

NATIONAL APPEAL PANEL
constituted under
**THE NATIONAL HEALTH SERVICE (PHARMACEUTICAL SERVICES)
(SCOTLAND) REGULATIONS 2009 (AS AMENDED)
("the Regulations")**

DECISION

of the

CHAIR

of

THE NATIONAL APPEAL PANEL

in the application relating to

258B FAIFLEY ROAD, GLASGOW, G81 5EH

Applicants and Appellants:	BGR Health Care Ltd
Health Board:	NHS Greater Glasgow and Clyde
PPC Hearing held:	25th June 2017
Panel Case Number:	NAP70 (2017)

Decision of the Chair of the National Appeal Panel

1. Background

- 1.1 This is an appeal against the decision of the Pharmacy Practices Committee of NHS Greater Glasgow and Clyde (“the PPC”) following upon its meeting held on 30th June 2017.
- 1.2 BGR Health Care Ltd (“the Applicants” or “the Appellants”) made an application for inclusion in the pharmaceutical list of NHS Greater Glasgow & Clyde (“the Board”) to provide pharmaceutical services in respect of the premises at 258b Faifley Road, Glasgow, G81 5EH (“the Premises”) said application dated 21 March 2017.
- 1.3 The PPC under delegated powers of the Board held a hearing on 30th June 2017 and took evidence from the Applicants and Interested Parties and considered supporting documentation and following upon which had determined that the provision of pharmaceutical services at the Premises was neither necessary nor desirable in order to secure provision of pharmaceutical services in the neighbourhood in which the premises are located and accordingly refused the application.

2. Summary of Grounds of Appeal

- 2.1 A Mr James Semple attended as representing the TLC Pharmacy Group. He was accompanied by a Mr Brendan Semple who had not been on the list of authorised attendees and the Applicants had agreed that he be permitted to attend the hearing as an observer whereas he had taken an active role throughout the hearing, advising and assisting Mr James Semple. He ought not to have taken an active role and by doing so influenced the PPC.
- 2.2 The Appellants bear to quote the PPC as stating “the southern boundary used to define the edge of the community includes Hardgate Cross” and had suggested that the boundary that the Applicants had used was a line drawn for convenience to exclude the pharmacy at Hardgate. Further, the southern boundary suggested by them was the same boundary as used by West Dunbartonshire Council and others to define the Faifley Community.
- 2.3 The PPC had stated that the premises were at “the top of a hill and accessed by narrow footpaths”. The Appellants state that this is inaccurate, the premises being a 15 minute walk from the top of the hill leading into Faifley and on level terrain and that, in addition, there was no difficulty for the majority of the neighbourhood of 3500 residents in accessing the premises.
- 2.4 The PPC has rejected evidence of the irregular bus service as also the cost of the bus fares.
- 2.5 Whilst the PPC have stated that the Consultation Analysis Report (“CAR”) was disappointingly small and that the PPC was not able to draw any firm conclusions it was, nevertheless, relevant.
- 2.6 The Applicants deny having stated that deprivation and poor health were as a result of inadequate pharmaceutical services but had presented evidence to show that by having a pharmacy at the Premises, health issues caused by deprivation could be addressed and levels of health inequality reduced.
- 2.7 The Appellants challenge the PPC’s view that 7 Health Board complaints against Clan Chemists was not significant.
- 2.8 The PPC should have given more weight to the population figures referred to by Provost Douglas McAllister and Councillor Laurence O’Neill indicating that the population of Faifley was increasing from the 2011 census figure of 5088 and that there was no justification in the PPC stating that this was contra-indicated by the evidence of Mr McLaren of Clan Chemists quoting a mid year population estimate.

- 2.9 The PPC should not have taken the evidence of Mr McLaren as to future demand at face value with no evidence to support it in that he had indicated that his pharmacy could meet future demand.
- 2.10 The PPC ignored evidence presented, including evidence based on Government and Health Board policy for action in deprived areas whilst the current level of services provided by Clan Chemists and the Minor Ailments Service which currently was only provided to 17% of eligible residents. The Appellants argue that this demonstrated inadequacy in the existing service.
- 2.11 Mr Semple had indicated that his company had bought premises next door to extend Duntocher Pharmacy as it was at capacity. He produced no evidence to indicate this purchase and no plans for an imminent refit.
- 2.12 One member of the PPC had suggested that the Applicants were endeavouring to portray the neighbourhood in a worse economic position in that that member had stated 67% of residents were economically active whereas the 2014 Faifley profile indicates 57% of residents as being in employment.

