

**Phuong Nguyen B Pharm (Hon)**  
**Priceline Riverlink Pharmacy**  
**BD13/14 East Mall Riverlink Shopping Centre**  
**Cnr Downs Street & The Terrace**  
**North Ipswich**

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Committee Secretary  
HCDSDFVPC

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**SUBMISSION TO THE INQUIRY INTO THE ESTABLISHMENT OF A PHARMACY COUNCIL AND  
TRANSFER OF PHARMACY OWNERSHIP IN QUEENSLAND**

**Submission**

**Submitter's background**

1. I completed my Bachelor of Pharmacy at the University of Queensland in 1998 and then completed a one year of postgraduate honours at the Mater Hospital with Professor Ted Triggs & Professor Bruce Charles in 1999.
2. I worked a year as preregistered pharmacist at the Wesley Hospital Pharmacy Brisbane. My preceptor was Peter Brand.
3. I have been a registered pharmacist since 1998.
4. I continued to work as a hospital pharmacist at the Wesley Hospital, specialising in oncology.
5. During the time I was working at the Wesley Hospital I undertook part time work at a number of community pharmacies.
6. In 2004 I travelled to the United Kingdom where I worked in a number of hospitals as a pharmacist and headed the oncology pharmacy unit at Darlington Hospital for a short time.
7. I returned to Australia in 2005 and commenced working at North Ipswich Pharmacy.
8. On 14<sup>th</sup> June 2011 North Ipswich Pharmacy was bought by Nguyen P Pty Ltd. I am the sole director and shareholder of Nguyen P Pty Ltd.
9. North Ipswich Pharmacy employed two to three pharmacists and one pharmacy student and one pharmacy assistant. It traded Monday to Friday and Saturday mornings.
10. In October 2013 I relocated North Ipswich Pharmacy to Riverlink Shopping Centre, rebranding as a Priceline Pharmacy Riverlink.
11. Priceline Riverlink employs six pharmacists, three pharmacy students and seven pharmacy assistants.
12. Priceline Riverlink has provided community traineeships to 4 employees and internships to 3 pharmacists.

### **My Ownership experience**

13. I became the proprietor of North Ipswich Pharmacy on 14<sup>th</sup> June 2011.
14. North Ipswich Pharmacy had operated continually as a pharmacy from its premises at 39 Downs Street North Ipswich for over 40 years.
15. North Ipswich Pharmacy was profitable, employed 2 fulltime and a number of part time pharmacists and pharmacy assistants.
16. It was a small pharmacy, approximately 90 square meters and the Medication to retail ratio would have been approximately 80:20.
17. It was an older premises, a little tired but it had a committed following particularly from the older residents in the area.
18. I enjoyed the sense of community and strove to make the pharmacy a central part of the community. I did this by engaging with local community groupsthrough education and awareness programs, charity event and social events.
19. I got to know most of the locals and all of the regulars quite well. I would attend weddings and funerals of my customers and their families. Christmas was busier than usual and the staff and I would share ourselves and attended various street Christmas parties of some of our regulars.
20. Whilst this level of community engagement might be higher than in some community pharmacies it is not unique. Most of my peers in community pharmacy are also dedicated to the communities that they practice in and engage with the community in different ways.
21. With changes to the PBS and the increasing pressure of competition from “big box” pharmacies the model at North Ipswich was at risk and I moved to a shopping centre and rebranded as a Priceline pharmacy.
22. This decision was not taken lightly.
23. Beneficially, the Priceline franchise model provided buying power for pharmaceuticals enabling me to remain competitive whilst also offering a known and reputable brand with a quality front of shop retail section to augment the health care aspect of the business.
24. However, the decisive factor was that the franchise agreement allowed me total autonomy in the dispensary. I was not subject to any profit driven KPI or other styles of reporting and was able to operate the dispensary with the continued primary focus on delivery of quality health care.
25. I understand this is a necessary feature of pharmacy franchise agreements to avoid non compliance with the restrictions on ownership numbers. If there was any deregulation we would see decision making about pharmacy dispensaries in all franchised pharmacies being taken from the pharmacist owner and being handed to the franchisee. Decisions would be based on profit not on health outcomes.

26. Once I had decided to move North Ipswich Pharmacy I held an information lunch inviting all of my regular patients from the old store. This was attended by over 150 people.
27. Food was served and a great day was had. Elderly neighbours and people who haven't seen each other for years met and chatted. It started at 11am and was to finish at 1-2pm. The last to leave was at 6pm. There was sadness, old people don't like change but I promised service wouldn't change most of the people who attended the information lunch came to the opening of the new pharmacy. A line of nearly 100 regular patients assisted me to cut the red ribbon to signal the opening of the new Priceline Pharmacy.
28. At Priceline Pharmacy Riverlink in addition to the dispensing of medication we provide:
  - a. Vaccinations;
  - b. Wound care;
  - c. Infant care and advice;
  - d. Alternative and non traditional medical products and advice;
  - e. a Free health tracking service via the SiSu Wellness Health check machine;
  - f. National Diabetes Service Scheme;
  - g. Sleep Apnoea services
  - h. Consult Room lent out for use by the Council's Free Immunisation Clinic fortnightly
  - i. Medication Packings
29. On a daily basis my staff and I provide health advice and care that would otherwise require a GP visit. This can be for minor colds and infections, allergy advice, asthma management, blood pressure management, diabetes management, wound care to name a few.
30. We are often required to triage medical emergencies when injured and sick people come to the pharmacy requiring emergency medical services. We have assisted burns victims, patients suffering from heart conditions and seizures whilst we waited for emergency responders.
31. My greatest concern is that if the industry is deregulated, these allied services will not be provided by a pharmacy operated in a supermarket. Pharmacies will be run at the behest of area managers, answering to district managers up to a board level where the only concern will be profit and not health outcomes.
32. Whilst deregulation would not be the end of community pharmacy it would change it for the worse. Many wouldn't survive and those that did would only survive by embracing the same "profit first" model.
33. There is place for the newer, branded "big box" pharmacies. For some patients access to the cheapest medication possible is a primary concern. These discount pharmacies strike a balance between offering cheap medication and patient care. They are owned by pharmacists and still have a primary focus on health.
34. However, in order to provide that style of cheaper care by necessity the pharmacists are less accessible and most of the patient interaction is with technicians and assistants. It is harder for

