



2010 ANNUAL REPORT OF IPU EXECUTIVE COMMITTEE AGMS OF THE IPU AND IPU SERVICES LTD



IRISH
PHARMACY
UNION

The voice of community pharmacy

Mullingar Park Hotel,
Mullingar, Co Westmeath

24 April 2010

Annual General Meeting IPU

AGM IPU Services Limited

Agenda

2010 AGM IPU and AGM IPU Services Ltd / Chairperson: Ms Liz Hctor, President

Saturday 24 April 2010 (*confined to paid up members of the IPU*)

- 13.00** Lunch and Registration
- 14.00**
1. Welcome
 2. One minute's silence in memory of pharmacists who died since the 2009 AGM.
 3. Financial Report and Accounts 2009
 - a. Adoption of Audited Statement of Accounts
 - b. Appointment of Auditors
 - c. Union Membership Subscriptions
 4. IPU Services Ltd, AGM
Minutes of 2009 AGM
Financial Statements 2009
 - a. Adoption of Directors' Report
 - b. Adoption of Audited Statement of Accounts
 - c. Remuneration of Auditors
 5. Minutes of 2009 AGM (Page 7)
 6. Report on Motions from 2009 AGM (Page 8)
 7. President's Address
 8. Union Secretariat Report (Page 11)
 9. Group Reports / Open Forum: Introduction and Update
 - a. Pharmacy Contractors' Committee Report (Page 15)
 - b. Community Pharmacy Committee Report (Page 18)
 - c. Employee Pharmacists' Committee Report (Page 21)
 - d. Public Relations Report (Page 23)
 - e. International Pharmacy Matters (Page 24)
 10. Update on Strategy Review (Page 28)
 11. 2010 AGM Motions (Page 29)
 12. Any Other Business
- 16.30** Close

Message from the President

Dear Colleague

It has been a great honour to represent my profession and colleagues as President of the Irish Pharmacy Union over the past two years.

I would like to thank all of you for your support and my hope is that, with the implementation of the Strategy Review Report, we can maintain our unity of purpose, which is essential in these rapidly changing times.

We have had four separate briefing sessions for members over the past twelve months to ensure that you were fully informed of the changes that happened and their implications for our profession and business.

The Union's Committees have worked extremely hard on your behalf and are continuing to improve our communications and ensuring that your views are fully reflected in Union policies and activities.

The great strength of the Union is that it belongs to you and its only role is to promote and advance your interests through the strategies agreed by your elected representatives on national committees. No sector or grouping controls the Union's agenda, which is developed in the best interests of the profession as a whole and all those involved in the business of pharmacy.

As I hand over the chain of office, I think it is vital that we all strengthen our resolve to face the changes and challenges that lie ahead.

Finally, I would like to thank all the committee members for their enormous input over the past two years. I would especially like to thank Darragh O'Loughlin, Vice-President and Dermot Twomey, Honorary Treasurer who have worked tirelessly on your behalf. I would also like to acknowledge the professionalism and dedication, often well beyond the call of duty, of the staff of the Union.



Liz Hactor, President, IPU



Darragh O'Loughlin, Vice-President, IPU



Dermot Twomey, Hon. Treasurer, IPU

Contents

1. Executive Committee.....	05
2. Financial Statements.....	06
3. Minutes of 2009 Annual General Meeting	07
4. 2009 AGM Motions and Report on Action Taken ...	08
5. Union Secretariat Report.....	11
6. Pharmacy Contractors' Committee Report.....	15
7. Community Pharmacy Committee Report.....	18
8. Employee Pharmacists' Committee Report.....	21
9. Public Relations Report	23
10. International Pharmacy Matters.....	24
a. PGEU Report.....	24
b. Report on FIP Congress.....	25
c. Europharm Forum Report	26
11. Report of Strategy Review Group	28
12. 2010 AGM Motions.....	29
13. Appendices	31

The Financial Statements for the Irish Pharmacy Union and IPU Services Ltd have been circulated to all members of the IPU.

Appendices

I	Extracts from IPU Submission to the Expert Group on Resource Allocation and Financing in the Health Sector <i>19 June 2009</i>	31
II	Extract of Submission by the IPU to the Revenue Commissioners on Taxation of Locums (prepared by Baker Tilly Ryan Glennon, Accountants to the IPU) <i>26 June 2009</i>	35
III	Extract of Submission by the IPU to Fine Gael on the Expansion of the Role of the Pharmacist within Primary Care <i>9 July 2009</i>	37
IV	Extract of Submission by the IPU to the Office for Older People on the National Positive Aging Strategy <i>24 September 2009</i>	38
V	Extract of IPU Submission on a Payment/Reimbursement Model for the Needle Exchange Programme <i>October 2009</i>	40
VI	Extract of IPU/Pharmachem Submission to the Irish Medicines Board on the Supply of Antiparasitic Veterinary Medicinal Products to Companion Animals in Ireland <i>30 October 2009</i>	42
VII	Extract from IPU Submission to the PSI on Draft Guidance for Pharmacists on Safe Supply of Non-Prescription Medicinal Products Containing Codeine <i>15 January 2010</i>	45
VIII	Draft Guidelines on Patient Consultation Area <i>30 March 2010</i>	47
IX	Extracts from Speech by Ms Liz Hocht MPSI, IPU President's Dinner <i>11 November 2009</i>	49
X	Some key letters and responses received throughout the year: <ul style="list-style-type: none"> ■ Financial Emergency Measures in the Public Interest Act 2009.....51 ■ Unlicensed Medicines.....54 ■ Fees for Pharmacists and Pharmacies.....54 ■ Prescription Charges.....57 ■ IPHA Reductions.....59 ■ Reference Pricing.....59 ■ Competition Act.....61 ■ Administrative Issues with the HSE/PCRS.....62 	
XI	A Selection of Press Releases issued to the National Media during the year on various issues.....	63
XII	A Selection of Letters Published in Newspapers.....	84

Executive Committee 2008 – 2010

PRESIDENT:	LIZ HOCTOR
VICE-PRESIDENT:	DARRAGH O'LOUGHLIN
HONORARY TREASURER:	DERMOT TWOMEY

REGIONAL REPRESENTATIVES (8)

Peter Finnegan.....	East
Damien Conaty.....	North East
Joe Britton	North West
Tadhg O'Leary	South
Niall Mulligan	South East
Michelle Concannon	Midland
Brian Walsh	West
John Gleeson.....	Mid West

COMMUNITY EMPLOYEE GROUP (3)

David Carroll
Fearghal O'Nia
Catriona O'Riordan

PAST PRESIDENT

Michael Guckian

CO-OPTIONS

Liam Farmer
Michael Kennelly

NB: Up to five members may be co-opted by the Executive Committee

Financial Statements

Irish Pharmacy Union

Financial Reports and Accounts for Year Ended 31 December 2009

In accordance with the Constitution of the Union, the Executive Committee submits the audited accounts for consideration by members.

The full details of the Accounts have been circulated to members with the Summary of the 2010 Annual Report of the IPU Executive Committee.

If the Accounts are approved by the meeting after their presentation, members will be asked to formally adopt the Accounts for the year ended 31 December 2009 and agree the election of Auditors. In this context, the following motions will be put to the meeting:

1. *“That the Executive Committee Report and Audited Statement of Accounts of the Irish Pharmacy Union for the year ended 31 December 2009 as submitted to this meeting, be and are hereby adopted.”*
2. *“That this meeting agrees to the election of Baker Tilly Ryan Glennon for a further two-year period as Auditors for the IPU and IPU Services Ltd.”*

Membership Subscriptions:

Members will be asked to approve no change to the annual subscription payable by all categories of membership, pending the completion of the work of the Group established to review the funding of the Union.

IPU Services Limited

Financial Reports and Accounts for Year Ended 31 December 2009

At this Annual General Meeting of IPU Services Ltd, members are asked to consider the Report of the Directors and the Auditors' Report on the Accounts.

The accounts and financial reports have been circulated to all members.