3. Evidence of the Parties

3.1 The evidence of the Applicants can be summarised as follows:

- 3.1.1 Mr Ron Badger appearing on behalf of the Applicants stated that West Dunbartonshire Council had quoted Faifley's population as 5342 and comprised two primary schools, two nurseries, churches, small and large convenience stores, hairdressers, a dentist and a multi functional community centre. These were amenities expected of a local neighbourhood. It had an active Community Council. The boundaries were as stated in the Application i.e. on the North by open fields along the northern line of housing running to Cochno Road, to the East open fields along the eastern line of housing, to the South starting from the Cochno Burn at Cochno Road following the burn below Craigs Avenue then dropping down to Glasgow Road until it meets the eastern boundary and to the West starting at Cochno Road where it meets the southern boundary up to its meeting with the Cochno Burn, thereafter along the burn until it meets the northern boundary. Below the southern boundary there was a distinct difference in style of housing.
- 3.1.2 He stated that in West Dunbartonshire 40% of data zones were in the 20% most deprived in Scotland and that nationally only Glasgow City and Inverclyde had more deprived areas. The combination of deprivation and unhealthy lifestyles gave West Dunbartonshire a position at or near the top of the Scottish Council leagues for all causes of mortality e.g. heart disease etc. Faifley was one of the most deprived areas in West Dunbartonshire. He gave comparisons from those living in Faifley with the Scottish average which indicated that Faifley residents lived for more years in ill health with consequent impact on quality of life, economic and social contribution and a greater need for services.
- 3.1.3 The nearest pharmacy was Clan Chemists at Hardgate Cross which, although outside the neighbourhood proposed by the Applicants was irrelevant in so far as the Application was concerned. Over half the residents in his neighbourhood had no car so were more likely to walk or rely on public transport to access pharmaceutical services. Clan Chemists was a 20 minute walk from the proposed pharmacy location and 30 minutes from the far end of Faifley. There were no pedestrian crossings on Glasgow Road and the footpaths too narrow for buggies or mobility scooters as well as there being a steep hill to negotiate in the other direction along Faifley Road towards Hardgate roundabout. This was a barrier to elderly residents, young families and those with mobility issues. He stated that there was a regular bus service but this had been described by the Community Council as unreliable and had previously stopped working in periods of bad weather. Further, there was limited space for buggies and the issue of cost would be a matter of concern to some residents in that a return bus fare would cost £2.15. Whilst some residents could drive, parking at Clan Chemists was chaotic.

