

From:
To: [Pharmacy](#)
Subject: RE: Inquiry into the establishment of a pharmacy council and transfer of pharmacy ownership in Queensland
Date: Wednesday, 11 July 2018 12:51:37 AM
Attachments: [image002.jpg](#)

Dear Mr Hansen.

I have been made aware of the abovementioned inquiry, and am writing to submit my views on some specific issues within the terms of reference of this inquiry.

As a Community Pharmacist for the last 25 years and a Pharmacy owner for the past 10 years, I am extremely concerned about the impact that any deregulation or change to the location rules would have on the quality of healthcare provided to Australians.

I would like to share some specific examples of the lengths we go to to provide our customers with the best care, much of which is provided at no cost and is provided because our primary focus is always the health of our patients, rather on the profit that we need to make for our shareholders.....

- One of our regular elderly customers presented at the pharmacy and asked me for advice to help with her ongoing constipation and diverticulitis. She had been taking the regime prescribed by her GP but it wasn't working. I recommended another option and advised her to see the Dr tomorrow if it didn't work. She told me she already had another appointment scheduled with her Dr in three days time. Two days later I hadn't heard anything more from the patient but I was very concerned about her so I phoned her at home to enquire about her progress. She was no better and had developed a further "red flag" symptom. She said she was going to wait until her next appointment with her Dr and see what he said. Recognising that her condition was now serious and knowing that transport is difficult for her, I phoned her Dr to let him know about the situation and he agreed that the lady should go straight to the hospital. I phoned my customer to let her know, an ambulance was organised, she went to hospital and was successfully treated. Had I not intervened, this patient's life could have been at risk due to a severe infection and bowel obstruction. All of this happened on a busy Saturday morning in my Pharmacy. We helped our customer without hesitation and without any thought of the time or monetary costs involved
- Providing home delivery (for free) outside hours ie. at 8pm on a Friday night, to ensure that the customer (who is disabled and cannot drive) received their newly-prescribed medication in time for their night-time dose
- Organising pickup of medication from a nearby pharmacy in the case that my pharmacy was unable to provide it to the patient. This patient was a mental health patient who had just been discharged from hospital and had caught the bus to my pharmacy to have their prescription filled. Her only mode of transport was by bus, so when we were unable to supply her medication we phoned our closest Pharmacy, drove there ourselves and collected the medication for our patient so that she would not miss a vital dose
- Assisting a newly diagnosed diabetic patient who presented at the pharmacy at 7pm having just been discharged from hospital. The patient was confused about his blood glucose monitor and needed assistance and advice. I spent approximately half an hour with this patient to ensure he had everything he needed and that he was confident in being able to measure his blood glucose at home. This is a common scenario in terms of us "coming to the rescue" for patients because our service is accessible, the patient has a trusting relationship with us and we are valued as

- primary health providers, not just as “medication suppliers”
- Patients often present with prescriptions for schedule 8 medicines which have not been written “correctly” ie. in accordance with the Health Drugs and Poisons Regulations. More often than not, the patient needs their medication urgently so instead of sending them back to their Dr to have the prescription amended and delaying their treatment, we organise to take the prescription back to the Dr to be amended and then deliver the medication to the patient at home
 - Many patients who use dose administration aids require frequent changes to their packs when their medications change. These patients can present at the pharmacy any time of day or evening, and with any number of changes. In order for them to commence the new regime and so that they don’t miss a dose, we re-pack their DAA immediately (which can take up to 20 minutes for major changes) at no cost, as well as spending time with the patient to ensure they understand their new regime and new medications
 - I have invested heavily in time and motion analysis at the dispensary to ensure that my customers do not experience lengthy waiting times for prescriptions. As a Pharmacist and Pharmacy owner, it is a priority for me to look after my customers so I (like many community pharmacy owners) invest in human and physical infrastructure that enables provision of professional services such as Medschecks, Dose Administration Aids, Child Health Clinic, Women’s Health Checks, Diabetes Risk Assessment and Sleep Apnoea services. Many of these services are not profitable, but they improve health outcomes for our patients and they relieve pressure on other parts of the Health System. I believe there is much untapped potential for the delivery of expanded services in Community Pharmacies.

These are just a small sample of recent examples that came to mind. Similar situations are experienced every day by community pharmacists across Australia.

All Australians are entitled to have convenient, reliable and timely access to PBS medicines. The current location rules support this by ensuring an even distribution of Pharmacies based on population and community need. Removal of location rules would likely cause Pharmacies to cluster in high volume (high profit) locations, whilst leaving people living in other locations with inferior access to medicines and pharmacy services.

Entrusting corporates with this vital component of our health system will result in unintended consequences for Australians. It will also result in the closure of Community Pharmacies. The current system is working and is strongly supported by the Australian community who rely on them. Community pharmacies are much more than providers of PBS medicines. They are a primary health hub and as evidenced by my real-life examples above, they add value to the health system which extends far beyond just dollars.

Please consider my points above and do not risk damaging the important role, the bright future and the emerging opportunities for Community Pharmacies in Australia.

Thank you for the opportunity to provide comment to the enquiry.

Kind Regards,
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Proprietor



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