If the Accounts are approved, members will be asked to resolve, *“That the Directors' Report and Audited Statement of Accounts for the year ended 31 December 2009 as submitted to this meeting, be and are hereby adopted.”*

Minutes of the 36th Annual General Meeting of the Irish Pharmacy Union and IPU Services Ltd

Faithlegg, Co Waterford

25 April 2009

Present:

The President, Ms Liz Hoctor, and 54 members.

In Attendance:

Mr Seamus Feely, Ms Ciara Enright, Ms Kate Healy, Ms Jill Lyons, Ms Roisin Molloy, Ms Aoibheann Ní Shúilleabháin and Ms Wendy McGlashan.

Apologies:

Apologies were received from 73 members.

[A full report of the 2009 AGM is available from the IPU offices.]

1. The President welcomed the attendance to the 36th Annual General Meeting of the Irish Pharmacy Union.

2. On the proposal of the President all present stood in silence in memory of deceased members including Mr John Burke, Trustee of the Union, and all those who had died since the 2008 AGM.

3. Financial Reports and Accounts 2008

a. Dermot Twomey (Honorary Treasurer) presented the Report. A motion approving the accounts was proposed by Jack Shanahan, seconded by Ross McEntegart, and carried.

The motion was:

“That the Executive Committee Report and Audited Statement of Accounts for the Irish Pharmacy Union for the year ended 31 December 2008 as submitted to this meeting be and are hereby adopted.”

b. The following motion was put to the meeting proposed by Peter Harty, seconded by John Carey and carried:

“That this meeting agrees to the election of Baker Tilly Ryan Glennon for a further two year period as auditors for the IPU and IPU Services Ltd.”

c. It was announced that the Executive Committee had agreed not to increase annual subscriptions for 2010 in light of current economic constraints.

4. IPU Services Ltd AGM

The minutes of the 2008 AGM were taken as read.

On the proposal of David O’Connell, seconded by Peter Harty, it was resolved:

“That the Directors’ Report and Audited Statement of Accounts for the year ended 31 December 2008 as submitted to this meeting, be and are hereby adopted.”

This motion was carried.

5. Report of 35th AGM

The report of the 35th Annual General Meeting was then approved as a true and accurate record. This was proposed by Liz Hoctor, seconded by Darragh O’Loughlin and signed by the President. The report had been circulated to all members prior to the meeting.

6. Report on Motions from 2008 AGM

The report on motions from the 35th Annual General Meeting was taken as read.

7. President’s Address

Ms Liz Hoctor, President, addressed the meeting and outlined the challenges that members now faced. She thanked members and the staff of the Union for their support during the year.

8. Union Secretariat Report

The Union Secretariat Report was circulated to all members as part of the Executive Committee report prior to the meeting. The Secretary General, Mr Seamus Feely, introduced the Report.

9. Group Reports

- a. **Pharmacy Contractors' Committee (PCC) Report**
This report was presented by Mr John Corr, Chairman of the PCC.
- b. **Community Pharmacy Committee (CPC) Report**
This report was delivered by Mr Keith O'Hourihane, Chairman of the Community Pharmacy Committee.
- c. **Employee Pharmacists' Committee (EPC) Report**
This report was presented by Mr Bernard Duggan, Chairman of the Employee Pharmacists' Committee.
- d. **Public Relations Report**
This report was circulated in the Annual Report and was taken as read.
- e. **International Pharmacy Matters**
This report was circulated in the Annual Report and was taken as read.

10. Pensions Overview

This report was circulated in the Annual Report and was taken as read.

11. Minister's Review of Payments/Enactment of the Financial Emergency Measures in the Public Interest Act 2009

John Corr, Chairman of the Pharmacy Contractors' Committee gave members an update on the Minister's Review of Payments under the Financial Measures in the Public Interest Act 2009 (FEMPI).

12. 2009 AGM Motions

The 2009 Motions and action taken on them are on Pages 8–10 of this report.

13. A.O.B

After the normal business of the AGM was completed, the Executive Committee consented to Eoghan Hanly, from Loughrea, raising the ongoing problems with the administration in the HSE, the recent move of infertility drugs from the Drugs Payment Scheme to the High Tech Scheme without the consent of the PCC, and his general lack of confidence in the current health policy of the Government.

Marie Hogan expressed her dismay at the HSE's handling of the Over 70 medical card fiasco and the distress that it was causing to many of her patients.

Eoghan Hanly then asked that a vote of no confidence in the Government's health policy be put to the members.

The meeting unanimously passed a vote of no confidence in the Government's health policy.

The President thanked all those who attended for their participation and also thanked the Vice President, Darragh O'Loughlin and Honorary Treasurer, Dermot Twomey for the work they had undertaken over the last year. The President also thanked the Secretary General and staff of the IPU for their hard work and especially Wendy McGlashan for arranging the Annual General Meeting.

2009 AGM MOTIONS AND REPORT ON ACTION TAKEN

The following motions, proposed in accordance with Article 29 of the Constitution, were brought before the 2009 AGM for consideration:

1. **Proposed:** Liz Hocter
Seconded: Darragh O'Loughlin

"That this AGM appoints John Carey to be Trustee of the Irish Pharmacy Union in accordance with Article 24 of the Union's Constitution"

This motion was carried unanimously.

2. **Proposed:** Liz Hocter
Seconded: Darragh O'Loughlin

"That this AGM condemns the manner in which pharmacy payments were recently reviewed and calls on all members of the Oireachtas to repeal Section 9 of the Financial Emergency Measures in the Public Interest Act 2009 to protect patient care, to preserve front line pharmacy services and maintain jobs."

This motion was carried unanimously

Action: The Union made numerous representations to politicians from all parties, including cabinet ministers and opposition spokespersons, on the draconian nature of Section 9 of the Financial Emergency Measures in the Public Interest Act 2009 (FEMPI) and called for its repeal at the earliest opportunity. The Union also highlighted that the cuts in pharmacy payments would have negative implications for patient care, pharmacy services and employment in the sector.

However, on 1 July the Minister implemented the cuts under Section 9 of the FEMPI. A legal challenge against this Act was taken in July 2009. This case was heard over two weeks in November. In December 2009, Mr Justice McMahon ruled against the plaintiff, Haire Pharmacy Group. In the High Court challenge, the plaintiffs argued that the Financial Emergency

Measures in the Public Interest Act 2009 was unconstitutional and the cuts in payments were unreasonable and disproportionate when compared to the 8% cuts imposed on other healthcare professionals. Evidence from two leading economists was presented to the Court to support the plaintiff's case; however the Judge did not accept this evidence. An Appeal has been served in this case but no date has been fixed for a hearing of the appeal.

Despite the Courts finding the Pharmacy Contractors' Committee (PCC) believes the cuts are unfair and, as part of the Ministers Review in 2010, the PCC will be producing evidence of the impact of the cuts on pharmacies across Ireland. A recent PwC questionnaire, unfortunately, confirmed the PCC belief that pharmacy income has been reduced by 30%. This equates to a reduction of €100,000, on average.

3. **Proposed:** Ger Browne
Seconded: Sheila O'Malley

"That this AGM calls on the HSE and the Department of Health and Children to work with the Union, in the spirit of partnership, to address issues of mutual concern and to develop a constructive working relationship towards advancing the shared objective of enhancing services to patients."

This motion was carried unanimously

Action: The Joint Consultative Group was established in July 2008. As part of this Group, the Union and the HSE agreed to cooperate in the areas of modernisation, change and flexibility. The Group is also a forum for discussion on matters of concern for members. This Group met three times since the AGM.

Issues raised during the year with the HSE in this forum include:

Arrears Payments – Payment of the Arrears from the HSE was secured during 2009

Hardship/Psychiatric Issues – Dealt with changes to the Hardship Scheme/ Psychiatric Scheme and the Union continue to follow up the retrospective changes during the JCG

Problems with Pharmacy Claims – Dealt with ongoing issues relating the pharmacy claims

HSE/IPU Charter – The Union tabled a HSE/IPU Charter in July 2009. Such a Charter should ensure that the effective and fair administration of the Community Drugs Schemes requires the HSE PCRS, Community Pharmacy Contractors and the IPU to recognise certain basic rights and responsibilities and to adhere to certain procedures. The purpose of this Charter is to set out the standard of service that each party should receive when dealing with each other and the reasonable expectations that each party should have of one another.

