkshire Area Pharmaceutical Committee
  - (iii) Lanarkshire Area Medical Committee
- 3.5. The Chair advised all present that the hearing was convened to determine the application submitted by the Applicant in respect of premises located at 14 Dorlin Road, Cardowan, Stepps, G33 6AP. 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, and according to the statutory test as set

out in Regulations 5(10) of the 2009 regulations, as amended, which the Chair read out in part:

- 3.6.** “5(10) an application shall be ... granted by the Board ... only if it is satisfied that the provision of Pharmaceutical Services at the premises named in the application is necessary or desirable in order to secure adequate provision of Pharmaceutical Services in the neighbourhood in which the Premises are located by persons whose names are included in the Pharmaceutical List.”
- 3.7.** The Chair emphasised the three components of the statutory test and confirmed that the Committee, in making its decision, would consider these in reverse order in that they would determine the neighbourhood first and then decide if the existing pharmaceutical services in and into that neighbourhood were adequate. Only if the Committee decided that existing services were inadequate would the Committee go on to consider whether the services to be provided by the Applicant were necessary or desirable in order to secure adequate services. That approach was accepted by all present.
- 3.8.** The Chair stated that a statutory joint consultation had been undertaken to assess the current provision of pharmaceutical services in or to the neighbourhood, and whether it was adequate, and to establish the level of support of residents in the neighbourhood. The consultation complied with the requirements of Regulation 5A(3)(b) – which sets out the range of issues to be consulted upon – and was presented as a factual Consultation Analysis Report (“CAR”) and had been provided to the Committee, the Applicant and Interested Parties.
- 3.9.** The Chair confirmed that the Committee was required to include a summary of the CAR in the published determination and to illustrate how it was taken into account in the Committee’s consideration of the statutory test. The Committee will also have regard to the circulated Report on Pharmaceutical Services, which showed services currently provided in or two the neighbourhood and was an update on the area of Steps to that outlined in NHS Lanarkshire’s existing Pharmaceutical Services Plan.
- 3.10.** The Chair advised that Ms Jenna Stone, SHSC Meetings, 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 Ms Stone was independent of NHS Lanarkshire Health Board and would play no part in either the public or private sessions of the Committee.
- 3.11.** The Chair confirmed that if the Committee required legal advice from Central Legal Office (CLO), Ms Susan Murray would be available through teleconference throughout the proceedings. If any issues arose in the private session which required legal interpretation, the Applicant and Interested Parties would be invited back to hear the legal

advice.

- 3.12. The Chair confirmed that all members of the Committee had received and read all the supporting documentation supplied by the Applicant and Interested Parties and all representations (including the Consultation Analysis Report and the guide maps of the area) and had conducted site visits to the premises concerned on different days and at different times in order to understand better the issues arising out of this application. No member of the Committee had any interest in the application.
- 3.13. The Chair confirmed that the Oral Hearing would be conducted in accordance with the guidance notes contained within the papers circulated. He 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 for each party.

#### 4. **APPLICANT'S SUBMISSION**

***The Chair invited Mr Kashif Butt ("the Applicant"), to speak first in support of the application***

*The Applicant read from a statement:*

- 4.1. I would like to thank everyone for their time and for giving me the opportunity to speak at this hearing. My name is Kashif Butt and I've worked as a pharmacy manager for the last 16 years in and around Glasgow, and to my left is Saima Latif, a work colleague who has been a pharmacist for nearly 18 years.
- 4.2. I would like to start with the proposed neighbourhood. It is bounded to the North by the railway line that travels along Cardowan from Cumbernauld Road to Dewar Road; East and South would be Dewar Road up to the Seven Lochs Wetland Park and across to Loch Road, and the West which would be the Loch Road running along the Frankfield Loch down to Cumbernauld Road. Within these boundaries there are some amenities and community facilities, including a primary school, place of worship, and several small businesses, but I would like to add that there are no bus routes in this area.
- 4.3. I intend to have the pharmacy timings as Monday-Friday 9.00am-7.00pm; Saturday 9.00am-5.00pm, and Sunday 9.00am-1.00pm. During these times, the pharmacy will not be closed for lunchtimes.
- 4.4. Having these extended opening hours and Sunday provision would be highly desirable as patients' expectations were changing and this

model was the way forward. A pharmacy has a lot to offer the local community and there is an increased demand for “face to face” timely advice with a greater need for pharmacists to be seen as the “first port of call”. There are many instances where the waiting times for a doctors’ appointment can be high, and this in turn puts immense pressure on GPs and it was important for pharmacists to offer what services they can to alleviate this pressure. From the public consultation, this was very apparent as many remarked having greater weekend hours would be welcome.

4.5. With regard to population, information from Scotland’s Census showed Stepps to have a population of 4800 in 2001, rising to 6500 in 2011. Looking at the Scottish Index of Multiple Deprivation in 2016, the population figure is now at nearly 7000 residents – which I would point out is for Stepps, not Cardowan. The sustainable development strategy also allows the Committee to take into account probable future developments in the area of Stepps and note this would affect pharmaceutical services. Currently there is a housing developer building new homes in the region and with a realistic expectation there would be a population increase of around 400-500 more residents in the area. With substantial residential developments being on the rise and the population increase, this would only put an added strain on the already stretched current service provision. This would also enforce my previous point of having extended opening hours and Sunday provision.

4.6. To our knowledge, the current population were also required to either wait or travel outwith the area to access some pharmacy services. The population, generally considered high users of pharmacy services, were people such as elderly, disabled and those with younger children. According to the public consultation, that was done in the area; there were many interesting remarks.

4.7. For example:

- (i) An elderly female who is served by a Kennedy practice has cancer and a district nurse sees her three times a week. Her local pharmacy does not provide a delivery service and because of this, she has been left without medication at times. (P9 of CAR)
- (ii) We have a lot of older people who cannot reach the pharmacy and rely on others to provide their medication. (P9 of CAR)
- (iii) Parking at Stepps and Muirhead pharmacy is non-existent which can make it difficult to access. (P12 of CAR).
- (iv) I get chronic medication and have to go further a field. (P15 )
- (v) Request for dosette boxes have to be put on a waiting list and also there is no delivery service available. (P17)
- (vi) The area has greatly expanded over the years. (P10).

4.8. From this, we can evidently see that our concerns were indeed justified and that the pharmacies in the area are under pressure to deliver some services such as a Compliance Aid. Furthermore, a free delivery medication service would be greatly appreciated, especially amongst the infirm, elderly, families with young children and those with limited transportation, and this would be a great addition for the residents of the area.

4.9. Moving on, I would also like the Committee to consider that, due to a high prescription load and high volume of patients, a lessened face-to-face pharmacy service was available with a subsequent lack of time to participate in aspects of the pharmacy contract. I believe the Committee are aware of the number of prescriptions currently dispensed by the surrounding pharmacies on a monthly basis. The high prescription figure also highlighted the strain that pharmacies were facing and, in turn, the reason why the population had access to what was, in their eyes, an inadequate service. This has also been highlighted in the public consultation.

4.10. For example

- (i) There is currently only one pharmacy covering Stepps, Cardowan and Millerston. It would be great benefit of having another one. (P10 of CAR).
- (ii) Only one pharmacy and opening hours not helpful to working people. (P15 of CAR)
- (iii) One pharmacy in the area which does not meet the demand of the growing population.
- (iv) Better weekend hours, especially on Sundays might be helpful. (P22 of CAR)
- (v) There has been an increase in housing and the one chemist in the area is always busy. (P10 of CAR).

In essence, two pharmacies dealing with the dispensing and high workload in the area would serve the neighbourhood much better.

4.11. I would like to take a minute at this time to also talk about communication amongst the minority ethnic community. This element of the population were deprived of the opportunity to have a fluent chat about their medication and healthy lifestyle, where further questioning might identify further signs that could lead to an important intervention. As a person that can speak Punjabi/Urdu, there would naturally be a better level of communication. This could lead to better compliance in taking medicines, better health population and integration and full service provision.

4.12. The last topic I wanted to talk about is needle exchange. I know this can be an unnerving subject for some communities, but the need is there. I have spoken to the local harm reduction team and I am

happy to implement a needle exchange programme, if the application is granted.