the pharmacists to develop the type of relationships with regular customers possible in the more traditional pharmacy model.

35. As I say, there is a place for the cheaper alternative pharmacies for those where cost is an imperative, but if there was further pressure put on the industry by deregulation its likely that most community pharmacy would disappear, being replaced only by the big box pharmacies and supermarket pharmacies.
36. I travelled to America late last year and visited a pharmacy, there was a drive through dispensary, a section selling alcohol, another section selling cigarettes. These are antithetical to the aspiration of quality health care. Its not a path Australia should follow.
37. I'd like to share a few stories about interventions that I've experienced. My experiences are not unique. Most people in community pharmacy will be able to share similar stories:

38. Patient A

Patient A came to see me for reflux medication, complaining of abdominal pains and just generally feeling unwell. I knew the patient well and could see he wasn't himself. I recommended he seek medical attention but he protested that he only needed reflux medication. He is an older gentleman, a bit forceful and set in his ways.

I have known him for some time though and was comfortable challenging him about this and insisted on ringing his doctor. I described Patient A's symptoms and the doctor agreed that Patient A should urgently seek medical treatment. I called an ambulance.

Patient A was suffering from the onset of a stroke and early intervention resulted in his not suffering any significant long term consequences. He's still with me today a happy 88 year old still set in his way but extremely grateful.

39. If Patient A had gone to his supermarket pharmacy the most likely outcome is that he would have been sold reflux medication without any intervention. Even if the person serving him had raised concerns, without the relationship he had with the members of my team he would have likely dismissed the concerns, insisted on his product and gone on his way.

40. Patient B

Patient B was suffering from cancer and diabetes. He was quite unwell from treatment so we offered a delivery service for his medication. When my staff member arrived to deliver the medication there was no answer. Due to our close relationship with Patient B we knew he would be home. My staff rang and asked what she should do. Knowing his medical history and knowing him personally I told my staff to enter the house if possible to make sure Patient B was ok.

She rang me back shortly after having entered and found Patient B on the couch lapsing in and out of consciousness. She called an ambulance and stayed with Patient B until the ambulance arrived.

41. Again, even if supermarkets offered a medication delivery service, it would be a delivery driver, doing an ordinary delivery run.
42. The medication would have been left or gone undelivered. Even if the delivery driver had the foresight to contact the pharmacist to say there was no one there to accept delivery it is hard to imagine a pharmacist employed by a major supermarket chain being in a position to form the necessary relationship with a patient to recognise the risk and to be confident to act on that risk and direct a staff member to enter the property to check the patient was ok.

43. Patient C

Patient C was 77. She was having difficulty coming to the pharmacy so I began delivering her medication to her home. On these occasions I would come in and spend some time with her and I began to notice signs of early onset dementia. Memory issues were apparent and I noticed appliances and sometimes the stove and iron being left on.

I was able to work with Patient C's family, her neighbours and blue care to make sure that she was not at risk living on her own and Patient C was able to remain in her own home a further two years.

44. I could fill this submission with similar anecdotes, some less dramatic but all human.
45. Community engagement goes beyond the health aspect.
46. I will finish this submission with one final story of my time in community pharmacy and what it means to be an important part of a community.
47. "The Big Gun"

The "Big Gun" (a play on his last name which I won't share for reasons of confidentiality) would come to my pharmacy at least once a week for medication and advice.

Often he would bring his young great grand-daughter with him. Whilst I was dispensing or providing advice to the Big Gun his granddaughter, about 9 at the time, would neaten up the counter paying particular attention to tidying up the lolly section. She would announce to me regularly that when she grew up she would come and work for me in the pharmacy. I promised her a job when she was old enough.

Sadly the Big Gun, then in his 80's passed away and it had been many years since I had seen his great granddaughter. I had moved from North Ipswich Pharmacy to Priceline Riverlink Pharmacy. I still saw his daughter occasionally who knew I had moved. One day about 4 years ago a young 14 year old girl full of confidence came in to tell me she had come for the job I promised her 5 years before.

She started that week on weekends and after school, is now studying teaching and one of my most prized staff members.

48. This is the heart of community pharmacy and people who hold genuine care for the community and the health of their community should be the advocates of it.

Phuong Nguyen  
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