All these meetings are constructive and the Union continues to communicate with officials from the HSE and the Department to address issues of mutual concern on a daily and weekly basis.

4. **Proposed:** Keith O'Hourihane
Seconded: Rory O'Donnell

"That this AGM calls on the Government to utilise the enormous potential of community pharmacies by expanding the role of the pharmacist so that more services are offered to patients through community pharmacies which will benefit patients and deliver savings to the Exchequer."

The following amendment was then proposed by Keith O'Hourihane and seconded by Rory O'Donnell

"That this AGM calls on the Government to utilise the enormous potential of community pharmacies by funding the expansion of the role of the pharmacist so that more services are offered to patients through community pharmacies which will benefit patients and deliver savings to the Exchequer."

The motion, as amended, proposed by Keith O'Hourihane and seconded by Rory O'Donnell, was carried. There were two votes against.

Action: The Community Pharmacy Committee has been involved in a number of initiatives over the past year to promote the expansion of the role of the pharmacist in the development of national health policies.

The Union is participating in the HSE Pharmacy in Primary Care Group which is initially looking at pharmacist-led MURs for chronic diseases. They now plan to run an MUR pilot in April/May with a view to gathering evidence for the roll out of MURs nationally.

There are now 26 GP practices and 72 pharmacies participating in the Asthma Management Demonstration Project. The IPU and the Asthma Society jointly launched a health promotion in March, encouraging patients to ask their pharmacist about inhaler technique. The promotion was highlighted with a radio ad on 2FM and Today FM.

The Union met with Minister John Curran in January to discuss the delay in the roll-out of the Needle Exchange Scheme. Most details of the Scheme have been agreed but the HSE has yet to agree on the fees payable to pharmacists.

The Union met with the Irish Cancer Society in January to discuss ways in which community pharmacists could provide support for ICS initiatives.

The Union continues to participate in HIQA's Medication Safety Forum which, in 2010, will focus on the development of a national prescription form, development of SOPs for pharmacies, guidelines for codeine medicines, the roll-out of the Asthma Management Programme, the re-launch of PIP and

the management of patient discharge.

- 5. **Proposed:** Bernard Duggan
Seconded: Fearghal O’Nia

“That, in the wake of the recent cuts introduced under the Financial Emergency Measures in the Public Interest Act 2009, this AGM calls on the Government to ensure future employment opportunities for the 170 pharmacists who qualify each year in Ireland and to adequately support pharmacy students in their pre-registration training year in order that they may complete their training and begin practicing the profession of pharmacy.”

At the AGM Mr Duggan asked that the motion be amended as follows:

“That, in anticipation of the cuts to be introduced under the Financial Emergency Measures in the Public Interest Act 2009, this AGM calls on the Government to ensure future employment opportunities for the 170 pharmacists who qualify each year in Ireland and to adequately support pharmacy students in their pre-registration training year in order that they may complete their training and begin practicing the profession of pharmacy.”

After much debate it was agreed to amend the motion to “That, in anticipation of the cuts to be introduced under the Financial Emergency Measures in the Public Interest Act 2009, this AGM calls on the Government to ensure future employment opportunities for pharmacists who qualify each year and to adequately support pharmacy students in their pre-registration training year in order that they may complete their training and begin practicing the profession of pharmacy.”

The amendment was proposed by Ross McEntegart and seconded by Tom Murray and was carried by a majority vote. There was one vote against.

The motion, as amended, was proposed by Bernard Duggan and seconded by Fearghal O’Nia and was carried by a majority vote. There was one vote against.

Action: The EPC identified a number of different individuals and organisations with whom they could communicate on the issues raised in the motion. Initially the chairperson of the EPC wrote to the Registrar of the Pharmaceutical Society of Ireland in June 2009 to obtain their views on the issues raised in the motion and to identify if the PSI had undertaken any research into the current and future manpower situation in the sector, the current oversupply of pharmacy graduates and the future employment prospects of pharmacy graduates.

The PSI acknowledged the letter in July 2009 indicating that the letter would be brought to the attention of the PSI Professional Development and Learning Committee. The Chairperson of the EPC wrote a follow-up letter to the PSI in January 2010 seeking an update on the consideration of the matter by the PSI. The PSI responded in January 2010 indicating that they would revert to the EPC shortly with a summary of their deliberations.

The EPC undertook a survey of employee pharmacists and newly registered pharmacists in order to obtain information on their current employment conditions and the effect that the reduction in payments to community pharmacists has had on these.

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Union Secretariat Report

1. INTRODUCTION

The last twelve months have been dramatic; for the economy generally and for the profession and business of pharmacy. It has been an extremely busy and challenging period for the Union. I would like to thank the outgoing President, Vice-President, Treasurer and all Committee members for their efforts over the past two years and look forward to working with the incoming Union Officers and Committees in supporting you and responding to your needs over the next twelve months.

2. DETAILS OF IPU MEMBERSHIP AND PHARMACY OWNERSHIP (AS AT 31 MAR 2010)

(a) MEMBERSHIP OF THE IPU

Community Proprietors	878		
Industry & Wholesale	7		
Community Employees	851		
Hospital	9		
Army, Academic & Admin	4		
Associate Members	8	(1757)	

(b) NUMBER OF COMMUNITY PHARMACIES

Pharmacist Owned:

Single shops	759		
Chains	582	1341	

Non-Pharmacist Owned:

Single shops	62		
Chains	153	251	(1556)

(c) TOTAL NUMBER OF CHAINS (2 AND OVER)

	Pharmacist	Non-Pharmacist	
Two pharmacies	106	4	220
Three	36	1	111
Four	15		60
Five	5		25
Six	3	1	24
Seven	1		7
Eight	2	1	24
Nine	1		9
Ten	1		10
Eleven	1		11
Fourteen	1		14
Fifteen	1		15
Sixteen	1		16
Twenty	1		20
Twenty-Four	1		24
Twenty -Seven	1		27
Forty-Six		1	46
Seven-two		1	72
	(582)	(153)	(735)

3. PRODUCT FILE UNIT

The IPU Product File is managed by Fiona Hannigan and her team: Ger Gahan, Eilish Barrett and Aoife Garrigan. As well as supplying price updates and product information for members, they provide the following services and advice:

- Product sourcing
- General queries on the IPU Product File
- GMS pricing issues
- Short Supply & Discontinued Lists

The IPU also provides a Drug Interaction File and information files on drug use in Pregnancy and Breastfeeding, produced by the School of Pharmacy in Trinity College Dublin, linked to the IPU Product File. These are based on the ATC classification system and are designed to warn pharmacists of the possibility of an interaction. A PwC survey recently found the IPU file to be highly regarded.

The following areas are a priority in the Product File area during 2010

- Enhancements to the Product File to cope with Reference Pricing, PA/PPA/DPA/EMEA numbers, verification of products, etc.
- Finalisation of a contract with Trinity College Dublin for Drug Interactions, greater automation of Product File processes.
- Roll out of IPU Live Download of the IPU Product File.
- Product File section for both public and members section of the IPU Web Site.

4. ADMINISTRATION UNIT

The Administration Unit has four staff members: Patrice O'Connor, who works part-time, looks after reception and assists in the day-to-day running of the office; Ciara Enright, who works part-time, is Secretary to the Finance Committee. She maintains books of account and advises members on a range of taxation and accountancy problems. Wendy McGlashan is responsible for IPU publications, including the production of the IPU Review and co-production of the IPU Yearbook, event organisation, general administration and personnel matters. Roisín Molloy is responsible for all aspects of membership and the management of the Secretary General's office.

