

From:
To: [Pharmacy](#)
Cc:
Subject: Parliamentary Inquiry into ownership and location rules
Date: Tuesday, 10 July 2018 11:54:16 AM

Committee Secretary
HCDSDFVPC
Parliament House
George St
Brisbane Qld 4000

Dear Mr Hansen,

I am writing to you with regard to the inquiry into the establishment of a pharmacy council and transfer of ownership in Queensland. I imagine you have quite a few letters from various groups with varying interests in this sector so I will keep my views short.

I am a proprietor of a pharmacy located inside the Royal Brisbane and Women's hospital. I employ 11 staff 9 of whom are full time. Three of them have come from the pharmacy's that have recently been bought by the Ramsey acquisition of the Malouf group. They've reported to me the reason they left was for a few common reasons. Largely job insecurity due to lack someone clearly in charge, a lack of direction toward the community itself and various new KPI's they were asked to reach that were not in the interest of the health of the consumer but that of financial gain of the pharmacy. Obviously anyone can understand this is a natural side effect of direction coming from somewhere removed completely from the faces of the patients and their health concerns.

I admit I am coming from a biased position. I am the third generation of pharmacist in my family. Both my grandparents were pharmacists on the gold coast, my father and uncle are pharmacists and so am I. We are traditional pharmacists. We are knowledgeable of our trade, are proud of it and are who you can imagine you would want to see when you have problems with your medications, can't get into see your GP, or just need a hand when you or your loved ones are in a bind. I could write a book about the services we do here and are proud about. Many of which are not funded. Just to name a few that would not be provided by multinational organisations would be: home deliveries to elderly and disabled (I do these myself every Thursday, feel free to come with me one day), provision of medications to homeless at no cost, true dosage administration aids that are actually checked by pharmacists and able to be changed at a moments notice when the patients needs change, provision of the NDSS that costs us money to provide, provision of the drug clozapine which costs us money to provide, organisation of complex medicines too difficult for the hospitals to maintain and organise, stocking specialised items peculiar to the local patient mix and ability to obtain super high cost drugs with extremely low margins. There are many more than would become apparent if the rules were to be changed.

When I heard about the establishment of a pharmacy council I was initially excited. I thought finally there would be a body that could enforce the rules as they are meant to be. I thought organisations such as [REDACTED] who have publicly flouted the ownership rules, ripped medicare off through fake meds-checks and many other programs and generally changed the public opinion of pharmacies and pharmacists (selling sex toys that mimic the breaking of a young girls hymen as an example) would be brought into line. Thus far [REDACTED], via these means and off the back of an underpaid, overworked workforce and an industry destroying plan

have made the [REDACTED]. Also the Ramsey acquisition who has publicly said the provision of medicines doesn't need to be done via an operation owned by a pharmacist, without even getting permission bought a whole group knowing no one would pull them up, I hoped would be dealt with. I know just these two groups would be difficult to tackle, but it is in the best interest of both the Government for cost reasons and the patient for their health outcomes.

To elucidate and give evidence to what I mean in my last point I believe it would be prudent for the council to do something. That being take countries IMS data from around the world, plot the average cost per patient on one axis, and the quality of care on the other. This shows a very important point. Value for money to the government and taxpayer on one axis and outcomes for the patient we have been charged with caring for on the other. You will notice countries like the US will have very high cost and low quality of care. While it may be easy to imagine the inevitability of Australia to trend toward a structure like the US where provision of pharmaceuticals is wholly dominated by two chains (one of whom is being prosecuted right now by two states for causing an opioid crisis due to putting profits above patient outcomes) it is not a good outcome for Australia. Looking at that graph you will notice a similar trend across the board.

On another note I do believe the pharmacy industry is out of shape. There are turf wars with other medical professions, some groups as previously discussed damaging the profession, flouting its laws and committing fraud and general unrest within the profession between owners and employees (largely from the same groups as discussed). Combine this with fake media that seems to raise it's head around times opportune to their employers or benefactors and it seems the pharmacy is a profession in disarray. From your perspective it must be a daunting task to decide what the best thing to do is. Personally I hope you can make a decision that serves the patients first and foremost, followed by the tax payer and the businesses which have invested heavily for many years and worked hard to provide one of the finest pharmaceutical systems in the world.

Also I hope you remember that while some of these large groups that would be pushing for deregulation would be difficult to reign in, you have the overwhelming support of the more numerous, more sincere and more trustworthy people available to you. Those being the pharmacists (owners and employees) and the other pharmacy staff.

Thank you for reading my submission,

Kind Regards

Robert Laird
Atrium Plaza Pharmacy