4.13. In conclusion, I wish to make it clear that I admire the contractors present and did not wish to cast any aspersions on the job they were doing and, if I was in their position, I would also be objecting, since nobody wishes their revenue to dwindle. I can also say that nobody would cease trading as a result of this application being granted.

4.14. Also, this was not about a pharmacy contract on this site being feasible or viable, it was about the fact that a large group of patients had been forced to find an alternative source of services outwith the neighbourhood of choice. This application sought to redress that situation by providing contractual service and much more such as extended opening hours, free delivery service, being open throughout the day and a needle exchange site, if granted.

***This concluded the Applicant's statement***

## 5. INTERESTED PARTIES' QUESTIONS TO APPLICANT

5.1. ***Mr Ceresa of Stepps Pharmacy was invited to question the Applicant.***

Mr Ceresa had no questions.

5.2. ***Having ascertained that Mr Ceresa had no questions, the Chair invited questions from Mr McLean of Thomas McLean & Sons Ltd***

Mr McLean had no questions.

5.3. ***Having ascertained that Mr McLean had no questions, Ms McGee was invited to question the Applicant.***

Ms McGee had no questions.

5.4. ***Having ascertained that Ms McGee had no questions, members of the Committee were invited to ask questions in turn of the Applicant***

## 6. COMMITTEE QUESTIONS TO APPLICANT

6.1. Mr Hanif asked the Applicant for the population figure for his proposed Neighbourhood. The Applicant replied that he would need to double check but estimated it would be around 1200 people. The holiday village population would need to be added on top.

6.2. Mr Hanif asked why the Applicant had chosen the railway line, as opposed to Cumbernauld Road as the northern boundary of his



proposed Neighbourhood. The Applicant replied that because of the way that Stepps was laid out, he had used the area defined as it was lacking in services. From the most Easterly edge of the boundary up to the closest pharmacy would take approximately 26 minutes to walk, which elderly, or families with young children would find challenging and a long walk.

- 6.3.** Mr Hanif asked the Applicant to enlarge on the range of services in the proposed Neighbourhood in relation to the small businesses that he had referred to. The Applicant replied there were a few takeaways, a restaurant, a bar, hairdresser and the holiday village caravan park.
- 6.4.** Mr Hanif asked the Applicant to clarify where the new housing developments were being built. The Applicant replied that they were on the west side of Frankfield Loch, just outside the boundary of his proposed neighbourhood – a development scheme from Taylor Wimpey, with 125 homes currently under construction.
- 6.5.** Mr Hanif asked whether someone in Dunlop Street, on the east side of the Applicant's defined neighbourhood, in one of the new houses, would consider themselves to be a neighbour of someone across from the proposed premises. The Applicant replied "not directly".
- 6.6.** Mr Hanif asked whether the Applicant had any plans he could share with regard to the proposed premises. The Applicant said that he did not have any plans drawn up, as it depended on the outcome of the hearing. He had a contractor lined up and if the application was successful, he anticipated opening the premises within 6 months.
- 6.7.** Mr Hanif asked if the lease was secure. The Applicant confirmed.
- 6.8.** Mr Hanif asked if the Applicant's proposed premises would contain a consultation room. The Applicant confirmed that it would have at least one consultation room, possibly two.
- 6.9.** Mr Hanif referred to the Applicant's comments in his application that he would offer a needle exchange service, but had not mentioned methadone dispensing or supervision. The Applicant said that when he had made the application, he had not had that information to hand at the time, but had subsequently seen the other pharmacies did not offer needle exchange.
- 6.10.** Mr Hanif asked about staffing levels for the shop. The Applicant replied that there would be two part-time pharmacists to cover the hours, two dispensing staff, and a delivery driver.
- 6.11.** Mrs Findlay asked the Applicant to explain the difference in the opening times listed in his Application compared to the times listed in the Consultation. (CAR times : Monday-Friday 9am-6pm, Saturday 9-1pm, Sunday closed). The Applicant explained that he had adjusted the

opening hours following the responses in the CAR, where it seemed that expectations for having a service available according to needs was more acceptable, which was why he had changed his opening times.

- 6.12.** Mrs Findlay asked the Applicant to clarify where the Kennedy Practice was. The Applicant replied that he had not checked that, but had simply taken the information from the response in the Consultation.
- 6.13.** Mr Sargent asked why the Applicant was proposing to open on Sundays. The Applicant replied that from responses in the Consultation, people had remarked that they would like the pharmacy open on Sundays as they were busy during the week and had no other opportunity to visit the pharmacy, and so he had added Sunday opening in order to be helpful to residents in the area.
- 6.14.** Mr Sargent referred to the new housing development by Frankfield Loch and asked if there was any proposed development in the area behind the Applicant's proposed premises. The Applicant replied that as far as he was aware, there were 8-10 developments or proposed developments happening within 2.5km of his premises, which he regarded as substantial development in the area.
- 6.15.** Mr Sargent said that the area behind the proposed premises was an open space and queried whether the premises might be a target. The Applicant replied that security was paramount, and that they had measures in place such as CCTV, panic alarms, linking to a control centre with an alarm company. The Applicant said that he was based in a portacabin in the middle of nowhere, which was covered by fencing, and added that although they had had one break in, they had learned how to better safeguard the premises.
- 6.16.** Mr Sargent asked how long the premises had been empty. The Applicant replied the premises had been empty around 1.5 years, and prior to that it had been a takeaway.
- 6.17.** Mr Sargent queried the size of the Applicant's consultation rooms. The Applicant replied that the space was large enough to accommodate two consultation rooms, depending on how the pharmacy was laid out, and noted that he had an idea how to plan the layout.
- 6.18.** Mr Sargent asked if the Applicant had any response to the large number of people who seemed to be against application for a pharmacy. The Applicant said that responses were a 50/50 split, and added that there were further questions around deficiencies in the area, and those responses were only 30% negative, but from his perspective, the first few questions showed that two thirds of respondents were happy to have a new pharmacy in the area.
- 6.19.** Mr Sargent noted that a large number of people had objected to the Applicant's defined neighbourhood from the Consultation responses. The Applicant admitted that was true, but also stated that a number of

people had deemed it acceptable.

- 6.20.** Mr Sargent referred to the Applicant's comments that no other pharmacy would cease trading if he opened his premises, and asked him to explain how he had arrived at that conclusion. The Applicant replied that he had previous experience and from what he had seen of the current pharmacies in the area and the number of prescriptions they issued, he did not believe it would be a problem. With the increasing population, the demand on services would be greater, so in order to alleviate the pressure, another pharmacy would help the situation.
- 6.21.** Mrs Prentice queried the access and the Applicant's comment that it would take a person 26 minutes to walk from his neighbourhood to Stepps Pharmacy, and asked if these were the same people who would need to go to a GP surgery. The Applicant replied that, for a CMS patient, they would not need to visit a GP each time, as they could get 6 months of prescriptions/repeat medications. They could phone his pharmacy who would be happy to collect and deliver medications.
- 6.22.** Mrs Prentice said that from the Consultation there was a mix of responses and no clear level of support and some comments from GP surgeries who were not in favour. Mrs Prentice asked how the Applicant proposed building up relationships with GPs surgeries who already had relationships with the existing pharmacies. The Applicant replied that building a rapport with the GP surgeries was vital in order to provide residents with care. The Applicant admitted to being taken aback by the comments as it seemed that the GPs favoured the local pharmacies and did not want other services in the area. The Applicant said that with the population increase placing further pressure on the GP surgeries – which had increased from one to two in the area - there was a need to build a relationship and reduce the pressure, in order to provide patients with the best care possible.
- 6.23.** Mrs Prentice asked whether the premises would be compliant for disabled access to the shop premises. The Applicant replied that it would be, as with all his current shops.
- 6.24.** Mrs Prentice asked about the number of deliveries to the Applicant's premises. The Applicant confirmed he anticipated deliveries from wholesalers twice a day.
- 6.25.** Mrs Prentice asked whether the number of wholesaler deliveries would be adequate for the extended opening hours and expected increase in the population that the Applicant had referred to. The applicant replied that it would – they would not use simply 1 or 2 wholesalers, but probably nearly 4 or 5. He stated that he had good relationships with all the wholesalers, and could pick and choose which he used, and could also contact the companies directly.
- 6.26.** Mrs Prentice asked about the new housing developments and

referenced comments from the Consultation that people were unable to park at the other pharmacies and asked, given the location of his shop, whether he believed people would drive into the housing estate. The Applicant said that people in the area would not necessarily need to drive, as it was walking distance, and he also would provide a delivery service. In response to Mrs Prentice's comment that some pharmacies already provided a delivery service, the Applicant said that those patients were not getting a face-to-face consultation with the pharmacist and added that if they were getting their deliveries from 2.5km away, they would probably not be accessing core services either.