5. CONTRACTUAL AND OTHER RELATED ISSUES

Jill Lyons, Zuzanna Zwolan and Paul Fahey deal with a wide range of contractual and IT issues. Jill and Zuzanna have played a key role in developing many of the key PCC initiatives throughout the year and in the resolution of some problems with the Health Service Executive, Primary Care Reimbursement Service and the Department of Health & Children. Throughout 2009 they were involved in the Haire (FEMPI) Court Case, the Advance Payments Appeal, the Joint Consultative Group

with the HSE and the Needle Exchange Group with the HSE. Jill also represents the Union at the PGEU Economic Working Group. Zuzanna deals with remuneration queries, pharmacy security and stolen and forged prescriptions.

The Pharmacy Contractors' Committee also made submissions to the Department of Health and Children, and the Health Service Executive since the last AGM on:

- Irish Pharmacy Union Submission on a Payment/Reimbursement Model for the Needle Exchange Programme in October 2009 – HSE
- Submission on Reference Pricing to the DoHC Reference Pricing Group chaired by Mark Moran in March 2010 - DoHC

6. MEDIA AND COMMUNICATIONS

Kate Healy is responsible for the promotion and coordination of all national and regional media coverage for the Union. She is secretary to the Executive Committee and assists the Secretary General in the development and coordination of all regulatory, policy and political activities. She is responsible for the editorial content of the IPU Review. Kate also manages IPU advertising campaigns and the IPU website - both content and editorial. Aoibheann Ní Shúilleabháin works on advertising for the Review and the co-ordination of all communications activities as well as liaising with the regional committees.

7. PHARMACY SERVICES

The Director of Pharmacy Services, Pamela Logan, co-ordinates all Professional, Business and Training matters within the Union. Pamela acts as Secretary to CPC and details of issues covered by this Committee can be found in the CPC report. She works with relevant departments and agencies, both nationally and internationally, to promote the role of the pharmacist. Pamela also represents the Union at ICCPE, PGEU, FIP and Europharm Forum.

8. TRAINING DEPARTMENT

Susan McManus, Training and HR Manager, organises and co-ordinates a range of training courses for pharmacy staff. Janice Burke assists Susan in this department. The Pharmacy Technicians' Course saw 143 students graduating in March 2010. There are currently 121 students participating in Year 1 and 161 students in Year 2 of the course. In addition, 139 students completed the MCA Course in 2009 in Cork, Dublin, Galway, Kilkenny, Limerick, Mullingar and Waterford. 61 students completed the Interact course and 16 completed the Interlink course. The FÁS Pharmacy Sales Traineeship course is currently being run in Dublin. Susan also acts as Secretary to the Employee Pharmacists' Committee and advises members on HR issues.

9. BUSINESS SERVICES

The Business Development Manager, Darren Kelly, is responsible for business services to members. In 2009, seminars were organised around the country for members, which covered issues such as employment law, merchandising and customer service. A number of affinity schemes have been put in place for members on a range of services and details can be found on the IPU website. Members are kept up to date with current legislation through notices in the IPU Review, Yearbook and General Memoranda. In addition, individual advice is given to members on request. Members who have paid their subscriptions for 2010 will have received their IPU membership card, "What the IPU does for you" information booklet and a discount booklet outlining the discounts available to IPU members. Darren also oversees the general maintenance and upkeep of Butterfield House.

10. EXTERNAL CONSULTANTS

Gordon MRM (PR Consultants); Tom Flood (Contractual Issues); Joe Durkan (Health Economist); Moore McDowell (Economist); John Behan (Industrial Relations Advisor) and Sean McHugh (Industrial Relations Advisor); provide advice and support to the Union as requested on an ongoing basis. Leaf Environmental has been retained as consultants to the Union on matters regarding environmental and waste management issues.

11. MAILINGS TO MEMBERS

The number of mailings to members over recent years were: 2003, 25; 2004, 19; 2005, 20; 2006, 24; 2007, 47; 2008, 59; 2009, 53.

12. MAIN COMMITTEE MEETINGS

The number of committee meetings were:

	'09	'08	'07
Executive Committee	9	10	9
Community Pharmacy Committee	6	5	3
Pharmacy Contractors' Committee	8	6	6
Finance Sub Committee	7	7	7
All Committee Meetings	3	3	
Employee Pharmacists' Committee	3	4	

13. UNION PUBLICATIONS

The following are sent to members, on a regular basis:

- IPU Review
- IPU Weekly Newsletter – sent to members by email
- General Memoranda
- Price Index List Updates
- IPU Product File on Disk and CD
- Yearbook & Diary
- Wall Planner
- Training Course Updates
- Employee Pharmacists' Committee Newsletter
- Reap the Rewards of IPU Membership

14. PENSIONS AND INSURANCE

AIC (Corporate) Ltd, Pharmacy Insurance Ireland and Liberty Asset Management provide insurance and pension services for members.

15. ENQUIRIES

Union Staff handle enquiries on a wide range of topics and deal with questions raised by members regarding their difficulties with companies, Government and other agencies as well as a wide variety of professional, business and personnel issues including:

- Advertising
- Banks
- Computerisation
- Contracts of Employment
- Credit Cards
- Customs & Excise
- Dismissals; unfair, etc.
- Dispensing, extemporaneous price list
- Drug Donations
- Education & Training / Training Grants
- Employer/employee disputes
- Employee Status
- General Medical Services; Fees, etc
- Health Centres
- Health & Safety
- Health Promotions
- Health Screening
- Health Services and Schemes
- HSE
- HSE PCRS queries
- Industrial Relations law; general
- Insurance
- Internet pharmacy

- IPHA
- Leave; Annual, Maternity, Compassionate, Public Holidays, Holiday Pay, etc.
- Legal issues
- Locum Lists / Situations Vacant
- Maternity Legislation
- Medical Translations
- Membership
- Methadone Treatment Scheme
- Monitored Dosage Systems
- Openings; pharmacy
- Pay; National Minimum Wage, etc.
- Part-time workers
- Pharmacy Contract
- Pharmacy Legislation
- Photographic issues
- Prescriptions, Emergency Hospital
- Prices; including negotiations
- Products; agents, availability, confined, discontinued, etc
- Professional Indemnity Insurance
- PRSI
- Prescriptions; Stolen, Forged, etc.
- Psychiatric Scheme
- Publishing Scams
- Record Keeping
- Redundancy
- REPAK charges
- Returns; for credit, etc
- Salaries
- Security; Pharmacy Raids, etc.
- Sickness
- Signage
- Standard Operating Procedures
- Suppliers
- Taxation
- Trading Terms
- Union Posters requested on a regular basis include:
 - Medicines & Pregnancy
 - Community Pharmacy Contractor Agreement – Clause 9
 - Receipts (to be obtained at time of dispensing)
 - Paracetamol
 - Ostomy Appliances (available in pharmacy)
 - Drugs Payment Scheme
 - No Smoking

- Ask Your Pharmacist (before purchasing any other medicines if taking prescribed medicine)
- Tax Relief on the Cost of Your Medicines
- Unit Pricing
- Unlicensed Medicines
- VAT; IPU Scheme, etc
- Waste Management
- Withholding Tax
- Wholesalers

16. SUBMISSIONS

The following submissions were made during the year. Extracts of these are published in the appendices to this report and all are available on the IPU website:

- **Expert Group on Resource Allocation and Financing in the Health Sector** – DoHC – Jun 2009
- **Taxation of Locums** – Revenue Commissioner – June 2009
- **Role of the Pharmacist** – Fine Gael – July 2009
- **National Positive Ageing Strategy** – Office for Older People – September 2009
- **Needle Exchange Programme** – HSE – October 2009
- **Supply of Veterinary Medicinal Products** – IMB – October 2009
- **Draft Guidance on Codeine Medicines** – PSI – January 2010
- **Draft Guidelines on Patient Consultation Area** – PSI – March 2010

17. IPU REVIEW

The IPU Review is produced in-house by Wendy McGlashan, Aoibheann Ní Shúilleabháin and Kate Healy.

18. CONCLUSION

Finally, I would like to thank all the staff of the Union for their support to me and their hard work on behalf of members.

Seamus Feely,
Secretary General.

