

**CARINA DAY & NIGHT
PHARMACY**
Compounding Chemist

Tony Yarrow B.Pharm., M.P.S.
Michael Doohan B.Sc., M.R.Pharm.S.

Health, Community and Disability Services, Domestic and Family Violence Committee
Parliament House
George Street
Brisbane QLD 4000

RE: Inquiry into establishing a pharmacy council and pharmacy ownership in Queensland

6th July 2018

Michael Doohan

26 Kinloch Road

Daisy Hill, QLD 4127

[REDACTED]
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[REDACTED]

Dear Sir/Madam,

I am writing as a pharmacy owner of 23 years standing to outline my concerns about the inquiry into Queensland Pharmacy.

Our pharmacy is situated in the inner suburbs of Brisbane and has serviced the local community since the 1950's. Our pharmacy is an integral part of the local community. Because of personalized ownership over many years our team has established trust and respect within Carina.

I do support the concept of the Queensland government setting up a pharmacy council, to manage local pharmacy issues and bring us in line with the other states, but I'm really concerned about the potential deregulation of pharmacy ownership laws.

I believe that any deregulation of current laws of ownership threatens the existence of independent, community-based pharmacies in Queensland like my own. I believe that many of the services that I deliver to my community would not be provided under a corporate model, which would lead to worse outcomes for patients in the Carina area. I worked and lived in UK pharmacies in the 1980's and experienced the compromise on pharmacy services imposed by corporate pharmacy models.

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In the context of maintaining pharmacist only ownership vs corporate (or non pharmacist) ownership I will detail my reasons for maintaining the current legislation on ownership:

1. **Accessibility.** In the current model, a state wide network of small, medium and large pharmacies services Queensland successfully. Individual pharmacy owners are willing to invest in smaller, rural, less profitable pharmacies. Compare this with pharmacies in Ireland. Many village or small town pharmacies in Ireland have closed in the last twenty years because the corporate owners will not accept lower profits. This results in patients having to travel greater distances for pharmaceutical care. A similar situation has occurred in the UK and USA where corporitisation has resulted in fewer, larger pharmacies.
2. **Specific services.** Most independent pharmacies in Queensland offer free home delivery services for prescriptions and dose administration packs (blister packs). Our pharmacy currently has 35 patients using blister packs. The patients using these packs are generally pensioners who are confused and housebound which is why they need administration aids. This important delivery service contributes towards maintaining health and reducing hospitalization risks. This obviously eases the burden on state and federal funds. In the last 10 years there has been an expansion of 'big box' or 'discount pharmacies' in Queensland. These pharmacies do not offer delivery because it is not profitable. Corporate ownership would have an adverse effect upon these services, reduce patient care, increase drug misadventure and create a greater cost burden to the community.
3. **Closure of smaller local pharmacies.** I have outlined this above under accessibility. Corporate stakeholders are driven primarily by profit. Independent pharmacist owners are also driven by profit but ethical training provides a 'safety check' on what essential services and infrastructure need to be maintained in a pharmacy business. Based on overseas experience, corporate ownership would result in smaller pharmacies being closed. The price squeezes that these companies exert on competition ensures that smaller pharmacies become non viable.
4. **Employment.** The Queensland pharmacy sector currently employs around 12,000 people. Service is personalized and independent pharmacy owners accept that high service intensity allows for patients to have access to adequate counseling and service. In our pharmacy at Carina, we have three pharmacists on duty on week days to provide this level of service. In the UK, it is uncommon to have more than one pharmacist per pharmacy. Corporate ownership would reduce employment numbers in Queensland pharmacy.
5. **Safety.** In recent years there has been repeated criticism of Boots The Chemist. This company owns most of the pharmacies in the UK. Various newspapers and media sources have expressed concerns that Boots employees (pharmacists) are being pressurized by non pharmacist management to achieve commercial incentives and targets which could be compromising the safety of patients and pharmacists. Compare this situation with independent pharmacies in Queensland who generally accept that higher service intensity is necessary to maintain service and safety.
6. **Conflict of interest.** Corporate pharmacy owners in other countries will stock alcohol and tobacco in the same environment as dispensaries. This is inappropriate in a health providing environment.

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With regards to questions concerning the scope of pharmacists, I would support any extension of scope which allows me to provide the services my community needs. Delivering flu vaccinations through pharmacies is an excellent example of how pharmacists can improve the accessibility of important health services.

Pharmacies play an essential role in the health system as primary health providers. While providing PBS medicines is the core of our business, I am also proud to provide quality advice, assistance, triage and care to members of my community. Ensuring the health of my customers is part of my role as a health professional and I am concerned that a move to deregulate community pharmacy would undermine the model which serves communities like my own so well.

Regards,

Michael Doohan

Carina Day & Night Pharmacy