- 6.27.** The Chair noted the Applicant's comments that there were no bus routes, and asked how access to the pharmacy could be improved. The Applicant replied that they would be providing a delivery service, and were also happy to provide telephone consultations. Also, as they were central in the neighbourhood, it was less of a walk for residents to access pharmaceutical services from his premises.
- 6.28.** The Chair referred to the 62 hour working week and asked whether the Applicant intended to have pharmacists present during all these hours, given that he would not close for lunch. The Applicant confirmed; repeating that he would have two part time pharmacists and believed it would be sustainable.
- 6.29.** The Chair asked if there were any parking issues. The Applicant replied that there were no parking issues.
- 6.30.** The Chair asked how the Applicant had made his judgement on what would be necessary to sustain a business, and what number of prescriptions would he regard as sustainable. The Applicant replied that 1500-2000 prescriptions per month would be sustainable.
- 6.31.** The Chair asked the Applicant whether he believed that the impact of 1500-2000 prescriptions would be manageable by other businesses. The Applicant confirmed it was.
- 6.32.** The Chair asked the Applicant to provide data regarding the ethnic community. The Applicant had no numbers to provide, but said he knew there was a need, from his family and friends in Cardowan.
- 6.33.** The Chair asked about the needle exchange service and asked whether he had been clear in his application that the service would be provided, and asked if there had been any feedback. The Applicant confirmed it had been clear in his application, and had not received any negative feedback.
- 6.34.** The Chair asked why the Applicant had not included the whole of Stepps in his neighbourhood. The Applicant replied that Stepps Pharmacy was central to the whole area of Millerston, Cardowan and Stepps. He had not tried to look at the map and pick an area, but had

chosen an area serviceable to one part of Stepps and, with other potential developments in the area, he wanted to provide residents and the population in the area with a better pharmaceutical service instead of a declining one.

- 6.35. The Chair said that, given the nature of Stepps with a major road, two GP surgeries, and shops along the main road, it had a natural gravitational pull. The Chair asked whether the Applicant felt it was more likely that residents would go to the centre instead of visiting the small shopping parade that he was part of. The Applicant explained that parking was an issue on the main road due to the bus routes and yellow lines and, in Cardowan, more people were likely to visit his pharmacy rather than try and find a parking space in the centre of Stepps, and also, knowing his opening times and that they were not closing for lunch, people would be more certain that they could be seen by a pharmacist in a timely manner.

*The committee had no further questions.*

## 7. ADDITIONAL QUESTIONS TO APPLICANT

***Having heard the responses to the questions asked so far, the Chair gave all Interested Parties and Committee members an opportunity to ask further questions of the Applicant.***

- 7.1. Mr Ceresa referred to the 62 hour working week, and the two part time pharmacists, who would need to work 31 hours each and asked how the Applicant intended this to work. The Applicant replied that one would work Sunday- Wednesday, with the other pharmacist working Thursday-Saturday.
- 7.2. Mr McLean asked whether Kilpatrick Drive linked to the Cardowan Estate by road. The Applicant confirmed it did not.
- 7.3. Ms McGee referred to the Applicant's comments about ethnic minorities, languages and interaction with patients and asked if that would be better than using Languageline. The Applicant acknowledged the interpretation service but said it was challenging when someone wanted to speak to a pharmacist immediately, as you needed to call Languageline, who would then find someone and call you back; but they could be busy. Having someone on site was much easier. Ms McGee asked if the part-time pharmacists would also speak the languages the Applicant had mentioned earlier. The Applicant confirmed.
- 7.4. Mrs Findlay noted the Glasgow Fort Retail Park nearby and asked whether any pharmaceutical providers in the area offered Sunday opening hours. The Applicant replied that Boots in the retail park opened on Sundays, but Stepps pharmacy did not, and he was unsure about the other pharmaceutical providers.

*There were no further questions.*

**8. THE INTERESTED PARTIES' SUBMISSIONS**

**8.1. *The Chair invited Mr Ceresa to make representation on behalf of Stepps Pharmacy***

*Mr Ceresa referred to his Letter of Objection dated 8 March 2018 that he had submitted, which he asked to be accepted as his statement. This was noted by all parties. The letter is repeated below for ease of reference.*

**8.1.1.** We commence our response to this application with an historical introduction and overview to the pharmaceutical service provision in the Stepps area. Stepps Pharmacy opened in 1973 in an area with one general practitioner, and no pharmaceutical service, and was described at the time by a surveyor as a “backwater” – a place where people passed through without stopping. For the first 12 years, our pharmacy was in the Essential Pharmacy (EP) category and, at times, it was touch and go whether it would ever be viable.

**8.1.2.** When the original GP retired in 1984, the opportunity arose to develop the land adjacent to our property in constructing a purpose built surgery which opened in 1985 and attracted two GPs. Shortly afterwards, we moved out of the EP category due to increasing numbers of prescriptions dispensed. The GP practice took on a partner in 1989 to the benefit of healthcare services in the local community. The GP practice expanded in 1993 to occupy two units adjacent to the pharmacy. After a split up of the GP Partnership, one of the partners moved to the vacant unit next door until he was able to obtain larger premises across Cumbernauld Road.

**8.1.3.** During this time, the Stepps by-pass was built and traffic calming measures were introduced, allowing people to pass through at a more leisurely pace and stop, and more easily access all the services currently on offer. The population also expanded and continues to grow with new developments in the immediate area. Stepps Pharmacy has kept pace with the changes, the pharmacy was fully refitted to modern up to date standards in 2003. Stepps Pharmacy can be labelled as an average sole independent pharmacy dispensing between 6000 - 6500 prescriptions monthly and offering a comprehensive range of services. In the process to meet all demands we have also built up an exceptional team to provide these services which include three full time pharmacists, two pharmacy technicians and three dispensing assistants.

**8.1.4.** Since the beginning of 2007 and every year hence, agencies wishing to operate a pharmacy in this area have behaved honourably and made approaches for a buy out of the Stepps Pharmacy contract, which at present is not on the market. However, it can be assumed

that these agencies' views on the issue of entering the neighbourhood is that one viable contract is preferable to two non viable contracts operating in the same small area.

8.1.5. During 2007, Assura Pharmacy Ltd applied for entry to GG&C Healthboard Pharmaceutical List at premises at 63 Cumbernauld Road, Stepps. This application was unsuccessful.

8.1.6. During 2014 Stepps Pharmacy along with the other north corridor pharmacies moved from GG&C Health Board to Lanarkshire Health Board.

8.1.7. The local population continues to grow and so far with our continued investment in the business we are well able to meet current demands and serve the needs of our patients. Dilution to the level of service by the introduction of another pharmacy in such close proximity will, without doubt, have a negative effect to pharmaceutical provision in this area.

8.1.8. Following our preamble, we raise the following objections:

**PROXIMITY-** The proposed new pharmacy is approximately half a mile from Stepps Pharmacy.

8.1.9. **LOCATION** - Stepps pharmacy is located at Stepps Cross which is regarded as the geographical central point of the area and adjacent to the two medical practices and Podiatry/ Chiropody centre in Stepps. The proposed new pharmacy on the other hand is 'well off the beaten track', in an obscure position, and far from medical and ancillary services.

