



The Scottish Parliament
Pàrlamaid na h-Alba



Colin Beattie

Member of the Scottish Parliament for Midlothian North and Musselburgh

Gillian Martin MSP
Convener
Health, Social Care and Sport Committee
The Scottish Parliament
Edinburgh
EH99 1SP

Our Ref: LC/CB6277
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Dear Gillian,

I am writing to you regarding community pharmacies. I note the Committee launched a care pathways inquiry into the different ways patients access healthcare services in Scotland and thought the issues being faced in my constituency currently would be of interest.

I am greatly concerned at the representations of competitor pharmacies being prioritised over local demand. This comes after a recent Pharmacy Practices Committee (PPC) hearing within my constituency where an applicant applied to open a pharmacy in Rosewell. The PCC operate under the health board NHS Lothian.

What is astounding from this hearing is that three competitor pharmacies could express their interests extensively and berate the applicant but only one representative from a local community group was invited to participate. There was no involvement of the local Health and Social Care Partnership. Further, local elected representatives views were also disregarded.

This appears in line with the regulations where it states:

“The Board will invite representations from the following groups/ persons:

- *its Area Pharmaceutical Committee;*
- *its Area Medical Committee;*
- *any person on the Board's Pharmaceutical List whose interests may be significantly affected if the application is approved; and*
- *any other Health Board whose boundary is within two kilometres of the proposed premises.”*

In the case I refer to, it is evident that capitalist interests from competitor pharmacies are prioritised over local interest and local requirements. This case also shows disparity between their accounts and the reality of the daily running of the pharmacies, especially in Dalkeith and Bonnyrigg in my constituency, which I have received several constituent complaints about. These complaints mainly focus on:

- Waiting times – long turnaround times for a prescription or queuing for hours

Constituency office: 164 High Street, Dalkeith EH22 1AY. Tel. 0131 454 0204

Parliamentary office: M3.05, The Scottish Parliament, Holyrood, Edinburgh EH99 1SP. Tel. 0131 348 6374
Email colin.beattie.msp@parliament.scot Image©Scottish Parliamentary Corporate Body

- outside the pharmacy
- Delivery – customers unable to get home deliveries
 - Medication shortages – upon our investigation there was no national shortage, so it would appear to be an inhouse shortage
 - Staff shortages – leading to a reliance on locums and stores opening times varying from day to day

These issues were denied during the hearing but the complaints I receive directly from my constituents state otherwise. The competitor statements are biased and are not held to account whatsoever.

Undoubtedly, this is not a rare or unique case. This appears to be standard practice across the board in Scotland.

I believe the process could be improved to help avoid situations such as this and would still allow competitor interest to be expressed. The process should hold competitor statements to account and ask that they are evidence based and examined as such. The views of the local community, the local HSCP and any other relevant interested parties such as elected representatives should also have the opportunity to give their opinion on a proposed pharmacy in their area. In my constituency, this received cross-party support.

Furthermore, I have spoken directly with the local HSCP and the Lothian Medical Committee recently who both strongly support the need and provision of community pharmacy service. They have expressed concern of the situation my constituents are facing accessing basic pharmacy services and the length of time they have having to wait for prescriptions. It is difficult to see with hour long queues and staff shortages how this can remain a viable option for people in Scotland – especially when applying the ‘3 before GP’ criteria.

I should note that Rosewell has no healthcare facility. Its residents travel to the neighbouring towns of Bonnyrigg and Roslin to access a GP or a pharmacist. With the new policy focus on 20-minute neighbourhood ideal and a Pharmacy First approach in Scotland, pharmacies are more in demand now than they have ever been. Coupled with large housing developments and migrations from cities to smaller towns, local amenities which include pharmacies must be prioritised to help prevent health inequalities across communities.

I would greatly appreciate for the Committee to review the current process in place in order to provide a fairer, equal and moral process for applicants whereby local interests, local opinion and local demand are at the forefront when considering applications and do not allow unquestioned and inaccurate accounts from competitor pharmacies to take precedent.

Yours sincerely,



Colin Beattie MSP
Midlothian North & Musselburgh