

North & North West Pharmacists Association

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My name is Sel Brown and I am Vice President of the North and North West Pharmacists Association. This Association extends from Quirindi to Coonamble, Lightning Ridge and down the Great Dividing Range to Walcha and Tamworth. The area is about the same size as Tasmania.

Our association consists of some eighty pharmacists and over sixty pharmacies, with around half of these being in one pharmacy towns.

For reasons that will be explained later, I have again divided these into pharmacies West of the Newell Highway and East of that Highway.

Two years ago, every pharmacy West of the Newell Highway, in the area from Dubbo to the Queensland border, was for sale, the average age of the owners of these pharmacies is greater than sixty, and the area covered is around one third of the area of New South Wales.

Since then, three of these pharmacies have been sold, leaving around thirty pharmacists having to sell before illness or increasing age, causes closure.

Most of the pharmacies are viable, well run businesses and return better incomes and life styles than comparable city pharmacies. However a number of factors stop city pharmacists from coming to the country.

I believe that the impact of competition policy reforms and the flow on effects will only add to that reluctance to venture across the Great Dividing Range.

I own two pharmacies, both of which are described as "essential pharmacies" and located 40 and 65 klms from Tamworth. For brevity, I will only speak about Quirindi.

Quirindi is a rural town with a town and district population of about 5600. The population has been much the same since 1918. It is 65 klms from Tamworth, and services a large area to the South West, East and North West of the town. The Quirindi area is totally agricultural, and there is little secondary industry.

In the past five years, some 300 jobs have been lost, around half from the closure of a Turkey Processing Factory. The rest could be as a result of the competition reforms. North Power have eliminated 30 jobs, Telstra about the same, and the railways at Werris Creek have reduced staff by two thirds, or four hundred. Many of these people lived in Quirindi.

In 1918, there were three Pharmacies and when I came to Quirindi in 1961, there were two pharmacies employing four pharmacists, now there is only one employing one full-time owner and a part-time pharmacist.

This would be typical of most North West towns, and what concerns me is that the trend to close pharmacies is escalating.

The main reason many pharmacists remain in business in the Western one pharmacy towns is a reluctance to close. I have included two letters from such pharmacists.

The first one is closing tomorrow, 30 June 1999. Please excuse the quality of the fax, as this is the best of four attempts. The owner of this pharmacy died and it has been for sale for many years prior to this point and now is forced to close.

The second one is hand written as the typist is out of town. This reveals the frustration of the owner.

The point I wish to make is the impact of Government Policy will only cause many more pharmacies in one pharmacy towns to close.

Some of the Government Policies, which could have an effect, are as follows:

1. Electricity deregulation – loss of jobs.
2. Railway deregulation – loss of jobs.
3. Telstra deregulation – loss of jobs.
4. Changes in Government policies impacting on pharmacies eg.
 - a) Diabetic Scheme.
 - b) Influenza Vaccine distribution changes.
5. Banking deregulation.

I do not know of a town with a pharmacy which does not have a doctor. In many small towns the pharmacy is the main contact point for health information. Facilities often provided in pharmacies include.

1. Banking
2. Medicare easy claim facility.
3. Health fund payments.

Many of these could be lost if the pharmacy closes.

In conclusion, I believe Pharmacy is under threat of closures in most of the area covered by the North and North West Pharmacists Association.

I believe that in the input of the Competition Aspects Deregulation is yet to be experienced, as the ramifications are felt right through rural society.

Pharmacists will not go to rural outback New South Wales, unless the rewards are far greater than offered elsewhere.

A Practice Subsidy of a significant amount may ease the situation.

A long term solution is to train more tertiary students in country areas, as pharmacy, as is medicine, is only one example of the large problem of attracting qualified people to come to rural Australia.

Submission No D236 – typed copy of pages 3 and 4

ATTACHMENT 1

The Chairman,
Productivity Committee, Canberra

Meeting Tamworth 29/6/99

Dear Sir,

I have been requested to submit a short piece on the pharmacy situation pertaining to Collarenebri NSW.

I am a relieving pharmacist was asked to work for a short period in Collarenebri.

Unfortunately, I have to assume somewhat the role of an undertaker. The pharmacy is closing as of June 30th, and I will be overseeing the demise of pharmacy services to this town. The nearest full time service will be in Walgett (approx 70 km away) and the people of Collarenebri will only have a depot type arrangement for their pharmaceutical services. This will be particularly hard on people living out of town and for those with acute illnesses. They will have to arrange their needs to being before 11am and not on week-ends at all.

This will be particularly difficult for rural workers and acute illnesses (eg asthma).

I hope that the committee can come up with some useful ideas to prevent this situation from happening in other small rural communities. It marks a further stage in the decline in the quality of life of the people in similar situations.

If you would like an elaboration in any of the issues that I have brought up, please feel free to contact me at my home address or via e-mail.

Yours faithfully,

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ATTACHMENT 2

We have a remote and isolated pharmacy in Mungindi which is situated on the Queensland NSW border.

The Hospital, a 24 bed modern hospital about 15 years old, is in Queensland.

The Doctor's surgery and home are in NSW but owned by Queensland Health.

The doctor is paid a wage by the Queensland Government as medical officer and has the right to private practice in NSW with relieving doctors supplied.

Surgery and home, electricity, car are all for free.

We have had our pharmacy for sale for over 5 years with 2 agencies and Sigma and Fauldings.

We haven't had even one enquiry.

Such is the apathy of Pharmacists who if they tried country living may find it very enjoyable. Most of these Pharmacies are viable businesses.

Perhaps more incentive should be given by Government for them to come.

Ours is not an isolated case and most of the Pharmacists in my position are getting or are old and won't keep going forever.

What is going to happen to Rural Pharmacy as this is a problem all over Australia. Are they all going to be Health & Beauty Shops.

Faxing scripts to nearest town is not always a feasible solution – we are 122 kms from nearest Pharmacy.

Also another point to consider. Our doctor has stated that he would not stay if the Pharmacy closed and I think this applies in many cases.

J P Riley Phc.

PS I am 69 years and 7 months and do have health problems as do most people my age.