8.1.10. **OPENING HOURS--** The original intimation for inclusion showed no significant difference in the opening hours of Stepps Pharmacy, which complement the local surgery hours and are stated as:-

MONDAY	9.00am to 1.00pm - 2.00pm to 6.30pm
TUESDAY	9.00am to 1.00pm - 2.00pm to 6.30pm
WEDNESDAY	9.00am to 1.00pm - 2.00pm to 6.30pm
THURSDAY	9.00am to 1.00pm - 2.00pm to 6.30pm
FRIDAY	9.00am to 1.00pm - 2.00pm to 6.30pm
SATURDAY	9.00am to 1.00pm - CLOSED
SUNDAY	CLOSED
LUNCH	1.00pm to 2.00pm
HALF DAY CLOSING	SATURDAY

However, the Schedule enclosed shows a big increase in hours and including Sunday opening. Having experience of this area for 45 years, I am unable to see how these hours in the proposed location can be sustainable. They appear to look good on paper but will not work in practice.

- 8.1.11. **EXCESS TO REQUIREMENTS-** the granting of a new pharmacy contract would be surplus to actual needs of the area which already has eleven pharmacy contracts shown on the map which excludes Boots in Lenzie and J P Mackies in Moodiesburn.
- 8.1.12. **WASTEFUL OF RESOURCES-** the global pharmaceutical provision fund is finite and is already under pressure and stretched, and new contracts serve to dilute this fund, increasing the strain on diminishing resources: Money for new contracts would be better spent in areas of genuine need.
- 8.1.13. **ADDITIONAL INFORMATION-** There have been alleged reports of suspect activity regarding sales of. legal highs out of this unit in which the police have been involved, an issue which should be investigated. All essential services in the area are under stress with the loss of the post offices in Stepps and Millerston and the imminent closure of the RBS in Stepps increasing stress levels.
- 8.1.14. We cannot justify this application. Should this application be successful it can only cause disruption to the fine balance of the pharmaceutical services provided in our area and help to fuel the rise of similar applications elsewhere in Scotland to the detriment of pharmacy in general. Furthermore, should it gain approval, falter and fail in the short term the damage caused to service provision as a whole in this area will take a long time to recover. .
- 8.1.15. We are sure that the LHB will take our points raised into serious consideration with a detailed investigation and a due diligence report of the KKJ Pharma Ltd before making their decision.
- 8.2. ***The Chair then invited questions from the Applicant to Mr Ceresa***
- 8.2.1. The Applicant noted that Stepps Pharmacy had opened in 1973 and had seen a number of increases over that time. The Applicant asked, in relation to Mr Ceresa's current staffing levels (3 full time pharmacists, 2 pharmacy technicians, 2 dispensing assistants) why people were still being put on waiting lists. Mr Ceresa explained this related to compliance aids. They were currently up to 70 patients who required dosette boxes and although his pharmacy would accommodate local people, he would not accommodate people outwith the area who had visited other pharmacies who been unable to obtain that service, who then asked to be taken on by Stepps Pharmacy. Although the waiting list appeared to be closed, there was room for manoeuvre. It was closed for people outwith the area.
- 8.2.2. The Applicant asked whether people in the area were going outwith to obtain compliance aids. Mr Ceresa said that he had taken on two local people that week who lived in the area. The reason he had been able to include them was because two patients who had been on the list had



died, and he admitted to limited capacity. Local people were all catered for, but people outside the area were not being offered the service.

**8.2.3.** The Applicant said that two patients from Mr Ceresa's area were coming to his current pharmacy because they provided deliveries and asked why he did not provide a delivery service. Mr Ceresa explained that his pharmacy recommended J P Mackie & Co who did deliveries and had spare capacity.

**8.2.4.** The Applicant said it appeared that Stepps Pharmacy was outsourcing deliveries via J P Mackie & Co, and asked whether they would struggle if the population increased with the 8-10 housing developments currently planned. Mr Ceresa said he was unable to speak for J P Mackie & Co but his pharmacy had started small and he had increased staff as the population and demands grew. Mr Ceresa added that one person had even asked if they opened on Christmas Day which he stated he would not do. The Applicant replied that he would be prepared to consider opening on Christmas Day if there was a need.

**8.2.5.** The Applicant said Mr Ceresa had referred about a gravitational pull to the area and that services were under stress including RBS imminent closure; the Applicant asked whether this would also put Stepps Pharmacy under stress. Mr Ceresa replied that the NHS was under stress but at the moment, his pharmacy were able to cope. Mr Ceresa contested the Applicant's projected figures of 1500-2000 prescriptions per month as being viable, as he had reached 3000 prescriptions before he had taken on an additional staff.

**8.3.** *Having ascertained that the Applicant had no further questions, the Chair invited questions from Mr McLean of T McLean & Sons Ltd*

**8.3.1.** Mr McLean had no questions for Mr Ceresa.

**8.4.** *Having ascertained that the Applicant had no further questions, the Chair invited questions from Ms McGee of J P Mackie & Co.*

**8.4.1.** Ms McGee had no questions for Mr Ceresa

**8.5.** *The Chair then invited questions from Members of the Committee in turn to Mr Ceresa*

**8.5.1.** Mr Hanif noted that Stepps Pharmacy closed for lunch and asked if any patients had requested that the pharmacy open at lunchtimes. Mr Ceresa replied he had not received any such requests, but added that when the GP surgery was closed, they received no business. They stuck to the model hours, except they had extended til 6.30pm which is what the area wanted.

**8.5.2.** Mr Hanif asked whether the GP surgeries closed for lunch. Mr Ceresa

replied that one remained open, but the other closed from 1-3pm.

- 8.5.3.** Mr Hanif asked whether the whole pharmacy was closed at lunchtime. Mr Ceresa confirmed that the whole shop closed at lunchtime as they had found that there was no footfall during this period.
- 8.5.4.** Mr Hanif noted that on Saturdays, Stepps Pharmacy closed at 1pm and asked if there had been any requests to remain open til 5pm. Mr Ceresa replied there had not been any such requests.
- 8.5.5.** Mr Hanif asked if Mr Ceresa had formally surveyed the patients with regard to these questions. Mr Ceresa replied that he had not officially surveyed patients but he had been there long enough to know. Quite often on Saturdays, it would be quiet in the pharmacy. If the surgery was closed, the number of patients visiting the surgery would drop dramatically. Mr Ceresa added that on Good Friday when the GP Surgery was closed, the pharmacy did very little business.
- 8.5.6.** Mr Hanif asked whether Mr Ceresa would consider opening at lunchtimes and up to 5pm on Saturdays, if he received any such requests. Mr Ceresa said if the demand was there and he felt it necessary, he would consider looking at extending his opening time– eg if GP surgeries opened extended hours.
- 8.5.7.** Mr Hanif referred to Mr Ceresa’s comment that he closed at lunchtimes when GP Surgeries closed due to no footfall, and asked about patients who wished advice eg smoking, MAS etc. Mr Ceresa said that when he had opened his shop, there had been little footfall, and only a couple of shops, and just one GP surgery. Everything closed at lunchtime, like a village, rather than a retail park. Mr Ceresa reiterated that there was no need to open at lunchtime, and if there was, he would have introduced it a long time ago.
- 8.5.8.** Mr Hanif asked about the delivery service and compliance aids, and asked if Mr Ceresa had surveyed his customers to see whether they wished him to introduce a delivery service or compliance aid service. Mr Ceresa replied that he had not formally surveyed his patients but occasionally they did deliveries for emergencies. They had 4-5 elderly patients who were in need, and his staff would make the deliveries themselves. But not for someone who wanted it as a convenience.
- 8.5.9.** Mr Hanif asked if Stepps Pharmacy offered a methadone dispensing service. Mr Ceresa confirmed they did, and although they had capacity to provide more, he had decided to cap numbers as it was not the type of area that had had rows of patients queuing outside.
- 8.5.10.** Mr Hanif asked if NHS Lanarkshire Health Board had asked him to provide a needle exchange service. Mr Ceresa replied that he had not been asked.