Pharmacy Contractors' Committee (PCC) Report 2010

The current Pharmacy Contractors' Committee, under the Chairmanship of John Corr, took office following the 2008 Annual General Meeting (AGM). Tom Murray was elected Vice-Chairman. The PCC met eight times (in June, July, August, October, December, January, February and March) since the AGM in April 2009. In addition to the regular PCC meetings, there were two joint meetings with the Executive Committee in August. The Union also met the Minister for Health and Children (MfHC) on two occasions last year, in October and December.

This year the PCC's energies have been focussed on dealing with the Financial Emergency Measures in the Public Interest Act 2009 (FEMPI) along with other urgent issues which have arisen during the year.

THE MAIN ISSUES ON THE COMMITTEE'S AGENDA SINCE THE LAST AGM INCLUDE:

- Preparation for the High Court proceedings against the HSE in relation to FEMPI;
- Preparation of Submissions to the FEMPI Act Consultations in 2009 and 2010;
- Preparation of Oral Presentation to the FEMPI Act Consultations in 2009 and 2010;
- Communication with members on the FEMPI Act at Regional Briefing Sessions in February and June 2009;
- Participation in the Joint Consultative Group with the HSE;
- Securing payment of the Arrears taken by the HSE from pharmacists in 2008;
- Participation in the Methadone Group and Needle Exchange Group with the HSE;
- Preparation of Submission and Oral Presentation to the Mark Moran Group on Reference Pricing;
- Liaising with the HSE and DoHC to resolve the Contract issue;
- Monitoring of the Hardship Scheme/ Psychiatric Scheme;
- Monitoring the reduction in the cost of Medicines under the IPHA Agreement;
- Preparation for the Advance Payments Appeal and issuing advice to members on this matter;
- Providing members with advice, legal and otherwise;
- Monitoring all pharmacy payments;
- Ongoing HSE PCRS Administration issues;
- Monitoring developments throughout Europe and Internationally.

FINANCIAL EMERGENCY MEASURES IN PUBLIC INTEREST ACT 2009 [FEMPI ACT]

The new FEMPI Act payment structure was implemented on 1 July and members now see the full impact of the cuts on their income. The Act, published in February 2009, empowers the Minister for Health and Children to make regulations to reduce all payments made by the State to pharmacists and, in effect, to disregard all previous agreements and contracts. The Union considers the legislation to be draconian and an attack on members' rights.

The PCC made a submission to the FEMPI Consultation and also made an oral presentation to officials from the Department and the HSE. In the submission the PCC stated that Union members are personally and professionally committed to the provision of a high-quality, accessible, community pharmacy service. They also stressed that any unilateral and draconian action on pharmacy reimbursement has the potential to significantly undermine the very significant healthcare contribution of community pharmacy to patients in the State.

However, the MfHC ignored the submission and presentation and proceeded to implement the cuts on 1 July.

A legal challenge against this Act was taken in 2009. This case was heard over two weeks in November. In December 2009, Mr Justice McMahon ruled against the plaintiff, Haire Pharmacy Group. In the High Court challenge, the plaintiffs argued that the Financial Emergency Measures in the Public Interest Act 2009 was unconstitutional and the cuts in payments were unreasonable and disproportionate when compared to the 8% cuts imposed on other healthcare professionals. Evidence from two leading economists was presented to the Court to support the plaintiff's case however the Judge did not accept this evidence. An Appeal has been served in this case however no date has been fixed for a hearing of the appeal.

Despite the Court's finding the PCC believes the cuts are unfair and, as part of the Minister for Health and Children's Review in 2010, the PCC will be producing evidence of the impact of the cuts on pharmacies across Ireland. A recent PwC questionnaire, unfortunately, confirmed the PCC belief that pharmacy income has been reduced by 30%. This equates to a reduction of €100,000, on average.

Along with campaigning against the severity of the cuts, the PCC has also been dealing with a number of issues that have arisen due to the implementation of the Regulations:

TEMPORARY CONTRACTS

The PCC has been in continuous communication with the HSE and the Department over recent months in order to resolve the matter for the 485 pharmacists, whom the HSE believe are currently operating under temporary contractual arrangements. In March the PCC received the CPC contract from the HSE, which was largely in accordance with the existing contract. There are a number of small administrative and technical changes, which once the PCC clarified with the HSE, they accepted. The PCC appreciates that this matter was of great concern to the pharmacists involved and is happy that the issue has finally been resolved in a satisfactory manner through negotiation and agreement between the Union and the HSE.

DISPENSING OF UNLICENSED MEDICINES (ULMS)

The PCC was aware of the problems around claiming for unlicensed medicines after the introduction of the FEMPI legislation. The HSE stated that they would be paying pharmacists the cost of the ULM minus 6.5%, leaving pharmacists in a loss making situation. The PCC wrote to both the HSE and the Department of Health and Children asking for a mechanism to be put in place whereby pharmacists will be reimbursed for what they paid the wholesaler. In November, the HSE confirmed that they would reimburse pharmacists the full invoice price for all ULMS.

DRUGS PAYMENT THRESHOLD

The PCC dealt with a lot of queries in relation to the Drugs Payment Threshold. The PCC issued advice on the matter earlier this year. The advice to members was that it is entirely a matter for each individual pharmacist to decide for themselves what price they charge to private patients, including sub threshold patients. The legislation only applies to the amount that the State reimburses to healthcare professionals and the level of refunds that are made to patients under the various State Schemes.

Issues arose in a small number of cases where a patient acquires medicine in a number of pharmacies during a particular month and subsequently makes a claim to the HSE and some of the prices charged were not in line with the DPS price. The HSE was issuing letters to patients telling them that their pharmacist had overcharged them. The PCC sought legal advice and issued this advice to members. The legal advice on this matter is that it was incorrect for the HSE to imply that the patient has been overcharged in these instances by pharmacists. In this context the PCC also sought a redraft of the HSE letter to patients. The PCC will continue to pursue this matter up with the HSE.

HARDSHIP ARRANGEMENT AND THE PSYCHIATRIC SCHEME

The Union was informed in October by the HSE that it is intended to change the current payment arrangements for the Hardship Arrangements and the Psychiatric Scheme in line with the Minister for Health

and Children's FEMPI regulations. There was no prior notification or discussion with the Union on this change. The PCC followed this matter up on a daily basis to resolve the matter. Many pharmacists still have significant amounts of money outstanding from the HSE. The PCC believe that retrospective reductions or changes in payment or administrative arrangements are not acceptable and will continue to follow this up with the HSE.

THE PCC HAS ALSO BEEN INVOLVED IN THE FOLLOWING MATTERS SINCE THE LAST AGM:

IPHA REDUCTIONS

The MfHC informed the Union at a meeting in December that there would be reductions to the cost of medicines under a new IPHA Agreement from 1 January 2010. The Union highlighted to the Minister at that time, and in subsequent correspondence, that a reduction in the cost of medicines would have a knock-on effect on pharmacy income. The Union also stated that 1 January was the worst time to introduce such a change. Following representations from the Union, the Department delayed the introduction of the 40% reduction to the price of medicine until 1 February. However, despite requests to do so, the Department refused to grant a transition period, given the current state of the public finances. In the circumstances, the PCC had strongly advised members to manage their stock carefully to minimise any loss that would occur as a result of the reduction in the price of medicines from 1 February.

REFERENCE PRICING

At a meeting with the MfHC in December she indicated her intention to introduce a system of reference pricing for certain medicines along with the introduction of generic substitution by pharmacists in 2010. To implement these changes she established a group chaired by Mark Moran, a member of the Independent Body on Pharmacy Contract Pricing, to consider various issues around reference pricing. The PCC established a small sub group to review this issue. This group met throughout early 2010. Members of the Group met with Mark Moran and his group and also made two written submissions to the group on reference pricing.

PRESCRIPTION LEVY

In the Budget it was announced that the Government would be introducing a prescription levy for medical card patients. The PCC wrote to the MfHC on a number of occasions on this issue highlighting concerns around the introduction of this levy and the impact it will have on patients. The PCC are due to meet the DoHC before the introduction of legislation introducing the levy is finalised in May. A poster and leaflet has been prepared for pharmacists and this will be circulated in advance of the levy being introduced.