- 3.1.4. He stated that Clan Chemists was a long established business and one of the busiest pharmacies in Greater Glasgow and, indeed, in Scotland. It was consistently in the top 10% nationally for dispensed items and payments. The average items dispensed per month for a Scottish pharmacy was 6,600 whereas the monthly average for Clan Chemists was 12,200. Both Clan Chemists and Duntochar Pharmacy had a total of 2000 Minor Ailment registrations which was only 17% of available residents. It had been estimated by him that a minimum of 50% of the people in the area were able to use the Minor Ailments Service (MAS) but these pharmacies were only providing care to 17%. This indicated that MAS was not being delivered adequately. This raised the question as to whether residents were going straight to their GP with minor conditions or that Clan Chemists were too busy to provide this essential service adequately.
- 3.1.5 He stated that nationally there had been a 12% increase in prescription items and a 65% increase in minor ailment items since 2011. The premises were larger and more centrally located between two primary schools and closer to the more deprived areas and beside the co-op supermarket. This supermarket served an average of 4250 customers a week and was the central local hub for many local people. Accordingly a pharmacy located there was well placed to serve the neighbourhood. The Applicant's proposed pharmacy would provide all core services and additional services such as harm reduction, stoma services, weight management, blood pressure testing etc. It would be suitably staffed. Mr Badger referred to alcohol related deaths, smoking rates, the large percentage of residents having a body mass index in excess of 25 and others which his proposed pharmacy intended to address in terms of help and education. A Government policy review in 2013 stated that to ensure a significant impact on health inequalities, there required to be a particular focus on those areas that contributed most. These policies recognised that steps in reducing inequalities were improving accessibility of services, specifically the location and accessibility of primary health care, reducing price barriers, prioritising and targeting high risk disadvantaged groups and communities that faced the most challenges and focused on young children and early years. If all fiscal and financial barriers to service access to the residents in Faifley require to be removed.
- 3.1.6 In response to questions from the interested parties and members of the PPC Mr Badger stated some residents within his neighbourhood would continue to use other chemists in the area as being more convenient although there would be issues as to how busy those chemists might be. As to the bus services Mr Badger accepted that he had no real data as to their inadequacy as First Bus had denied him information but that he had received critical feedback from service users.
- 3.1.7 Mr Badger was asked to comment upon a reference in the 2011 census analysis data which indicated that 79% of the Faifley residents described themselves as being in good health and which appeared to contradict the Applicant's earlier evidence. Mr Badger stated that Faifley was a deprived area and that Faifley residents over 65 were more likely to have an emergency hospital admission although acknowledged that the census had indicated that only 11% of the Faifley population was over 65 years. Mr Badger was aware that the CAR resulted from only 86 responses but felt that the population was hard to reach with low levels of literacy and that the consultation questionnaire was not particularly user friendly. He acknowledged that there was no real evidence of inadequacy in existing pharmacy services and was uncomfortable attacking other pharmacies on the basis that it was unprofessional. In response to one PPC member who stated that the population census of 2011 had shown that 67% in Faifley were economically active Mr Badger had stated that the census information had been used which indicated 1500 people were income deprived. Income information, not just unemployment figures, had been used.
- 3.2 The evidence of Clan Chemists may be summarised as follows:**
- 3.2.1 Mr McLaren on behalf of Clan Chemists suggested that the shops and services which existed on either side of Glasgow Road could not be excluded as they were easily accessible, used freely and on a daily basis by the residents of Faifley. He considered that the main boundary to the South was Great Western Road and accordingly he defined the neighbourhood as lying to the North by open ground to the north of Faifley, to the East by open ground to the East of

Faifley and at its southern end of the open ground East of Hardgate, to the West by the line of Cochno Road at its junction with Glasgow Road then across the Goldenhill Park to Stewart Drive and down to Great Western Road and on the South by Great Western Road from the western boundary to the Kilbowie Roundabout, thereafter along Braidfield Road and across open ground to the eastern boundary. He described the neighbourhood as Faifley and Hardgate. Hardgate was considered insufficient to support its own pharmacy and that Clan Chemists heavily relied on Faifley for business. In addressing a large area with a pharmacy at one end and a considerable distance to travel to the other end, the Applicants may argue that there were two neighbourhoods in suggesting that the residents in the part with no pharmacy had an inadequate service, Mr McLaren argued that the settlements of Hardgate and Faifley were one neighbourhood and Clan Chemists was in the centre. If the area was defined as a single neighbourhood then he was of the view that Clan Chemists provided an adequate service to that neighbourhood. Even were Faifley and Hardgate two distinct neighbourhoods Clan Chemists provided an adequate service to Faifley as it was on the border. He reiterated his view, however, that both areas comprised one neighbourhood.

3.2.2 Mr McLaren referred to the Board's Pharmaceutical Care Services Plan which indicated that there were no unmet needs in terms of the services provided to Faifley. His pharmacy provided all the core services of Acute Medication Services (AMS), Chronic Medication Service (CMS), MAS and public health as well as other non core services. The parade of shops at Hardgate had many amenities alongside the pharmacy; there were supermarkets, opticians, dentists, bakers, café and others. Bus services were frequent with one every 7-8 minutes, another every 15 minutes and a bookable bus service (MyBus) which offered door to door transport for people who were registered. His pharmacy had invested in car parking facilities with dedicated disabled bays with dropped kerbs to enable access and a ramped entry with electric doors to the shop which was open and spacious. There were two fully accessible consultation rooms providing customer privacy. In response to questions from the Applicant, Interested Parties and members of the PPC, Mr McLaren confirmed that his pharmacy delivered prescription items to Clydebank residents and that about half of deliveries were made to residents within Faifley. On being asked to comment on the fact that 50% of respondents to the CAR indicated that existing pharmacy services were adequate, Mr McLaren stated that only 40 respondents from a population of over 5000 said it was inadequate. There had been no complaints to the Health Board. He also indicated that Clan Chemists had no problem with capacity and did not foresee a limit to the number of patients given current staffing levels.