- 8.5.11. Mr Hanif asked where people parked if coming by car, given the comments that people found it difficult to park by his pharmacy. Mr Ceresa replied that many people parked where they should not – on the yellow lines. There were a few parking spaces at the RBS Bank (100m away), and some parked around the back of the GP surgery (Dr Kennedy) on the opposite side of the road.
- 8.5.12. Mr Hanif asked what the impact on Stepps Pharmacy as a business if the application was granted. Mr Ceresa said that, from the applicant's projected figures, the worst-case scenario would be that he would lose 1/3 of his turnover, but equally there could be no impact. They would need to look at the other non-core services they provided eg dosette boxes.
- 8.5.13. *Mrs Findlay had no questions to ask Mr Ceresa.*
- 8.5.14. Mr Sargent asked how many times Mr Ceresa was able to fulfil a full prescription when a patient came into the pharmacy. Mr Ceresa said that he had carried out his own survey and 94% of patients received their full medications when they needed it – within 5 minutes.
- 8.5.15. *Mrs Prentice had no questions to ask Mr Ceresa.*
- 8.5.16. The Chair asked for an explanation as to how much time and effort went into preparing a dosette box, and why it took so long. Mr Ceresa said it depended. Some patents might only require 3-4 items, so dosette boxes could be made up quickly – transferring medications from blister packs. Mr Ceresa said that some patients had complex needs, and gave an example - one patient required 18 medications so required 2 dosette boxes, which took time to fill.
- 8.5.17. The Chair asked how often were dosette boxes prepared. Mr Ceresa said they would prepare dosette boxes weekly, but endeavoured to prepare two boxes at a time just in case of need.
- 8.5.18. The Chair referred to the current staffing levels at Stepps Pharmacy and asked how he managed the compliance aid service for 70 patients. Mr Ceresa explained that they had originally thought to cap the service at 30 but had found requests outstripped demand. They had a questionnaire which ascertained whether patients were suitable for requiring dosette boxes – eg patients who had liquid medications or required injections would not be eligible for receiving dosette box service. Mr Ceresa added that not everyone needed it, but they might take the service up if it was available. Mr Ceresa gave an example where he had talked one person (who required only four oral medicines) out of the need for a dosette box service.
- 8.5.19. The Chair asked how many people were on the waiting list. Mr Ceresa said 4 local people were on the waiting list. The list was not closed but people whose own nearest pharmacy did not provide a delivery service

were rejected as they were from too far away (Mr Ceresa added that had even received a request for deliveries to Stirling).

- 8.5.20. The Chair asked about the delivery service and asked how many customers had he referred to J P Mackie & Co. Mr Ceresa said that over the past 6 months, he had recommended 5 people to obtain deliveries from J P Mackie & Co. They operated a “buddy system” whereby all operating pharmacies helped each other so no patients were left short of medications. Whether the people took up the referral was up to the individual. The reason they recommended J P Mackie is that it was the closest pharmacy to Stepps Pharmacy.
- 8.5.21. The Chair acknowledged that the delivery service was not one of the core services, but asked why Stepps Pharmacy did not offer to provide it. Mr Ceresa explained that although it might be free to the customer, it was a cost to the business – a driver, vehicle, insurance.
- 8.5.22. The Chair asked Mr Ceresa to explain the balance of people going from the GP Surgery to the pharmacy with a prescription against repeat prescriptions, and asked whether there was a sizeable drop when surgeries closed (between immediate and repeat prescriptions). Mr Ceresa said a very noticeable drop. On Good Friday, prescriptions had dropped by 60%. The Chair asked why this was not for repeat prescriptions. Mr Ceresa explained that all repeat prescriptions were prepared in advance, and they were waiting for patients to pick up their medications and there was a lack of holding space.
- 8.5.23. The Chair asked, apart from bank holidays – just normal Saturday afternoon or Sundays - whether there was any demand for repeat prescriptions outside opening hours. Mr Ceresa replied that when he had originally opened the shop, weekday closing time was 7.30pm and Saturdays 6pm. At that time they had virtually no customers on the Saturday afternoon, and very few in the evenings, so he had accordingly adjusted the opening hours to accommodate the need of the area. If anything else developed, such as GP surgeries opening later, he would be prepared to review the situation, but there was currently no need to extend opening hours.
- 8.5.24. The Chair asked when Stepps Pharmacy had ceased opening on Saturday afternoons. Mr Ceresa said it was in early 1980s.

*The Committee had no further questions.*

- 8.6. ***Having heard the responses to the questions asked so far the Chair gave the Applicant and Interested Parties an opportunity to ask further questions of Mr Ceresa***

*There were no further questions for Mr Ceresa.*

9. ***The Chair invited Mr McLean to make representation on behalf of T***

***McLean & Sons Ltd***

9.1. *Mr McLean read from a pre-prepared Statement*

9.1.1. The Application by KKJ Pharma for a new contract in Stepps has failed to prove any inadequacies in the existing pharmaceutical service provision to the area.

9.1.2. The area defined in red on the map is not a neighbourhood in its own right, merely an estate of houses within the Stepps area (refer postal address). The Applicant has not been able to define this as anything else. There are few amenities within this area except a small convenience store, a fast food outlet, a primary school and a chapel. Do the residents in this area access services outwith the area? Yes they do. There is no post office, large supermarket, library, gym etc. The choice of this application for this location is poor and would only benefit those living close by or within walking distance. Car travel to the area is poor with limited public transport and very few would benefit with a negative impact on existing services.

9.1.3. If the Applicant can define this area as a neighbourhood, the question asked here is: "are the services in or to this area adequate"? Pharmaceutical service does not need to be IN the neighbourhood. Service provision TO the neighbourhood is what is relevant.

9.1.4. Adequacy is not about convenience. The population currently is adequately serviced by existing contractors and when the questions in the application are analysed, there are plenty of responses in support of existing services.

Q1. Most responses stating this application is not needed, with a poor location and no GP practices in the area defined, so the majority will still use existing pharmacies and GP surgeries.

Q3 Adequacy. Majority of residents say services are adequate; if you add in the "don't knows", then it is over 70% positive responses for the existing services. There is no indication of inadequacy here. Dosette boxes and deliveries mentioned here are not relevant as they are not core contractual requirements.

Q4. Gaps/deficiencies. There is nothing here of real relevance as stock issues affect all pharmacies and late opening is not a requirement of core pharmaceutical hours.

Q5 Do you think a new pharmacy is required to ensure adequacy? This was a 50/50 reply so there is no indicated need.

Q6 Hours. Not relevant as late night 7 day service is outwith pharmaceutical model hours and based on convenience, not adequacy.

Q7 The responses show no deficiency in current services.

Q8/9. Improvement in local healthcare services and impact on existing services, overall responses are negative and concern shown about negative impact on existing services.

Q10. Do you support this application? A 50% support rate is not particularly good, given that if the application is really needed, then the vast majority would support it. This is not the case

9.1.5. The joint consultation results are underwhelming in support for a new contract and what support is shown is based on convenience. There is no real evidence of any need. Convenience is not of relevance to the consideration of adequacy of the current services.

9.1.6. The current level of pharmaceutical service provided in the area is more than adequate and I would recommend the application should be refused.

*This concluded Mr McLean's presentation.*

9.2. ***The Chair then invited questions from the Applicant to Mr McLean***

9.2.1. The Applicant referred to future developments in the area where Mr McLean's pharmacy was located and noted his pharmacy was approximately 2km outside the area, and asked, given the developments happening in his area, did he believe he was under more pressure to provide core services. Mr McLean replied that was irrelevant as it referred to current pharmaceutical services, as there was no proof that the development would greatly increase the population. Mr McLean acknowledged that the Stepps Corridor development would happen in the next 20 years where there would be 1000s of new houses built, but refused to comment further on the future, and wished to deal the present situation. In his opinion, the current pharmaceutical service was adequate for the area.

9.2.2. The Applicant asked whether Mr McLean agreed that there would be a population increase with the new housing developments. Mr McLean disagreed as it was not possible to comment on future housing having an effect on pharmaceutical services, as everyone had to adapt.

9.2.3. The Applicant referred to Mr McLean's comment that 50% of the respondents did not agree with the need for a new pharmacy and asked about the remaining 50%. Mr McLean said that 50% was a remedial vote and indicated a lukewarm response. A 70% response in favour would have shown an indication of a need for a new contract.

9.2.4. The Application asked if Mr McLean's pharmacy obtained business from Stepps. Mr McLean confirmed that they delivered to patients in Stepps.

