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Pharmacy Remuneration and Regulation Review Panel :

Dear Panel ,

I have been a community pharmacist for 35 years , and have been a partner at Pharmacy 777 Hilton Centre since 1991 . My pharmacy is service based with my pharmacists leaving the technical aspects of dispensing to dispensary technicians and focussing on services and the counselling of medication use . My brief to my pharmacists is to engage with our patients and develop relationships that enhance our efforts to achieve good health outcomes . This means my pharmacists are not hiding behind the dispensary and are easily accessible .

Pharmacy 777 is preparing a submission on behalf of its members , however I wanted to comment as an individual pharmacy owner .

I am concerned that a remuneration review by government may dismiss some of the important aspects of daily pharmacy activity that are at present not acknowledged and not always remunerated .The profitability of my dispensary has been subsidising some of the services provided to my patients. I have discussed these issues with my regular patients in the hope of getting ideas and the prospect of a pharmacy model with less health services is certainly not one they would support . In my opinion the question of a tiered approach to dispensing as a cost cutting exercise for government , shows a lack of understanding of community pharmacy and its importance in the health system .

I am assuming that a tiered approach to reimbursement means a larger fee for the initial scripts and less for subsequent ones . This scenario , for example , does not consider the issues of side effects developing during treatment and being addressed by the pharmacist . The situations of treatment needing to be reviewed and the subsequent referral back to the GP . These referrals can be done verbally or in written form utilising software such as the Guild Care program that is part of the pharmacy's operational costs . Repeats from other pharmacies are still subject to scrutiny by comparison to past dispensing history to check for possible issues such as drug interactions and differing drug strengths . Errors have been detected during this process . These efficiencies in the system are paid for by pharmacy owners and I can't see how a tiered system would adequately reflect the costs involved .

In the dispensing process , another consideration for remuneration is the home delivery of medication to the elderly who through lack of mobility or family support , illness , or recently discharged from hospital , have difficulty getting to the pharmacy . This process also involves dealing

with emails and phone calls from hospitals and patients and investing in patient ordering systems such as Med-Advisor . I provide this service free of charge and I believe that this service is essential in aiding patients who want to remain in their own homes for as long as possible before having to go into an aged care facility . This service was done 5 days a week but to reduce costs it is now 3 days a week and at urgent request . To give you an idea in the first 3 weeks of this month the pharmacy has done 67 deliveries mostly to regular patients who have no other way to get their medications . For a period of 15 years I looked after a collection of nursing homes and I believe that for the mental health of a patient , the longer they can remain in familiar surroundings with family and life long friends the better .

The provision of dosage dispensing aids such as Webster packs should also be of greater consideration in the remuneration review . The provision of these packs is an important method of supporting compliance and hopefully keeping patients out of hospital . The work involved in providing this service is both time consuming and labour intensive . The pharmacy currently has 58 community based webster patients . In the 3 weeks of this month there have been 18 changes to these packs . The cost of these changes was not passed on to the patient but was absorbed by the pharmacy . On each occasion the pharmacy has been faxed an updated profile but has had to spend time following up prescriptions to enable the change . Managing changes involves interaction with both hospitals and general practice . When our webster patients are admitted to hospital the pharmacy is usually the first contact to verify medications . This is also the case when our non webster patients go to hospital . The issue of hospital doctors not relaying important medication changes to a patient's GP has also been an issue , and the role of community pharmacy interacting between the two to prevent medication problems for the patient is an important one .

The point I am trying to make is that community pharmacies that follow the service model are an important cog in the health system , providing important checks and balances . The dispensing fee provided by the government goes toward more than just dispensing medication , but also toward services like the ones I have discussed .

Yours Sincerely

Gary Finucane B.Pharm MPS