JOINT CONSULTATIVE GROUP

The Joint Consultative Group met three times since the AGM. As part of this Group, the Union and the HSE agreed to cooperate in the areas of modernisation, change and flexibility. The Group is also a forum for discussion on matters of concern for members.

Issues raised this year with the HSE in this forum include:

ARREARS PAYMENTS

In September 2008, Ms Justice Finlay Geoghegan of the High Court ruled in favour of pharmacists, stating that the HSE and the Department of Health and Children were in breach of contract and could not unilaterally alter the reimbursement price of medicines under the terms of existing agreements and contracts. This judgment was very significant and was welcomed by both the PCC and by members. In line with the High Court Judgment, the HSE had reinstated the payments to members from October 2008. The PCC had lengthy discussions at the Joint Consultative Group about the repayment of the arrears to members and in June 2009 all arrears were paid.

PROBLEMS WITH PHARMACY CLAIMS

During the year the Union has received many complaints and reports from members in relation to recurring difficulties with respect to the electronic transmission of claims. These issues occur, in most instances, where a pharmacy has recently transferred from 1st Generation Electronic Claims to 2nd Generation Electronic Claims. In many cases, a relatively small number of members have found that they are having difficulties in transmitting their claims and, in other instances, their dispensary system has allegedly reported that the file has been transmitted successfully, when it does not appear to have been received by the PCRS.

The PCC is continuing to try to liaise with the HSE PCRS to ensure a proper process is in place to deal with such issues and resolve them to the satisfaction of all parties. However, progress has been painfully slow and these issues will continue to be raised at the Joint Consultative Meeting, where necessary.

METHADONE GROUP

- Members of the PCC have met with HSE officials on an ongoing basis since mid 2008 to review all issues around the Methadone Scheme. There has been significant progress on these issues and, while there are still outstanding matters to be resolved, the Group has reached agreement on a number of issues.
- A transfer system for patients being moved from the Central Treatment List to pharmacy has been agreed and is due to be implemented shortly;

- The HSE have also committed to appointing a National Pharmacy Co-ordinator to help support pharmacists dispensing methadone outside the Dublin area.

The Union still has concerns around the level of the Pharmacy Grant and will continue to pursue this with the HSE.

NEEDLE EXCHANGE PROGRAM

The PCC has also been liaising with the HSE on the implementation of a Needle Exchange Program. Once there is agreement on this program, it is planned that the service will be rolled out initially through pharmacies in 65 locations across the country, where the service is needed. The initiative is being supported by the Elton John Aids Foundation. John Curran, T.D., Minister of State with responsibility for the National Drugs Strategy, had highlighted the progress achieved by the Union and the HSE at the launch of the new National Drugs Strategy.

The Union made a submission to the HSE in early October 2009 around the implementation of the Programme; however, the HSE has yet to respond to this submission. The delay of over six months has, unfortunately, led to a postponement of the implementation of the Programme which is a great disappointment to the PCC, the Elton John Foundation, pharmacists and the patients who will benefit from the Programme. The matter continues to be pursued at official and political levels.

HSE/IPU CHARTER

The Union tabled a HSE/IPU Charter in July 2009. Such a Charter should ensure that the effective and fair administration of the Community Drugs Schemes requires the HSE PCRS, Community Pharmacy Contractors and the IPU to recognise certain basic rights and responsibilities and to adhere to certain procedures. The purpose of this Charter is to set out the standard of service that each party should receive when dealing with each other and the reasonable expectations that each party should have of one another. The PCC will continue to pursue this with the HSE.

CONCLUSION

The above provides a summary of some of the major issues dealt with throughout the year. However, officials of the Union intervened in many other instances to resolve individual issues for members.

The PCC is actively working with the HSE on members behalf. Progress can be slow and discussions take time. They are often difficult, but at all times, the PCC continue to pursue issues on behalf of members until a resolution is found.

John Corr,
Chairman PCC.

Community Pharmacy Committee (CPC) Report 2009-10

The Community Pharmacy Committee (CPC) is chaired by Keith O'Hourihane with Rory O'Donnell as Vice-Chairman. CPC's mission statement is ***CPC – working to serve and support community pharmacists in their practices and to promote and expand their role as pharmacists by continually developing professional, ethical, business and technological ideals and standards.***

The CPC is split into three sub-groups as follows:

Professional Development Steering Group

Daragh Connolly, Ciara Cronin, Bernard Duggan, Niamh Murphy, Ross McEntegart, Aisling Reast.

Business and Policy Steering Group

Michael Austin, Elizabeth Lang, Barbara O'Connell, Rory O'Donnell.

IT Steering Group

Louise Begley, Stephen Nolan, Darragh O'Loughlin, Jack Shanahan.

CPC has met six times since the April 2009 AGM (May, July, September and October 2009 and January and March 2010). The Committee has dealt with a wide variety of issues over these six meetings. The following is a summary of the key issues dealt with during this time.

PROFESSIONAL ISSUES

Extended Pharmacy Services

Health Screening Pilot

43 pharmacies participated in the Union's Health Screening pilot from July 2009 until February 2010. The results will now be analysed by TCD to provide evidence to support our lobbying for expanding the professional role of the pharmacist.

Medicine Use Reviews Pilot

The Union is participating in the HSE Pharmacy in Primary Care Group which is initially looking at pharmacist-led MURs for chronic diseases. They plan to run an MUR pilot in April/May with a view to gathering evidence for the roll out of MURs nationally. ICCPE will provide training on MURs for participating pharmacists.

Asthma Management Demonstration Project

A new initiative to facilitate the implementation of best practice asthma guidelines in Irish healthcare is being piloted by the Asthma Society of Ireland in partnership with the IPU, the DoHC and the HSE. There are now 26 GP practices and 72 pharmacies participating. Following the initial demonstration project, which will reach up to 5,000 asthma patients, the hope is for the initiative to be rolled out on a national level.

Needle Exchange Scheme

The HSE has received funding for a pharmacy-based needle exchange scheme from the Elton John Aids Foundation. The scheme will initially commence in 65 pharmacies around the country with further expansion of the scheme over the next three years. As part of the scheme, a National Pharmacy Coordinator for methadone will be appointed by the HSE. Most details of the scheme have been agreed but the HSE has yet to agree on the fees payable to pharmacists. The Union met with Minister John Curran in January 2010 to discuss the delay in the roll-out of the scheme and is continuing to push this issue at both political and official levels.

Palliative Care Initiatives

The Union has participated in a number of initiatives under the End of Life Forum umbrella over the past year. The Forum seeks to extend access to palliative care to people with illnesses other than cancer such as COPD, heart failure and dementia. The Union's submissions and presentations have focused on the role of the community pharmacist in palliative care. The Union met with the Irish Cancer Society in January 2010 to discuss ways in which community pharmacists could provide support for ICS initiatives such as bowel cancer, skin cancer and smoking cessation.

Patient Safety

The Union continues to participate in HIQA's Medication Safety Forum which, in 2010, will focus on the development of a national prescription form, development of SOPs for pharmacies, guidelines for codeine medicines, the roll-out of the Asthma Management Programme, the re-launch of PIP and the management of patient discharge.

Vaccination

It had been hoped that the 800 pharmacists who completed the IPU Vaccination Training Programme in 2009 would be able to participate in the mass H1N1 vaccination programme. As this has been suspended, the PSI will write to those pharmacists, asking them to self-assess their competence. Further practical training will be arranged if requested. Pharmacist vaccination has been included in the list of priorities identified by the HSE Pharmacy in Primary Care Group.

Pandemic (H1N1) 2009

The Union was involved in several taskforces in relation to Pandemic (H1N1) 2009: the European Scientific Working Group on Influenza (ESWI), the

Pharmacy Pandemic Preparedness Group and the Influenza Pandemic Pharmacy Advisory Taskforce. The Union sought to ensure community pharmacy involvement in all aspects of pandemic planning.

Health Promotion

The Union ran a campaign called Ask Your Pharmacist about Your Child's Health in May 2009, designed to make parents aware of some of the most common ailments that can occur in a child's early years. Leaflets contained a handy guide to infectious diseases in childhood.