9.3. ***Having ascertained that the Applicant had no further questions,***

***the Chair invited questions from Mr Ceresa of Stepps Pharmacy to Mr McLean of Thomas McLean & Sons.***

*Mr Ceresa had no questions.*

**9.4. *The Chair then invited questions from Ms McGee of J P Mackie & Co.***

*Ms McGee had no questions.*

**9.5. *The Chair then invited questions from Members of the Committee to Mr McLean of Thomas McLean & Sons.***

**9.5.1.** Mr Hanif asked why Thomas McLean & Sons was not part of the methadone supply supervision service. Mr McLean replied that they did offer the service and had capacity but had no patients - nobody was using the service.

**9.5.2.** Mr Hanif asked when deliveries were made, and how many were to Cardowan. Mr McLean replied they offered a full delivery service. Delivery dates were Monday, Tuesday, Wednesday and Friday, and said that, although deliveries were made to Cardowan, he did not have a figure, possibly around 3-4 patients who required dosette box delivery.

**9.5.3.** Mr Hanif asked about Thomas McLean & Sons pharmacy opening hours. Mr McLean confirmed this was Monday-Friday 9am-6pm, and Saturday 9am-1pm, and they did not close at lunchtime.

**9.5.4.** With reference to the dosette boxes/compliance aids, Mr Asif asked if Mr McLean's pharmacy offered the service, and what capacity they had to increase. Mr McLean confirmed they did offer the service and had capacity to increase.

**9.5.5.** Mr Hanif asked if Thomas McLean & Sons offered a collection service and, if so, whether it included both GP surgeries. Mr McLean confirmed they collected from both surgeries.

**9.5.6.** Mrs Findlay asked whether parking was an issue. Mr McLean confirmed that parking was an issue with yellow lines, which were usually ignored by residents. When the area had been built in the 1800s there had been no provision for modern day parking. Double yellow lines were often covered in cars. Mr McLean acknowledged that there were traffic management issues, shops had been there since the 1920s and were stuck with the current situation.

**9.5.7.** Mrs Findlay asked where patients would go if they needed the minor ailments service on a Saturday afternoon. Mr McLean said that the GP surgery was closed on Saturday and, after 1pm, patients would go to a pharmacy which was open until 6pm, the nearest being Boots in the Glasgow Fort Retail Park, or the pharmacy within Asda in Robroyston.

- 9.5.8. Mrs Prentice asked what percentage of prescriptions were completed in full. Mr McLean replied 95%. He rarely heard of issues with supplies and had multiple deliveries, twice a day – a succession of delivery vans, who supplied all the pharmacies.
- 9.5.9. The Chair noted that future developments would be taken into consideration when they were within a reasonable period of time. With regard to the development east of Muirhead, the Chair asked whether there was anything obvious which could have a major impact on his business. Mr McLean replied that he was not sure when the development would be built. Although the planning request had gone in he was not sure when it would complete – possibly 10 years to complete; and added that although there would be some housing developments in the next two years, he was unable to respond with regard to the relevance.
- 9.5.10. The Chair asked what was the percentage of his business that came from Stepps. Mr McLean said it was difficult to quantify as Mr Ceresa obtained the most. The modern way of business with online shopping, meant many people were obtaining their services outwith a pharmacy.
- 9.5.11. The Chair asked what the impact would be on Mr McLean's business if the application were granted. Mr McLean said that the delivery service was not free to him – fuel, van, driver, insurance. A reduction in the number of prescriptions would mean a reduction on what he could provide in relation to staffing. Mr McLean stated that there would be an impact on his business.
- 9.5.12. The Chair asked if this would impact on the deliveries which Mr McLean had mentioned earlier was likely to be 3-4 people from Cardowan who required dosette boxes. Mr McLean replied that the impact would affect all deliveries.
- 9.5.13. The Chair asked from Mr McLean what percentage of his pharmacy business was devoted to deliveries. Mr McLean said they tried to get deliveries to people in need and said that if they had capacity they would do it – but acknowledged it was expensive, although patients may think the NHS was paying for it.

*The Committee had no further questions.*

- 9.6. ***Having heard the responses to the questions asked so far, the Chair gave the Applicant and Interested Parties an opportunity to ask further questions of Mr McLean of Thomas McLean & Sons***

- 9.6.1. The Applicant asked about the area where T McLean & Sons was based in Muirhead, and asked whether it was bigger or smaller than Stepps. Mr McLean replied that Muirhead was around 1/3 larger than Stepps.



- 9.6.2. The Applicant asked why Mr McLean had another pharmacy 10 doors away. Mr McLean explained one was the shop (No. 144), and the other was the registered office (No. 154).

*The Applicant and Interested parties had no further questions.*

10. ***The Chair invited Ms McGee to make representation on behalf of J P Mackie & Sons Ltd. Ms McGee had no formal representation to make but stated she was available to answer questions.***

- 10.1. Ms McGee, stated that J P Mackie & Co currently had no waiting list for dosette boxes, and could easily accommodate more as they had capacity. They also collected prescriptions from surgeries and delivered them the same day. They were also doing leaflet drops in Stepps to inform customers of the service available.

- 10.2. ***The Chair then invited questions from the Applicant to Ms McGee***

- 10.2.1. The Applicant responded that there was a lot of emphasis on deliveries, but he had concerns about core services with people having ease of access, and a delivery service did not replace the option of speaking face-to-face. Ms McGee said that J P Mackie & Co provided phone consultations and also delivered to housebound patients, and commented that the Applicant was also proposing to offer a delivery service. The Applicant replied that delivery was easier for someone having to travel a long way to J P Mackie & Co in Moodiesburn which was a long way for a face-to-face consultation. Ms McGee replied it was a 5 minute drive. The Applicant said that if someone needed to go on foot or use public transport, it was more challenging.

- 10.3. ***Having ascertained that the Applicant had no further questions, the Chair invited questions from Mr Ceresa of Stepps Pharmacy.***

Mr Ceresa had no questions.

- 10.4. ***Having ascertained that Mr Ceresa had no questions, the Chair invited questions from Mr McLean of T McLean & Sons Ltd Pharmacy.***

Mr McLean had no questions.

- 10.5. ***Having ascertained that Mr McLean had no questions, the Chair invited questions from the Committee***

- 10.5.1. Mr Hanif queried the opening hours. Ms McGee said both shops in Moodiesburn were open from 9am-1pm Saturday and 9am-1pm Wednesday, and remained open at lunchtimes.

- 10.5.2. Mr Hanif asked if there was capacity for deliveries at both shops. Ms McGee confirmed that Glenmanor was more of a hub for dosette box

deliveries, as it had been designed as a base.

10.5.3. Mr Hanif asked what percentage of business came from the proposed neighbourhood for both shops. Mr McGee replied that she did not have a percentage, but it was between 10-20 patients per week.

10.5.4. The Chair asked how the percentage of business was calculated for deliveries with regard to volume, cost, time spent. Ms McGee explained Glenmanor shop handled most deliveries and did not have a percentage to offer, but it would involve the cost of a delivery driver, vehicle, repairs, insurance, fuel and insurance. They had one driver for the both shops.

## 11. **SUMMARIES**

11.1. ***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.***

11.2. Ms McGee had no summary to make.

11.3. Mr McLean said that the current level of pharmaceutical services provided was more than adequate and recommended that the application be refused.

11.4. Mr Ceresa had no summary to make.

11.5. ***The Applicant was invited to sum up***

11.5.1. The Applicant said that a pharmacy's ultimate strength as a healthcare provider was based on its ease of access by the public in all circumstances, whether this was where people lived, worked or resorted to as a part of normal daily life. He believed the application sought to fulfil - if not the need for, then the desirability of - a new second pharmaceutical provider in this neighbourhood and this was evidenced by the numbers of people who had to go elsewhere, or were not receiving an acceptable provision of service.

## 12. **RETIRAL OF PARTIES**

12.1. The Chair then invited each of the parties present to individually and separately confirm that a fair hearing had been received and that there was nothing further to be added. The Applicant and each of the Interested Parties separately confirmed that they had had a fair hearing and the Chair advised that the Committee would consider the application and representations prior to making a determination.

12.2. 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 as, if the Committee required further

factual or legal advice, the open session would be reconvened so that all parties could hear the advice and have the opportunity to challenge or comment on that advice. The parties would be informed when the Committee had completed its deliberations.

- 12.3.** The Chair informed all parties 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.

