

- The current efficient medical Supply Chain is under threat.

Firstly, the current and previous governments have been ransomed by Suppliers like Pfizer as the sole provider of their drugs. The PBS is indirectly the purchaser of all PBS drugs and hence all drugs should be available through wholesalers, to ensure fair access to all.

Drug companies can not compete with the efficiency of wholesalers and use direct supply as a tool to cause market distortion. The PBS should be for fair and equitable distribution.

Secondly, with direct supply, effectively I can only order and receive drugs 4 days a week only. This is not suitable with a extended hour pharmacy. The Wholesalers distributed drugs even on the Show holiday and paid penalty rates, which you would never see Direct Supply Drug Companies do.

Thirdly, it would be inefficient as a retailer, if I had to deal with a dozen suppliers with their coercive tactics to stock their brands at the detriment of the patients. The reduction of wholesaler margins has already affected supply. Many expensive drugs are non-returnable or have a surcharge attached for return if it is not picked up. It is a dis-incentive to stock these drugs until you receive the prescription, further delaying the supply chain. The patient suffers.

Fourthly, there are also first world drug rebates to the tune of hundreds of million dollars from overseas companies that goes to consolidated revenue and does not come back to the health budget and this inflates the PBS budget.

- Location Rules.

The current location rules have served the industry well to enable fair distribution of pharmacy services. Recent location rules have allowed small communities such as Curra to set up Community Pharmacies.

Many of the state ownership rules are flouted by the C.W. group with their quasi-corporate structures and fake owners. If the government believes they just want cheap drugs you could bypass Retail Pharmacy, CW and the like and arrange alternative outlets like **ALDI** to sell drugs, cheaper than most pharmacies or C.W. This would be at the **detriment of Australian Public's Health System**. The Australian public do not trust Governments and their health policies; the Medicare backlash at the last federal election is an example of this.

However **retail pharmacy is not about product**. We are a primary health service provider and our clients know they we are both accessible and far more efficient than alternative health provider. Health service is our business.

- Business Structure.

The pharmacy is run as a sole proprietor company. I operate as a company only because when I operated as a proprietor I had major cash flow problems on paying tax on income I hadn't earned. As a sole proprietor my patients have an association with the proprietor. If things are difficult for them and they have financial problems they know that they can make arrangements to work out some sort of plan. If things go wrong, the buck finishes here.

As an older pharmacist I am well established, a new pharmacist could not get any ROI to invest with the current remuneration. That leaves it open only for the Corporate models to expand at the expense of the public's access to health. I personally have a Masters Degree in IT and could definitely earn more in other industries. I decline to do so as I am nearing the end of my working life. Corporate Pharmacy mine clients and not treat the patient's health.

- The current financial model is flawed.

The current financial remuneration is pathetic. While the governments make short sighted gestures to penny pinch, it is the innovation and the patients who miss out, for political gain. Retail pharmacy is hurting with 1000 pharmacies not earning wages. As an employer I am embarrassed at the low wages I have to pay my Pharmacists as Health professionals. However when shop assistants earn almost as much as Pharmacists there is seriously something wrong.

My opposition have discontinued opening on Sundays because of the onerous penalty rates of 250%. I am usually the only pharmacy that opens on Public Holidays, not because I make money but it is part of the social contract with the Community. I would be financially better off working less hours and employing less staff and a better quality of life.

A good example of the false economy is the \$70 profit on Hepatitis C vaccines at \$22K, the interest on that is \$100 per month! The public hospitals make \$220 for dispensing the same drug! Pharmacy has to accept these puny payments for services provided. Many are not remunerated at all. Medical Practitioners can greatly magnify their incomes by claiming speciality practice. These same services are provided to the public at a fraction of the cost through Pharmacy.

(My daughter is a medical practice manager and stuns me with the Government waste of money in Medical care) A good example of this could be Mental Health. If there was funding available I could employ a mental health nurse to give a counselling once a week to the 65% of patients who do not receive any assistance. Pharmacy provides advice daily at no direct charge.

There should be a practice allowance based upon genuine services provided, and not the tick and claim mechanism used by financially driven corporate pharmacy.

- Prescription Discounting.

Perhaps my greatest asset is my patients. I can not afford to discount prescriptions to all of my clients, they know that, but still return to me because they don't just buy a product but a health service with positive outcomes. They have seen through the federal "Pea and Shell" trick, where it was not the government discounting prescriptions, but the retail pharmacy. They know that they still have to spend the same amount before they reach the Safety Net value.

We give advice, we have a broad range of additional services, I have a broad knowledge of Minor Ailments and treatments. I use this knowledge and host a segment on the local radio station where I talk about topical health subjects. I use this as a community service, it is not for financial gain and I do not advertise product, it is purely educational. It is also mirrored on my internet website "healthinfo.com.au". I am old school and believe in ethics and honesty and I am just as much a part of this community as my bricks and mortar.

You will find numerous examples of this throughout the country, the pharmacists are your Apex, Lions, Rotary, Probus, Toastmasters, Rostrum, Rural Fire-brigade, SLSC, etc. Pharmacists in every town I've worked in are part of the backbone of the community. Corporate chain pharmacists generally don't have the same attachment to their community or a vested interest in local regional areas.

- Technology

As an I.T. professional, I believe that there is rapid change in the health industry.

However there will never be a replacement for human contact.

By 2030 mental health will be the biggest issue in our health budget. Already Suicide deaths are more likely than cancer! However, "necessity is the mother of invention", there are many areas where software could make lives for our patients much easier and improve work-flow and compliance.

Existing software is but unnecessarily complicated and clunky.

Even the government developed 6CPA website is **extremely poorly developed** and a first year IT student would be ashamed of it.

If the dispensary does poorly, there is no money in the system to develop and purchase software. I have developed a lot of internal applications to streamline my business and make it more competitive by improving efficiency.