In November 2009, the Union ran a campaign to promote the role of the pharmacist in the H1N1 pandemic. Promotional materials in pharmacies focused specifically on H1N1 and a national advertising campaign promoted the role of the pharmacist as an accessible healthcare professional who can provide expert advice on health and well being.

The IPU and the Asthma Society jointly ran a health promotion in March 2010, encouraging patients to ask their pharmacist about inhaler technique. The promotion was highlighted with a radio ad on 2FM and Today FM. A suite of SOPs on inhaler technique are available for download from the IPU website.

In May 2010 there will be a promotion around European Obesity Day, in collaboration with GSK, and the focus in the Autumn will be on Mental Health.

In October 2009, the IPU had a stand at the Over 50s Show in the RDS, Dublin. This year, the Union will have a stand at the National Ploughing Championships in Athy in September instead of the Over 50s Show.

SOPs / Guidelines

A range of Standard Operating Procedures, Guidelines and Protocols are available in the member's only section of the IPU website under Professional Assistance > Guidelines and Protocols. These simple guidelines have been produced for you so that you can easily draw up protocols saving you money and time in doing it yourself. Topics covered include:

- Dispensing Process (including a guide to SOPs);
- Prescription Collection and Delivery;
- Dispensing Errors Log;
- Dispensing EEA Prescriptions;
- Parallel Imports;
- Health Screening;
- Medicines Sales Protocol;
- Codeine Sales Protocol;
- alli Sales Protocol;

- Methadone Guidelines;
- Needle Exchange;
- Sharps Disposal;
- Asthma Inhaler Technique;
- Nursing Home Guidelines.

Pharmacy Act

On 28 July 2009, the Minister for Health and Children announced the commencement of the outstanding Sections of the Pharmacy Act 2007 to provide for the introduction of a Fitness to Practise regime for pharmacists and pharmacy businesses. Also included were Sections 63 and 64 of the Act, which relate to the prohibition of certain economic relationships between pharmacists or pharmacies and medical practitioners or medical practices. These Sections of the Act came into operation on the 1st August 2009. A panel of solicitors with expertise in Fitness to Practise has been listed on the IPU website to assist members who are involved in Fitness to Practise investigations.

Pharmacy Inspections

In December 2009, the Union met with the HSE, IMB and PSI to clarify issues around inspections of pharmacies. In January 2010, the Union sent out an inspections checklist to assist pharmacists in preparing for inspections of Retail Pharmacy Businesses by the HSE, PSI and IMB. The Union has since written to the HSE, IMB and PSI, requesting that notice be given for routine inspections and that electronic storage of invoices be considered acceptable for inspection purposes. The Union is working with the PSI on a self audit/self assessment tool for pharmacies. The Union met with the PSI in March 2010 to discuss issues in relation to inspections and fitness to practise and continues to monitor this situation. A series of articles were written for the IPU Review in March, April and May 2010 outlining Fitness to Practise procedures.

Competition Act

The Department of Enterprise, Trade and Innovation is preparing draft legislation to amalgamate the Competition Authority with the National Consumer Agency. The proposed legislation is expected to include amendments to the Competition Act. The Competition Authority wrote to the Union on 28 January 2010 confirming that their investigation into the IPU is now closed.

BUSINESS ISSUES

Affinity Schemes

The Union has set up a number of affinity schemes to provide better value for money for members with companies such as Avery Berkel, Bank of Ireland,

Compliance Doc, Design 360, Energia, 3 Mobile, Imagine Telecommunications, PMM Merchandising and Marketing, Pharmafit and TLC Performance. In addition, the Union has had meetings with companies from different business sectors such as packaging, insurance, finance, energy assessment and retail to provide additional services to members. Details of these schemes can be found on the IPU website.

Buying Group Pilot

The Union is in the process of setting up a Buying Group Pilot with Stonehouse Marketing to assist members with front-of-shop purchasing.

Business Training

Over the past year, employment law briefings were held in Dublin, Cork and Limerick in conjunction with Graphite Human Resources Management.

Merchandising training was held in Donegal, Dublin, Kilkenny, Limerick, Athlone, Galway and Sligo. A menu of training and training providers has been developed and is available to members from their Regional Rep.

The Union is working with PricewaterhouseCoopers to provide workshops on business issues as per members' feedback at regional meetings. The Union has also entered into an arrangement with IBEC to provide business training to members. The CPC Business Steering Group is planning to hold member focus groups throughout the regions over the coming months to identify further business issues of interest to members.

A Pharmacy Employee Seminar was held in February 2010, covering issues such as Employment Law, Negotiating Terms and Conditions, CV and Interview Techniques and Income Protection.

Business Newsletters

Business Newsletters with information on Employment Law, Purchasing and Stock Control, Category Management, Customer Service and Retention and Financial Information for Pharmacies have been produced and sent to members over the past year. Further Newsletters will cover issues such as Health & Safety, Business Regulations and Dealing with the PCRS.

IT ISSUES /IPU PRODUCT FILE

IPU Product File

The CPC IT Steering Group has met regularly throughout the year to develop a strategy for the IPU Product File so that it continues to meet the needs of members and other users. Following meetings with all system vendors, live downloads of the IPU Product File are being facilitated. System vendors have also confirmed that they have adapted their systems to incorporate the FEMPI regulations and roll-out

commenced in February. Aegate will pilot its medicine authentication system with two system vendors in the coming months. The IPU Drug Interactions File, produced for the Union by TCD, is free to all members. Members should contact their system vendor about it being incorporated into their dispensary system.

System Vendor Issues

The Union is working with system vendors to facilitate the generation of a report which complies with the HSE requested format for the Psychiatric and Hardship Schemes. The Union is working with all system vendors to allow for broadband transmission of electronic orders. The IT Steering Group will continue to monitor user requirements for pharmacy systems and communicate these to system vendors.

Health Information Bill

The IT Steering Group has been monitoring developments in relation to the proposed Health Information Bill. This Bill, when enacted, will form a legal basis for the development of electronic patient and health records. The Bill is expected to be introduced during 2010.

The Health Information and Quality Authority (HIQA) is currently developing standards in anticipation of the Health Information Bill becoming law. The Union is on a panel of stakeholders that participate in workshops organised by HIQA in relation to informatics in healthcare.

@ipumail

The Union launched its new email service @ipumail.ie in March 2010. Each member was provided with a dedicated mailbox. This new service has been developed to allow members to have easier and instant access to all IPU services and information. The service is completely free to members.

The existing Community Pharmacy Committee has been in place for the past two years. The incoming Committee will meet for the first time on 26 May 2010 following the Union's Annual General Meeting. I would like to take this opportunity to thank all of the existing Committee members and Union staff for their dedication, support and enthusiasm over the past two years.

Keith O'Hourihane,

Chairman CPC

Employee Pharmacists' Committee (EPC) Report 2009

The Employee Pharmacists' Committee (EPC) represents the interests of community pharmacy employee members of the Irish Pharmacy Union. The committee is chaired by Bernard Duggan with Ross McEntegart as Vice-Chairperson. The mission statement of the EPC is: *"To foster an active and dynamic Employee Pharmacists' Committee which actively promotes the professional and economic interests of employee pharmacists and constructively engages with the other committees of the Union and with other stakeholders."* It was formed as a result of changes to the Union's Constitution in November 2007 and the term of office of the first EPC will end at the AGM.

There are currently 832 members registered as employees (accounting for 48% of members). The number of employee pharmacists continues to increase due to a number of factors, including the additional graduates generated by the two additional schools of pharmacy in Dublin and Cork, the ending of the derogation by the Minister of Health and Children in late 2008 and the effects of the reduction in payments to community pharmacists introduced by the Minister in July 2009.

The EPC has met three times since the 2009 AGM (May and November 2009 and February 2010). The EPC also continues to have active representation on other committees of the IPU, with an allocation of three employee representatives on the Executive Committee and four representatives on the Community Pharmacy Committee. This ensures that the views of employee pharmacists are voiced and heard on the other committees of the Union, thus allowing for employee input into decisions and in the development and implementation of the policies of the IPU. During July and August of last year the Chairperson of the EPC, Bernard Duggan, participated in the Strategy Group along with representatives from the Standing Committee, the Pharmacy Contractors' Committee and the Chair of the Community Pharmacy Committee. During this period the EPC issued two press releases; the first highlighting key weaknesses in the HSE's contingency plan prior to 1 August, with a further press release on 5 August showing how the failure of the of the contingency plan was putting immense pressure on employee pharmacists.