***The hearing adjourned at 11:50 hours and the Applicant and the Interested Parties, along with their colleagues, left the room***

**13. COMMITTEE DELIBERATIONS**

**13.1. Supplementary Information**

The Committee noted the following:

- (i) The statutory test and the factors which the Pharmacy Practices Committee had to consider during its deliberations on the application and the submissions.
- (ii) That each member had independently undertaken a site visit to the Stepps area noting the location of the proposed premises, the pharmacies, general medical practices hosted and the facilities and amenities within
- (iii) Report on Pharmaceutical Services provided close to Stepps. This report provides an update to the list of services provided within this area as contained within Pharmaceutical Care Services Plan
- (iv) Summary of Community Pharmacy Contractor Activity close to Stepps
- (v) Scottish Index of Multiple Deprivation SIMD16 Indicators data for Datazones for Stepps
- (vi) Demographic information for Stepps taken from the 2011 Census
- (vii) Information extracted from pharmacy quarterly complaints returns to NHS Lanarkshire from July 2014- December 2017
- (viii) Complaints received by NHS Lanarkshire about pharmacy services in North Lanarkshire in the last 5 years.
- (ix) A map showing the location of the proposed Pharmacy in relation to existing Pharmacies and GP surgeries within Stepps and the surrounding area, and a large scale map of Stepps

**14. SUMMARY OF CONSULTATION ANALYSIS REPORT (CAR)**

**14.1. Introduction**

- 14.1.1.** NHS Lanarkshire undertook a joint consultation exercise with KKJ Pharma and Miss Saima Latif regarding the proposed application for a new pharmacy contract at 14 Dorlin Road, Cardowan, Stepps, G33 6AP.

**14.1.2.** The purpose of the consultation was to seek views of local people who may use this new pharmacy. The consultation also aimed to gauge local opinion on whether people felt access to pharmacy services in the area was adequate, as well as measuring the level of support for the new pharmacy.

**14.2. Method of Engagement to Undertake Consultation**

**14.2.1.** The consultation was conducted via Survey Monkey to capture respondents' definitive responses and free text views for accurate reproduction graphically and textually without influence through interpretation by either party. The consultation link was hosted on NHS Lanarkshire's (NHSL) public website [www.nhslanarkshire.org.uk](http://www.nhslanarkshire.org.uk).

**14.2.2.** The Consultation was publicised via NHSL press release, advertisements in the Bishopbriggs News and Kirkintilloch Herald, NHSL Facebook page, Twitter account, rolling banner on the NHSL website homepage and statically on the Get Involved page. North Lanarkshire Council was also notified for dissemination to local groups and elected representatives and the relevant Public Partnership Forums. Stepps and District Community Council was also informed as it was local to the proposed area. All these media gave details of how to access a paper copy of the questionnaire for those with no computer facilities.

**14.3. Summary of Questions and Analysis of Responses**

**14.3.1.**

	<b>Question</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Replied</b>	<b>Skipped</b>
Q1	Do you agree that the area within the red border represents the neighbourhood that would be served by the proposed pharmacy?	82	40	7	129	0
Q2	Would a pharmacy at this proposed location be accessible for patients in and around the neighbourhood?	86	35	8	129	0
Q3	With regard to the neighbourhood, as defined in Section A, do you think that the current pharmaceutical services being provided in and to the neighbourhood are adequate?					
Q3a	Dispensing of NHS Prescriptions	66	35	6	107	22
Q3b	Advice and medicines under the Minor Ailment Service	70	26	11	107	22
Q3c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	51	23	33	107	22
Q3d	Chronic Medication Service – for people with long term conditions	59	23	25	107	22
Q3e	Substance Misuse services	40	19	48	107	22
Q3f	Stoma Service – appliance supply for patients with a colostomy or urostomy	37	14	56	107	22
Q3g	Gluten Free Foods	40	21	46	107	22
Q3h	Unscheduled Care – urgent health matters/ supply of emergency prescription medicines	53	27	27	107	22
Q3i	Support to Care Homes	33	15	59	107	22
Q4	Do you think that the current provision of pharmaceutical services has any gaps or deficiencies?	33	53	21	107	22
Q5	KKJ Pharma and Saima Latif are proposing to provide the services listed below. Do you think the proposed pharmacy needs to open in order for people in the neighbourhood to have adequate access to these services?					
Q5a	Dispensing of NHS Prescriptions	47	54	6	107	22
Q5b	Supply of medicines under the Minor Ailment Service	50	52	5	107	22
Q5c	National Pharmaceutical Public Health Services including smoking cessation and supply of emergency hormonal contraception	44	48	15	107	22
Q5d	Chronic Medication Service – for people with long term conditions	47	45	15	107	22

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Q5e	Substance Misuse services	32	43	32	107	22
Q5f	Stoma Service – appliance supply for patients with a colostomy or urostomy	39	36	32	107	22
Q5g	Gluten Free Foods	40	39	28	107	22
Q5h	Unscheduled Care – urgent health matters/supply of emergency prescription medicines	47	44	16	107	22
Q5i	Support to Care Homes	33	37	37	107	22
Q6	Do you think that the proposed hours are appropriate?	58	42	5	105	24
Q7	If this proposal is successful, do you think that there would still be any gaps or deficiencies in the pharmaceutical services provided?	14	51	40	105	24
Q8	In your opinion, would the proposed application help other healthcare providers to work more closely together eg GPs, community nursing, other pharmacies, dentists, optometrists and social services?	38	45	20	103	26
Q9	Do you believe this proposal would have any impact on other NHS services, eg GPs, community nursing, other pharmacies, dentists, optometrists and social services?	41	38	24	103	26
Q10	Do you support the proposal to open a new pharmacy at 14 Dorlin Road, Cardowan, Stepps, G33 6AP	52	45	6	103	26
Q11	Please indicate if you are responding as an	Individual = 95 Group/Organisation = 2			97	32
Q12	The question is optional and you can remain anonymous if you prefer	Name Organisation Address City/Town Postcode Email Telephone Answered Skipped			39 3 33 29 34 28 13 43 86	
Q13	Where contact information has been provided, we will make your responses available within the Consultation Analysis Report on the following basis:	Response, Name and address  5	Response and Name Only  7	Response Only  85	Skipped  32	

**15. DISCUSSION**

**15.1.** The Committee, in considering the written evidence submitted during the period of consultation, written and oral evidence presented during the hearing, the contents of the CAR and recalling observations from site visits carried out on different days and at different times, first had to decide the question of the neighbourhood in which the premises, to which the application related, were located.

**15.2. Neighbourhood**

**15.2.1.** The Committee discussed the neighbourhood and noted:

- the Applicant's definition
- the views expressed by the Interested Parties
- the maps provided in the consultation document; the maps supplied with the papers; the maps provided on the day
- natural and physical boundaries such as roads, railways, water features and open land

They then discussed the general amenities such as schools, shopping areas, the mixture of public and private housing; community and recreational facilities; the distances residents had to travel to obtain pharmaceutical and other services and also the availability of public transport and levels of car ownership, as well as the location of the GP surgeries, the bank, the churches, the library and the hotel.

**15.2.2.** The Committee agreed with the Southern boundary proposed by the Applicant which was entirely through open and undeveloped land.

**15.2.3.** In discussion on the Applicant's northern boundary, the Committee considered that the railway line cut off residents from the majority of amenities that they would access on a daily basis, and the neighbourhood proposed by the Applicant held too few amenities and was simply a small housing development. The Committee acknowledged that the railway line was a physical barrier and that the prime routes in and out of Cardowan to Stepps was by road via either Cardowan Road or Dewar Road.(to the north) or via Loch Road from the holiday village (to the West).

The Committee considered whether the Cumbernauld Road (A80) should form the northern edge of the neighbourhood, but concluded that this would therefore exclude a large range of amenities such as the library, school, church, hotel and a bowling club. In addition, people from housing on both sides of the roads considered themselves neighbours and the Committee attached importance to the local knowledge of the way that Stepps had grown from a small village that straddled either side of the Cumbernauld Road (the A80). That is why the housing type was similar on both sides of Cumbernauld Road and why people living on both sides of Cumbernauld Road identified themselves as neighbours living in one community.

The Committee concluded that the most appropriate northern boundary of the neighbourhood should therefore include the area above Cumbernauld Road and should follow the line of the Garnkirk Burn.