3.3 **The evidence of TLC Pharmacy Group Ltd may be summarised as follows:**

3.3.1 Mr James Semple on behalf of TLC Pharmacy Group Ltd was of the view that a "convenient" southern boundary proposed by the Applicant omitting Hardgate Cross was irrelevant as the crucial element for the Applicants was to demonstrate that a cohort of patients of significant size and demographic had an inadequate pharmacy service. There was evidence that there was a regular bus service going round the neighbourhood, that half the residents in Faifley were closer to Hardgate Cross and that there was no problem to fix. The bus service transported residents efficiently to the existing pharmacies. He suggested that it did not matter that Clan Chemists were at the higher end of the scale distributing 12,000 items per month as that in any distribution curve there had to be some pharmacies doing more than the average and that the question was whether it was effecting its work proficiently and professionally. He stated that his own pharmacy in Duntocher had reached its capacity in terms of space and had recently purchased the Florist's next door to enable expansion and which would allow for full disabled access but that these plans had been put on hold until the outcome of the application.

3.3.2 Mr Semple explained that MAS registrations were only active for 12 months following each use of the service and that accordingly if a patient registered did not access the MAS within the following 12 month period the registration would lapse and those patients would not be counted. Therefore the MAS figures quoted by Mr Badger reflected the recent interactions with patients.

3.3.3 In response to questions by the Applicant, the Interested Parties and members of the PPC, Mr

Sample considered that there was no need for a new pharmacy and went on to explain to the Applicant's representative the operation of the MAS. He agreed with the East, West and North boundaries proposed by the Applicant but considered that the southern boundary should be Glasgow Road as far as the roundabout. Clan Chemists would be at the other side of that boundary. He stated that there were many deliveries made by his pharmacy in Duntocher to Faifley especially to housebound patients looked after by carers but he was unable to determine the percentage of Faifley residents using the Duntocher Pharmacy.

4 The PPC Decision

4.1 The PPC had indicated that they had taken into account not only the oral evidence but also the various maps provided and the distance from the proposed premises to the local pharmacies, complaints received by the Health Board, population census statistics, the CAR, the Pharmaceutical Care Services Plan and others.

4.2 In discussing the **neighbourhood** the PPC had regard to the various views expressed by and in the Applicant, Interested Parties, CAR, Community Council and others and noted that the southern boundary as defined by the Applicants was the more contentious. The Applicants had omitted Hardgate from their definition of neighbourhood. A previous PPC had defined the southern boundary as Glasgow Road including the housing and shops on both sides whilst Mr McLaren on behalf of Clan Chemists had proposed this should be extended as far south as the Great Western Road. The Applicants on the other hand had suggested the southern border should run along the south side of Craigs Avenue because the type of housing on the south side of Craigs Avenue was different from that obtaining in Faifley. The PPC, during the course of their discussions, agreed on the basis that houses similar to those in Hardgate could be found to the right of Cochno Road and that Glasgow Road was an artificial boundary as people frequently crossed this road to access shops and other community facilities. In the circumstances the PPC were of the view that Clydebank and District Golf Club grounds would form a natural southern boundary and that, currently, the neighbourhood would not extend as far south as Great Western Road. All parties used part of Cochno Road as the western boundary but the Committee agreed with the Applicants (and the previous PPC) that the western boundary ought to be defined as Cochno Road from its junction with Dumbarton Road until it met Cochno Burn. The Western boundary followed Cochno Burn north until reaching the northern boundary at the open fields on the north side of Auchnacraig Road, with the burn forming a natural boundary. In all the circumstances the PPC considered that the neighbourhood should be defined as follows:

North – the open fields along the northern line of the housing,
 East – the open fields along the eastern line of the housing,
 South – Glasgow Road with the housing and shops on both sides including Fairways Drive, Colbreggan Gardens and Hardgate Cross and to the
 West – Cochno Road from its junction with Dumbarton Road to its meeting with Cochno Burn and along Cochno Burn to the open fields on the north side of Auchnacraig Road.

This area contained in addition to the housing, primary schools, nurseries, churches, a community centre, a hairdresser, shops, a dentist and a pharmacy, and all of which were utilised by residents of Faifley on a daily basis and contributed to the fabric of the community.

4.3 As to adequacy the Committee noted there was one pharmacy within the boundaries of the neighbourhood in Clan Chemists and one pharmacy within 1.1 mile of the premises (TLC Pharmacy Group Ltd). Both pharmacies provided all core services and a range of non-core services. The PPC was aware that residents had access to services in the greater area of Clydebank.

