

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

I am a community pharmacy who has worked in the industry for the last 28 years. My wife is also a pharmacist and together we have owned our pharmacy for the last 18 years. We both work full-time in the business including weekends.

Community pharmacy is exactly that, all about the community. We call the people that come into our store patients not customers as this is how we see them, OUR PATIENTS. We have seen them born, grow up, have children, grow old, die. We are with them every step of the way. We have many staff with us who have accumulated long service leave. One of our staff has been with the business for 35 years. They believe in the community pharmacy model and the way it works.

Community pharmacy is not all about dispensing prescriptions. There is so much more that pharmacists do every day. I think that people need to understand the connection that we have with our patients and the input that we have in their health.

Here is my day yesterday:

1. The usual pharmacist jobs: dispense prescriptions, counsel patients, provide over the counter solutions, perform clinical interventions, Medschecks, pack/check dose administration aids.
2. Example of interaction yesterday: regular patient using over the counter medications for pain relief that are contraindicated with her diabetes and hypertension. Counselling her, referred her to her doctor. Came back later on with a new prescription medication that was appropriate. Her words: " My GP said to me that I really trust my pharmacist, I said I certainly do!"
3. Another example: Spoke with an elderly lady whose husband died recently, on antidepressants, has been struggling. Big smile, coping well. Whilst talking, recurrent cold sores came up in discussion. Ascertained that she was not necessarily on the correct medication and the medication she was taking was not at the correct dose. Only came up because I was making sure that she was ok regarding her mental state. Would big business corporates take the time to ask? Unlikely

4. Dispensed scripts for a single mum with a son with serious mental health issues. Mum had no money until pay day, let her take the scripts and she was told to pay us when she could afford to. Big business corporates will do this? Unlikely.
5. Other jobs:
 - Personally delivered medications to community based patients who are unable to access the pharmacy for a number of reasons. These patients included the following:
 - a. Patient with kidney failure with short life expectancy. Spoke to her about how things were going. Organised a new script for her pain relief patches, measured her knee for a brace after a fall at home. Spoke with her daughter about her medications.
 - b. Husband and wife who have had their driver's licence revoked due to age. Husband recently released from hospital, delivered medications and checked on health.
 - c. Delivered a couple of dose administration aids to an elderly lady. Spoke with her regarding a new medication that her doctor had prescribed. She had refused to take it because she was scared of side effects. Spent time with her explain the medication. Convinced her to try the medication as prescribed. This meant that I had to go back to her house after work to deliver the new tablet and go through things with her.
 - d. Delivered medications to a nursing home patient. Spoke with him about his medications. Visited his bathroom to view his urine collection container to make sure that his fluid tablets were working properly. All in a day's work for a community pharmacist.

These were not the only patients that I visited that day. All at no cost to the patient, any government agency or the taxpayer. Why? Because that is what community pharmacies do.

Big business corporates are only interested in profits. Our patients are part of our community. They have access to us and other community pharmacists in the present model that we have.

Please do not tamper with the current community pharmacy model. Big corporate business is only interested in profits. Sure, they will do the basics to ensure the profits but won't give a damn about people and doing all the extra things that we do, quite often for the most needy and disadvantaged in the community.

Regards,

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