**15.2.4.** The Committee agreed with the Eastern boundary up to the point it reached the railway but thought that the boundary should extend north along Dewar Road and A806 to the point it reached the Garnkirk Burn in line with the Committee's knowledge of what was considered locally to comprise the same community.

**15.2.5.** The Committee agreed that the Western boundary from Loch Road up to Cumbernauld Road should also incorporate Pear Tree Drive, and should then cross the railway line and follow Whitehill Farm Road to the hedgerow and follow north til it met Garnkirk Burn in order to complete the incorporation of the whole of Stepps as the neighbourhood.

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

**South** From the Seven Lochs Wetland Park below Dunlop Loch and the edge of the housing estate heading West to Frankfield Loch where it meets Loch Road

**West** From Loch Road, including Pear Tree Drive, crossing the A80 around Laundry Lane and Whitehill Farm Road until it meets the green hedgerow and follow north to Garnkirk Burn.

**North** From the Garnkirk Burn heading East continue along the Burn until it meets the A806

**East** A806 heading south, across the roundabout, along Dewar Road until it meets the edge of the Seven Lochs Wetland Park by Dunlop Loch.

**15.3. Adequacy of existing provision of pharmaceutical services and necessity or desirability.**

**15.3.1.** Having reached a conclusion as to the defined neighbourhood, the Committee was then required to consider the adequacy of pharmaceutical services to that neighbourhood and, if the Committee deemed them inadequate, whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood.

**15.3.2.** The Committee acknowledged that Stepps Pharmacy was the principle pharmacy, with the main thrust of the Applicant's case being that Stepps Pharmacy did not offer a delivery service, and also there was a waiting list for dosette boxes/compliance aids. However, the Committee took into consideration that these were not core services.

**15.3.3. Dosette Boxes / Compliance Aids**

The Committee discussed the process for ascertaining whether a patient should receive dosette boxes, noting that although a GP could recommend



a dosette box for a patient, the pharmacists had the final decision, through a consultation with the patient and looking at the range of medications.

- 15.3.4.** The Committee noted that whilst Stepps Pharmacy had a waiting list for dosette boxes, the other existing pharmaceutical providers had capacity and were willing to assist.

**15.3.5.** Deliveries

The Committee noted that Stepps Pharmacy did not deliver medications to patients except in emergencies (and noted that there were 4-5 patients to whom the staff personally delivered items), but, if absolutely necessary, Stepps pharmacy recommended J P Mackie & Co who had capacity to deliver medications. It was noted that J P Mackie was outside the area contained in the map but had two pharmacies in Moodiesburn. It was also noted that one pharmacy charged a fee for making deliveries.

**15.3.6.** Opening Hours

The Committee noted that Stepps Pharmacy provided the core opening hours and, although they were closed at lunchtime, they had extended the evening opening times. The Committee acknowledged that keeping the pharmacy open at lunchtime was not a requirement that formed part of the core hours. The Committee noted that the other nearby pharmacies remained open at lunchtime.

- 15.3.7.** The Committee acknowledged that Stepps Pharmacy closed at the same time as at least one of the GP Surgeries and that their hours of opening were based on years of experience on the use of the pharmacy by the local population.

**15.3.8.** Complaints.

The Committee acknowledged that there had not been any complaints to NHS Lanarkshire in the past four years, and no complaints from the public that could indicate whether there was an issue with core services.

**15.3.9.** General

The Committee acknowledged that although their discussions centred around Stepps Pharmacy as it was the main provider of pharmaceutical services to the neighbourhood, the other pharmacies complemented the service provision. All the pharmacies provided the core services, were open for the core hours as a minimum, and Mr Ceresa was also flexible insofar as he would consider changing his opening hours if the demand increased.

- 15.3.10.** The Committee noted that there had been no criticism of the core services provided by pharmaceutical service providers within the neighbourhood or outwith.

**15.4. Consultation Analysis Report (“CAR”)**

- 15.4.1.** The Committee then went on to consider in detail the Consultation Analysis Report (“CAR”). It was noted that the number of respondents was lower than would normally be expected. From a population of 1200 (as mentioned by the Applicant), 129 responses represented only 10% of the population.
- 15.4.2.** Question 1 - The Committee acknowledged that the 2/3 of respondents agreed with the Applicant’s definition of the neighbourhood and considered carefully the responses to that question but, nevertheless, felt that for the detailed reasons outlined above, the neighbourhood for the purposes of this application would more appropriately comprise the whole of Stepps.
- 15.4.3.** Question 2. The Committee acknowledged that there was no bus route to the Applicant’s proposed site and that it was at the end of a dead end, and patients would need to walk uphill. Although there were no issues with parking (as with the other pharmacies), the Committee acknowledged that there was easy access for residents travelling on foot in the immediate area but not outwith.
- 15.4.4.** Question 3. The Committee acknowledged that, on the whole, the residents endorsed the adequacy of current pharmaceutical services.
- 15.4.5.** Question 4. The Committee acknowledged that although the majority of respondents had indicated that there were gaps or deficiencies in the current provision, on looking through the more detailed responses, the Committee noted a majority of comments related to non-core services such as deliveries and dosette boxes, which the Committee had deemed were currently adequate as they were provided by the current pharmaceutical service providers.
- 15.4.6.** Question 5. The Committee noted the mixed level of responses, which were marginally in favour of the current services being adequate - four out of nine services being regarded as inadequate (CMS, Gluten Free, Stoma and Unscheduled Care). With regard to unscheduled care, the Committee said that the only time this would be needed was when the GP surgery was closed, which was also when Stepps pharmacy was closed. The Committee acknowledged the total responses of 379 (yes) and 398 (no), which was marginal and therefore did not indicate any overwhelming concerns about the adequacy of the existing services or about the need for an additional pharmacy in the area.
- 15.4.7.** Question 6. The Committee recognised that 40% of respondents felt current opening hours were unacceptable, but acknowledged that the current pharmaceutical contracts provided the core hours.
- 15.4.8.** Question 7. The Committee acknowledged that less than half the respondents felt that a new pharmacy would solve gaps or deficiencies and

felt as well that the responses to the survey were more concerned about non-core services. There was no mention at all of gaps and deficiencies in the core services provided by the existing pharmacies.

- 15.4.9. Question 8. The Committee noted that the majority of respondents did not believe that the Applicant's proposed pharmacy would help other healthcare providers work more closely together.
- 15.4.10. Question 9. The Committee considered the slight majority response on whether respondents believed the proposed pharmacy would have an impact on other NHS Services, and although they were unclear from the phrasing of the question whether this represented a positive or negative impact, the Committee noted that respondents comments were also split for negative or positive impact.
- 15.4.11. Question 10. With regard to support for a new pharmacy, with 50% in favour, on looking through the respondent comments, the Committee acknowledged that the main reasoning seemed to be for convenience rather than deficiencies and the majority of comments were not in favour of a new pharmacy.
- 15.4.12. The Committee noted a spike in responses on 6 November compared to the other dates, and noted a lower level response rate than would usually be anticipated.
- 15.4.13. The Committee were confident that the CAR was adequate in terms of its contribution to their deliberations and discussion of the application, which had not identified any gaps or deficiencies in the current level of pharmaceutical provision. The Committee acknowledged the low level of responses to the CAR, compared to their experience of previous CARs, which they considered as an indication that there was no natural demand for a new pharmacy in the neighbourhood.

## 16. DECISION

*Mr Hanif and Mrs Findlay left the meeting room 13:10 hours*

- 16.1. Following the withdrawal of the pharmacist members 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 pharmaceutical service within or provided to Cardowan, Stepps was adequate. The Committee concluded that there was no evidence of any substance provided to demonstrate any inadequacy of pharmaceutical services to the defined neighbourhood.
- 16.2. Accordingly, the decision of the Committee was unanimous that the establishment of a new pharmacy at 14 Dorlin Road, Cardowan, Stepps, G33 6AP was neither necessary nor desirable in order to secure adequate provision of pharmaceutical services within the neighbourhood in which the

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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.

- 16.3.** Mr Hanif and Mrs Findlay were requested to return to the meeting, and informed of the decision of the Committee.

**The meeting closed at 1315 hours**