4.4 The PPC did not believe that the location of the Premises addressed the access issues identified by the Applicants. It was at the top of a steep hill with narrow footpaths which made access on foot difficult. Although this location may be more convenient for Faifley residents living in the immediate vicinity, residents in other parts of the neighbourhood lived closer to the existing pharmacies. Access had been discussed in the evidence and the PPC were of the view that the population within the neighbourhood could access current pharmaceutical

services by foot, bus or car. It was suggested in the PPC's decision that there was insufficient cogent evidence as to the inadequacy of the local bus services and that the cost ought not to be a barrier to access nor, indeed, the alleged condition of the pavements for those accessing existing pharmaceutical services on foot.

- 4.5 The PPC considered the CAR and whether it offered sufficient evidence of the inadequacy of the current pharmaceutical provision. Of the 86 responses received 41 respondents stated that dispensing of prescriptions was adequate compared with 42 that said it was inadequate. The PPC acknowledged that the number of responses was disappointingly small and that it was unable to draw any firm conclusions from the CAR as a whole and in particular in relation to the adequacy of current pharmaceutical services. It was the view of the PPC that the concerns expressed in the explanatory statements of the CAR were based more on convenience rather than inadequacy of the current provision and that the same view was applied to the letters of support written by Faifley Community Council, the West Dunbartonshire Council Provost and Councillors and the local MP.
- 4.6 Whilst the PPC did not dispute the health demographic of the neighbourhood and the levels of deprivation it did not consider that such evidence was sufficiently cogent to support the view that levels of deprivation and poor health were as a result of inadequate pharmaceutical services. There were complex reasons for poor health in deprived areas and simply increasing the number of pharmacy premises was not a solution to residents' poor health issues. The PPC had noted that seven complaints had been made over a three month period but all seven concerned dispensing errors and none received relating to pharmaceutical services or waiting times. Given that the average number of prescription items dispensed per month was 16,309, seven dispensing errors in an average of 48,927 items were not considered to be significant.
- 4.7 The PPC took into account new developments when assessing the adequacy of the existing pharmaceutical provision and the likely increase in demand in the near future and considered them not to be significant and that both Clan Chemists and TLC Pharmacy would be in a position to increase capacity in the event that there was a rise in demand.
- 4.8 Taking into account all the information available to the PPC it was its view that the provision of pharmaceutical services in the neighbourhood and the level of service provided by the contractors in the neighbourhood was currently adequate and that accordingly it was neither necessary nor desirable to grant the application. The decision was unanimous.

5. Discussion and Reasons for Decision

- 5.1 The Regulations require to be considered in light of the objects of the scheme set out under The National Health Service (Scotland) Act 1978 and in particular Section 27, in that it shall be the duty of every Health Board to make arrangements as to its area for the supply to persons in that area of proper and sufficient drugs and medicines which are ordered for those persons by a medical practitioner in pursuance of his functions in the Health Service. An application made in any case shall be granted by the Board after procedures set out in Schedule 3 of the Regulations are followed if the Board is satisfied that it is necessary or desirable to grant an application in order to secure in the neighbourhood in which the premises are located the adequate provision by persons included on the list of the services specified in the application. This is underscored by Regulation 5(10) in that an application shall be granted by the Board (1) 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 and (2) if the boundaries of the neighbourhood within which the Applicants intend to provide pharmaceutical services fall within any part of a Controlled Locality, only if it is satisfied that the granting of such an application, in its opinion, would not prejudice the provision of NHS funded services in the Controlled Locality. For the purposes of clarification, in terms of paragraph 1(a) of Schedule 3 of the Regulations, a Controlled Locality is an area within a Health Board which is remote or rural in character and which is served by a dispensing doctor. This latter provision does not

apply in the current circumstances.

