

4<sup>th</sup> July 2018

Committee Secretary

HCDSDFVPC

Parliament House

George Street

Brisbane, QLD 4000

Dear Mr Hansen,

**Re: Inquiry into the establishment of a Pharmacy Council and transfer of pharmacy ownership in Queensland**

We have been made aware of the above mentioned inquiry and wish to submit our views on the issues within the terms of reference of this inquiry.

**Our primary concern is the deregulation of pharmacy ownership.**

Pharmacies In Queensland are the most frequently visited and accessible primary healthcare destination in the State, with more than 70 million visits annually. The pharmacist is accessible, usually without an appointment and primarily advice is provided without charge. Pharmacies provide a vital service to the community.

All corporates are primarily interested in producing a healthy return for their shareholders and deregulation will result in the closure of pharmacies deemed not profitable, particularly in rural and remote areas eliminating a vital service for these communities. Access to the most accessible health professional, the pharmacist, would disappear.

Currently community pharmacies receive timely access to PBS medications from specialist Pharmaceutical Wholesalers – the same day in cities and usually within 24 to 48 hours Australia wide. Under deregulation the supermarkets would insist on using their own distribution channels relegating medications to the same class as food, cigarettes and alcohol which would result in longer delays on getting the medication to the patient on time. By using their own distribution channels the supermarkets would in turn threaten the viability of the Pharmaceutical Wholesalers.

While living in the UK we worked for a supermarket chain where the extent of our services to the patient was extremely limited. “Unprofitable” services such as blood pressure testing, blood glucose testing, cholesterol testing, diabetes medication management, CPAP advice , stroke risk assessment and medication packing were unheard of. The staffing was kept at a bare minimum with high volumes of prescriptions dispensed that placed the pharmacist at a high risk of making an error.

In the UK there were regular occurrences of disciplinary action taken by the regulating body, The Royal Pharmaceutical Society, on pharmacies that were operating without a qualified and registered pharmacist in attendance – all because the company or non-pharmacist owners insisted on the pharmacy business to remain open. These pharmacies breached the law and dispensed and supplied medications to patients without a pharmacist present.

There was a well publicised case where the supermarket chain Tesco was fined millions of pounds for using confidential patient medication information to send advertising material to those patients taking a particular prescribed medication.

Everyone acknowledges that supermarkets, with their selling of cigarettes and alcohol and contributing to the gambling problem by owning of the largest percentage of poker machines in the State should automatically be ruled out of owning pharmacies.

Supermarkets operate on a gross margin in the range of 23% to 26% and the question arises as to whether they would even contemplate stocking, being their own wholesaler and supplying low margin high priced medicines such as the \$19,367 Hep C drug Sovaldi with a margin of \$70 ( 0.36% gross margin).

With the access to the My Health Record system available to pharmacists and health professionals the question is also raised whether the patients would be happy to know that their confidential medical and medication history could be accessed by the supermarkets and then used or sold for marketing purposes.

Doctors and medical corporates should also not be allowed to own pharmacies and thus profit from the more medicines they prescribe. Furthermore, their prescribing habits may be influenced by the deals offered by the manufacturers which may be not in the best interest of their patients.

Equally drug manufacturers should not own pharmacies because they could access confidential patient medication histories, determine doctors prescribing habits and target those doctors who are not prescribing their products. Drug manufacturers could also restrict the stock inventory held by the pharmacy which may not be in the best interest of the patient.

Non-pharmacists should not own pharmacies because of the potential undue influence placed on the pharmacist to recommend or stock particular products that may be more profitable to the business but not necessarily the most beneficial for the patient. There is also the issue of a non-health professional (the owner) accessing the confidential medication history of the patient and the medical history via the My Health Record portal.

In the situations above the Pharmacist is in a tenuous position as an employee who answers to the Supermarket Manager, Doctor, Company Director or an unqualified owner but at the same time is held solely legally liable and responsible for any errors in dispensing, providing product and advice given to the patient.

There is a saying – ‘if it isn’t broke don’t fix it’ – Pharmacy ownership in its current form works well for the community.

Yours Sincerely

Michael  
Knynenburg

Digitally signed by Michael  
Knynenburg  
DN: cn=Michael Knynenburg, o,  
ou=email=thegap@blooms.net,  
au,c=US  
Date: 2018.07.04 17:10:08 +1000'

Michael Knynenburg