




Speech By
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MEMBER FOR MOUNT OMMANEY

Record of Proceedings, 19 March 2024

PHARMACY BUSINESS OWNERSHIP BILL

 **Ms PUGH** (Mount Ommaney—ALP) (4.21 pm): I begin by reflecting on the words of the member for Logan in his contribution. This is in many ways a bill that will assist as a cost-of-living measure, because for many Queenslanders who are seeking good healthcare outcomes often the first port of call is their community pharmacy. I think everybody in this chamber—certainly those sitting in the gallery—knows that local pharmacies are at the heart of communities right across Queensland. They make sure that our kids, our families, our neighbours and our parents can access essential health advice and support close to home and importantly with low barriers to access. It costs nothing to wander into a pharmacy if you are worried about something—maybe a sore ear or a sore throat—and get some advice without necessarily taking that next step and making a GP appointment.

It is important that these pharmacies are owned by pharmacists or pharmacy-based corporations because they are healthcare professionals who have completed a minimum of five years training in a tertiary institution. Where pharmacists undertake special services like UTI medication provision, as they now do in Queensland, they also undertake ongoing, mandatory professional development and specialist training in order to deliver those additional services.

Our pharmacists play such a vital role in partnering with our primary healthcare providers—like our GPs, urgent care clinics, satellite hospitals and major tertiary hospital institutions—to make sure all Queenslanders can access timely care. Whether it is a diabetes screening, a blood pressure check or the delivery of medication, community pharmacies provide incredible life-saving services—and also life-giving services—every day to improve the quality of life and quality of health for Queenslanders. What would we have done during COVID if our community pharmacies were not there to help get jabs in arms and roll that out? We could not have done that without them. I know everybody in this House agrees with that. That is where I got all of my jabs and they did a fantastic job. The access to that information online was also exemplary. Now we are through that period, one of the ongoing services—

Ms Richards interjected.

Ms PUGH: Certainly they do, member for Redlands, but I was also thinking about the member for Keppel and the free care they provide to new babies. They do weigh-ins for new babies to ensure they are on track with their weight gain. I was at my local community pharmacy when my daughter was three weeks old—so very similar to the member for Keppel's story—and I realised that Elyse had not gained her birth weight back, which was a horrible realisation. I then had to make an appointment with my GP, but it was my community pharmacist who made that point to me and told me my next steps. This was my third child but I had never been in that position before where my baby needed additional help. It was at that intervention point with the pharmacist, after I had taken her in and weighed her, where I was told that I needed to take her to the GP. She ultimately ended up back in hospital, but it was the intervention at Peter Kolb Amcal at Middle Park—and give a shout-out to the brilliant pharmacists on staff there—which started me on that trajectory.

I cannot overstate the importance of having these low barrier to entry intervention points in our community pharmacies to ensure we are getting the best health outcomes because that could have ended up being much more serious if I had not walked into the pharmacy that day. I want to point out that they got no money for that service of weighing my baby. In fact, I walked out of that pharmacy and I did not buy a thing—they made no money from that—which is not necessarily a savvy business move in and of itself.

Mr Dametto interjected.

Ms PUGH: I walked out of there in a panic, member for Hinchinbrook, because I was concerned that my baby had not gained back her weight, but I am a regular customer at the Peter Kolb pharmacy and always support them. They are good people.

Beyond these preventive health intervention points, our community pharmacies also provide ongoing preventive health care to the community, which means that something like UTIs can be dealt with by your community pharmacy if you fit the right criteria. The pharmacist will tell you if you fit the right criteria because they are trained extensively in how to provide that service to the right people in the community. That means that a lot of people who are suffering from a UTI—and most of those people will be women—do not have to make an appointment with their GP to get the antibiotics they need to treat something that is incredibly painful and needs to be treated straightaway. As anyone who has ever had a UTI will tell you, you know exactly what it is and you know you need to get antibiotics quickly. You know that you do not need to wait a couple of days for a GP appointment; you just need to get on your treatment plan so you can move on with your life without needing to go to the bathroom every 20 minutes.

The move to allow UTI treatment is just another way we can allow our pharmacy experts to practise at the top of their scope. The reason I raise this is because the Queensland government and Queenslanders can have confidence through this bill that the pharmacist who does this work with Queenslanders has only their best interests at heart, because the owner of that business is going to be either a pharmacist or a pharmacist-led corporation, not a business owner who does not have that five years of pharmaceutical training that I previously spoke about. Queenslanders place a level of trust in their pharmacists, and it is really important that that trust is carried all the way through to the ownership of that organisation as well as the person who is at the front of the business.

Queenslanders rightly expect that the only thing a pharmacy employee or pharmacist will recommend is what is right for that patient, what is right for that Queenslander, and what their studies have said will work. In fact, at that same Peter Kolb pharmacy, I have been pulled up for buying too much of something. I tried to buy 100 iron tablets in one go a couple of years ago and they pulled me up and asked, 'Why do you need this many iron tablets?' They had a conversation with me around that, which I think is a good thing. It is healthy for a pharmacist to start a conversation with people, and I know that is the kind of work that pharmacists right across Queensland are doing every day. Pharmacists are highly trained healthcare professionals and they play a crucial role in educating patients about their medications, ensuring proper usage through conversations like that one, and advising on their potential side effects or interactions.

Their accessibility and their trustworthiness make them invaluable allies in our regional, remote and rural communities. That is why I am incredibly pleased—and it sounds like all members of this House are very pleased—that the bill will support this community pharmacy model. It will retain and strengthen the requirements for pharmacy businesses to be primarily owned by pharmacists or pharmacist-led corporations. This will help to ensure owners of pharmacy businesses will continue, as they always have, to prioritise the welfare and the health of patients above all else.

The bill also ensures the community pharmacy model can be sustained into the future by establishing the Queensland Pharmacy Business Ownership Council. The bill is designed to safeguard the health and wellbeing of Queenslanders by ensuring the continued ownership of pharmacy businesses by pharmacists. As I said, this bill is great for cost-of-living issues because it allows Queenslanders to access trusted, quality advice with no underlying business pressures from those community-based pharmacists whom we all depend and rely upon for low-barrier-to-access healthcare needs. I commend the bill to the House.