- 5.2 In terms of paragraph 3(1) of Schedule 3, the PPC shall have regard to the pharmaceutical services already provided in the neighbourhood of the Premises, the pharmaceutical services to be provided in the neighbourhood at those Premises, any information available to the PPC which, in its opinion, is relevant to the consideration of the application, the CAR, the Pharmaceutical Care Services Plan and the likely long term sustainability of the pharmaceutical services to be provided by the Applicants.
- 5.3 The grounds of appeal are limited to areas where the PPC has erred in law in its application of the provision of the Regulations, that there has been a procedural defect in the way that the Application has been considered, that there has been a failure by the PPC to properly narrate the facts or reasons upon which their determination of the Application was based or there has been a failure to explain the Application by the PPC of the provisions of the Regulations to those facts.
- 5.4 The principal point of the PPC's decision is whether or not it has exercised its judgment fairly and given adequate reasons for it and that it does not otherwise offend against the grounds of appeal set out in Schedule 3, paragraphs 5(2A) and (2B). It is relevant to note that the PPC comprises pharmacists and lay members who may be expected to understand the issues involved on the evidence placed before it. It is an expert tribunal. Equally, it must be understood that the PPC's decision must be intelligible and it must be adequate. It must enable the reader to understand why the matter was decided as it was and what conclusions were reached on the principal issues and its reasoning does not give rise to any substantial doubt that it had erred in law. Such adverse inference will not readily be drawn.
- 5.5 In addressing the various principal grounds of appeal, the first issue was that relating to the position of Mr Brendan Semple and whether he was permitted to assist Mr James Semple during the course of the Hearing and not simply attend as an observer. In terms of Schedule 3 paragraph 3(3) of the Regulations, a party to the proceedings may be permitted to be assisted by another. This would appear to have applied in the case of Mr Brendan Semple. There is no reference in the Minutes of the hearing to suggest that he took an active role other than that of assistance.
- 5.6 The fact that the southern boundary to the neighbourhood as defined by the Appellants was the same as that used by West Dunbartonshire Council is not necessarily appropriate in defining a boundary for the purposes of the Regulations and whether or not that boundary may be supported by the Community Council and others. The Appellants argued at the hearing that the boundary included Hardgate Cross but the PPC, having considered all the arguments in relation to the neighbourhood boundaries acknowledged that the definition of the southern boundary was contentious but rejected the Appellants argument on the basis that houses similar to those in Hardgate may be found adjacent to Cochno Road. The PPC gave cogent reasons for its determination of neighbourhood and, having heard the evidence and visited the neighbourhood, it is no avail to the Appellant to rehearse its arguments presented at the hearing to do so once more in the course of an appeal standing the restricted brief permitted the National Appeal Panel in the matter of errors in law or procedure.
- 5.7 In relation to **adequacy** and specifically in relation to the location of the Premises the Appellants argue that the Premises were not "at the top of a hill with narrow footpaths" but the members of the PPC are the masters of fact in this instance. They had the benefit again of both of the evidence of all the parties and that of a site visit. The issue, in any event, was that of access to the existing pharmacies and whether or not they were providing an adequate service. In relation to access the PPC addressed such factors as those travelling by foot, car and public transport including the frequency and cost of the latter. The Appellants, once again, sought to rehearse arguments already presented to the members of the PPC at the hearing. I see no procedural or other defect in the PPC's reasoning on this issue.
- 5.8 The Appellants make reference to the CAR and in particular that the number of responses to the consultation process was similar to other GG&C consultations. That may be so, however the PPC has addressed it, as it is required to do, and has noted that of 86 responses 42

considered the existing service to be inadequate. As the responses were disappointingly small, the PPC stated that it could not draw any firm conclusions from the CAR and took the view that those in support of the application as well as the views expressed by the Community Council, and local politicians were based on convenience rather than inadequacy of existing service provision. In any event, the CAR is not determinative, it is merely another adminicle of evidence that the PPC requires to take into account in determining its decision and in relation to which have done so with appropriate reasoning.

- 5.9 The PPC has dealt with the matters of complaints, population and future demand which, once again, the Appellants sought to raise during the course of their appeal having already done so during the hearing. The principal issues that the PPC requires to direct its attention are those in determining the neighbourhood and the adequacy (or otherwise) of the existing pharmaceutical provision. It has addressed both these issues comprehensively and has taken into account all the relevant evidence, adduced and, where appropriate, referred to it in the course of its decision. All other aspects of the Appellants grounds for appeal are of little moment and have no bearing on the effect of the PPC's decision.

6 Conclusion and Decision

- 6.1 For the reasons set out above I conclude that the notice of appeal dated 21st July 2017 by the Appellants discloses no reasonable grounds and accordingly dismiss it in terms of paragraph 5(5(a)(i)) of schedule 3 of the Regulations. In the circumstances paragraphs 5 (2A) and 5 (2B) are not engaged.

(sgd) J Michael D Graham
Interim Chair
National Appeal Panel

25th October 2017