

Bob Seely (Isle of Wight) (Con): It is a pleasure to open this debate, which was prompted by a letter from an independent pharmacist in my constituency, Mr Tim Gibbs, who runs the Yarmouth pharmacy. Those who know it will know that it is not far from our beautiful harbour in Yarmouth and just opposite Yarmouth castle. I am delighted that this Minister is on the Front Bench, as I know she is a great supporter of pharmacies, pharmacists and indeed independent pharmacists. I am aware that the Health Secretary spoke at the National Pharmacy Association today. He spoke eloquently on the need for a major winter flu vaccination programme, which, clearly, we would welcome.

I will not speak for too long, as I am aware that one or two others wish to speak and it is getting late in the day, but I wish to cover some of the issues of concern to not only pharmacists, but independent pharmacists, who are especially important in isolated and rural communities, as other Members here, including those from places such as Cornwall, will testify. I have six independent pharmacists in my patch and all are highly valued. They include Tim in Yarmouth, Freshwater, Seaview, Ryde and Regent, which covers both East Cowes and Shanklin. I am grateful to Gary for taking the time to chat last week about some of the issues that have faced him.

Although many healthcare providers closed their doors during the COVID-19 pandemic, pharmacists stayed open, often at risk to themselves and their staff. For many people in our communities, NHS pharmacies were the visible face of healthcare on the high street. It is to their great credit that they stayed open and continued to serve their patients, often delivering medicines, at their own cost, to the homes of vulnerable and at-risk patients to make sure that those patients had what they needed. Pharmacy staff saw patients in person and ensured that the public—particularly vulnerable patients—had a consistent and safe supply of medicine. In doing so, they took considerable pressure off other elements of the health service, including GPs, who were often answering calls on the phone, and A&E.

However, I know from talking to Tim, Gary and other pharmacists in my patch that they face considerable financial insecurity on top of all the other problems. That is worse for pharmacists such as Tim who have to rely on over-the-counter trade. In Yarmouth, where there are a lot of yachts at weekends, he can usually make up the decline of income in other areas by selling soap and all the other good things that chemists sell, but in the COVID-19 period those sales took a significant hit. The same has been true for the independent pharmacies and many of the chemists in my patch. They have incurred many thousands of pounds in additional monthly costs from staying open and serving the community, and some of my independent pharmacists have even relied on volunteers.

Pharmacies have paid for the costs of installing screens, buying PPE—although I think the Isle of Wight Council helped Tim out after he requested it on a couple of occasions—hiring locums, paying overtime and absorbing the increases in the wholesale prices of medicines, which pharmacists are not allowed to pass on to their customers. That has created serious cash-flow problems.

I am very grateful, as we all are, that the Government provided £300 million in emergency loans to the sector at the outset of the crisis and have provided an additional £70 million since. Those are significant sums of money. The loans are, however, something of a sticking-plaster solution to cover the immediate COVID-19 costs that pharmacists have incurred and to make up for the longer-term shortfall.

If **pharmacists** are left holding the bag for the costs that they have incurred through serving their communities in the past few months, many of them, including Tim, are worried that they will be forced to shut down in the next year or two. I believe that that would be a national shame. The ongoing uncertainty is an additional burden that **pharmacists** just do not need.

All **pharmacists** are valuable and they all play an important role. but because independent **pharmacists** are embedded in their community and represent a friendly, valued and, above all, trusted voice, they take pressure off A&E, GP surgeries and other areas of the NHS. On the Island, the number of GPs sits at roughly the average, but as the Minister well knows, we are struggling somewhat to make sure that there is an adequate supply of GPs to provide the primary care that this country needs.

I know that the Minister is a friend to **pharmacists**. Can she say something to reassure **pharmacists**—especially the independent ones—in my constituency and many others that the Government understand their valued and somewhat unique role, over and above chains of **pharmacies**, and that the Government wish to support them?

Bob Seely: I thank the hon. Member for making that point. I was just about to quote those statistics myself, but I thank her for teeing up the next bit of what I would like to say.

As I understand it, the budget for community **pharmacies** is £2.6 billion—a significant amount of money but quite a small proportion of the NHS's total budget. It stretches to cover some 11,500 community **pharmacies**, serving the majority of the population of the United Kingdom—about 56 million people. On average, each one serves about 5,000 people per month and dispenses 7,300 prescriptions.

In the last four years, as the hon. Member says, the funding for **pharmacies** has shrunk by a significant amount; I am quoted a figure of approximately £200 million. Tim and other **pharmacists** in my patch are concerned that there is now going to be significant additional pressure, and we have seen statistics to suggest that up to 3,000 **pharmacies** could close for good. That has not happened yet; these are threats. Some have closed, but the majority are still struggling on.

I believe that would be short-sighted in the extreme. I am sure the Minister agrees that a sustainable **pharmacy** sector is a critical part of the NHS network in this country because, as I said, it takes pressure off both A&E and GPs. We badly need it. Having used an independent community **pharmacy** myself, I know the added value of having somebody trusted to talk to, whether about a bunged-up ear because I swim too much—well, not at the moment—or about more serious concerns.

NHS **pharmacies** are ready and willing to support the test and trace programme—something I have knowledge of in my patch due to our experience trialling the app, which sadly was not taken further. They could help to ensure support for test and trace, for home testing kits, and certainly for the winter vaccination programme, which is likely to be of increased significance this year because of the potential for phase 2 of COVID-19, which clearly we all hope does not happen.

There is strong public support for community **pharmacies**. A recent opinion poll showed that 81% hold a favourable view of **pharmacies**, 78% value a face-to-face relationship—I wish Members of this House had those sorts of approval ratings; we live in hope—and more than half want to see emergency COVID-19 funding turned into a permanent grant versus the significantly smaller amount who want to see it repaid.

Crucially, the public are ahead of the health bureaucracy in seeing the benefit of having this network of highly trained healthcare professionals in many communities in Britain; 84% say that the NHS should do more to make use of **pharmacists'** skills. It does seem to be a bit of a wasted resource when we have people with so much skill and ability in dispensing medicine and in being the first port of call for many when they are feeling under the weather.

Some 71% of people think **pharmacies** should be able to expand their offering to take pressure off the NHS. I completely agree. I wonder how we can work towards that betterment, which is certainly in all our interests considering the relatively small amount of money compared with the overall NHS budget that goes towards **pharmacies**, specifically community **pharmacies**.

I will round up and let other Members speak, but may I tempt the Minister to talk about how she can support community **pharmacies** — the six in my patch but also the 11,500 across Britain? What can she say to reassure us that the financial support will be there? Losing independent **pharmacies** would be much more expensive in the long run than providing modest additional sums to ensure that we help keep their **pharmacy** businesses viable, especially during the COVID-19 period, when other elements of their business—the cash trade of the chemist—have clearly been declining. I very much look forward to her response.

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