The EPC made its own submission to the *"Consultation on Fees payable to Health Care Professionals"* undertaken by the Department of Health and Children. In this submission the EPC outlined the effect that any reduction in remuneration would have on the service that employee pharmacists provide to the public. It also stressed the negative impact that any cuts would have on future employment opportunities within the sector.

The EPC wrote to the Registrar of the Pharmaceutical Society of Ireland in June 2009 to seek their views on the current and future manpower situation in the pharmacy sector, the future employment prospects of pharmacy graduates and to ask if the Society had undertaken research into such. The PSI acknowledged receipt of the letter; the EPC wrote to the PSI in January 2010 to seek a response to its' initial request. The PSI responded stating that the matter was considered at the PSI Professional Development & Learning Committee in July 2009 and that a summary of the deliberations will be sent to the EPC.

The issue of pharmacists' salaries was raised at the AGM and there have been a considerable number of queries to the Union on this issue. Given the current climate within community pharmacy, this is not surprising. The EPC discussed this matter at length and decided that guidance for both employees and employers would be beneficial. The matter was then placed on the agenda of subsequent Community Pharmacy and Executive Committees meetings by the employee representatives on those committees. Following on from this, salary guidelines for Community Employee Pharmacists were approved by the Executive Committee and are available on the IPU website.

The EPC has continued to communicate with employee members through a regular column and articles in the IPU Review, which have dealt with topics such as advice for locum pharmacists and dealing with workplace pressure and stress. The EPC has also issued two further newsletters to community employee members. The first of these newsletters identified the members of the EPC to employee pharmacists so that they were aware of who their regional employee representative is and how to get in contact with them. It also provided information on contracts of employment. The third newsletter updated community employee members on the work programme of the EPC. The new IPU website has a dedicated section for employee pharmacists, which contains information on a wide range of issues of relevance to community employee members.

The EPC has continued to progress the development of service which will provide representation for employee pharmacists in their dealings with their employers on a range of issues. In May 2009, the EPC considered the discussion document entitled *"Representation for Employee Members Irish Pharmacy Union"* prepared by the Union's industrial relations consultant, Sean McHugh of Resource. This document outlined four possible models of representation, with the option whereby the IPU facilitates mediation between employers and employees being the preferred choice. Mr McHugh then prepared a document entitled *"Mediation Proposal"* which outlined how this

option could be provided effectively to all members of the Union. The Committee recommended that, in order to facilitate mediation between employees and employers, the services of a suitable external agency be sought to carry out the mediation process. It was decided that referral through a central point of contact at the IPU would be the first step in the process, with the Secretary to the EPC, Susan McManus, fulfilling this role. An agreed set of terms for mediation, outlining rules and guidelines for the process, would be put in place. A proposal outlining all of the above was approved by the Executive Committee in November 2009.

The EPC feel that the current climate within the community pharmacy sector presents the opportunity to introduce a structured mediation service for the resolution of disputes on a trial basis. Although driven by the EPC, this would be a service that would be available to all members of the IPU. This service could be beneficial to all parties in that it may help to achieve an early resolution of a dispute at a local level and, at the same time, avoid unnecessary legal costs, save time and maintain a good working relationship. The EPC intends to launch this service within a short timeframe.

The first IPU Pharmacy Employee Seminar was held in the Red Cow Inn on Sunday 28 February 2010. The idea of holding a seminar was conceived at a meeting of the EPC in November 2009. It was felt that the holding of a seminar which addressed issues which are currently relevant to employee pharmacists would be beneficial. There were four different presentations which dealt with employment law and contracts, negotiating terms and conditions of employment, CV writing and interview techniques and income protection. The presentations were made available to all members in the employee pharmacists section of the IPU website. The EPC intends to hold this seminar on an annual basis.

In January 2010, the President of the IPU and the Chairperson of the EPC wrote to the newly registered pharmacists who completed the pre-registration training in late 2009 to invite them to apply for IPU membership, inform them of the upcoming IPU Pharmacy Employee

Seminar and to ask for their co-operation in filling out a survey. This survey will enable the EPC to gather information about the current working environment of this cohort of pharmacists. This will help the committee to represent the interests of recently qualified pharmacists by focusing on the issues relevant to them.

The EPC has also decided to survey community employee members of the IPU to ascertain the current terms and conditions of employment and to assess how the reduction in payments to community pharmacies has impacted on these terms and conditions and on their working environment.

The EPC completes its first term of office at the AGM. Although the committee has only been in existence for a short period of time it has achieved a considerable amount. As the new committee takes office, it will continue to pursue its objectives with intent and to actively represent the interest of employee pharmacists. It will also ensure that the IPU continues to provide services and support to the growing number of employee pharmacists within the community pharmacy sector. The coming years, like those just past, will be challenging for all in community pharmacy. It is important now, more than ever, that employee pharmacists have a representative body which advocates on their behalf. The EPC will continue to be this body and it encourages the participation of more employees at both a regional and national level within the IPU so as to strengthen the resolve of employee pharmacists both within the Union and the profession.

I would like to thank all the members of the EPC for all their work over the last two years. I would like to thank all the staff of the IPU, in particular Seamus, Darren and Pamela for their support and advice on all matters. I would especially like to thank the Secretary to the EPC, Susan McManus, for her hard work and commitment to the EPC. I would also like to thank the President, Liz Hoctor, for all her advice and help with the EPC over the past two years.

Bernard Duggan,
Chairperson.

Public Relations Report

The 12 months since our last AGM have been without doubt the busiest period we have ever faced in relation to Public Relations, Marketing and Communications at the Union.

The defining issue was, of course, the dispute with the HSE and the withdrawal of services by individual pharmacists across the country last summer. This was one of the most high profile disputes last year and dominated media attention for days on end. The build up to the dispute and the dispute itself saw intense media coverage on pharmacy generally, on the reasons for the dispute and on the growing anger being felt by individual pharmacists in the face of the inequity of the cuts they were being forced to take.

Throughout that period, the IPU PR team – Kate Healy, Aoibheann Ní Shúilleabháin and our external advisors - invested huge amounts of time, effort and resources in working with journalists to help them understand what was happening in the pharmacy profession, brief them on developments in different parts of the country and challenge the misleading statements being made by the HSE and others about why individual pharmacists were in dispute. We ran a two week advertising campaign in local newspapers during the last two weeks of July and organised posters and leaflets for pharmacies. The media coverage continued into August. Briefings with politicians and patient groups were also arranged at both local and national levels.

Following the crisis, the Union undertook professional opinion poll research amongst the general public, which assessed how people had actually reacted to the dispute and how it had affected their view of the profession.

The findings are very interesting and reflect the fact that the public did pay attention to what was being said and to the validity of the arguments made by pharmacists. Some of the key findings are:

- 81% of respondents said that they knew about the dispute; 40% said that they knew a lot about it.
- 52% knew that it was about how much pharmacists are paid.
- 48% said they knew that the HSE, Minister and Drug companies set the price of drugs in Ireland and not pharmacists.
- 40% said that they supported pharmacists, while only 8% said they supported the Minister/HSE. (The remaining 52% were unsure).

However, the dispute was not the only issue on which the Union focused attention last year. The Union organised radio advertising campaigns in October, November and December to promote the role of the pharmacist and to encourage people to visit their pharmacy as a place to shop in the run up to Christmas. These ads reached 72% of adults, who heard them approximately six times.

The Union ran some health awareness campaigns over the past year also. In September 2009 we organised a health promotion on the H1N1 Pandemic, where we provided posters and leaflets to pharmacies. This focus on campaigns which are informative to the public and which encourage the professional use of pharmacies has continued into 2010 with campaigns on Asthma and Smoking Cessation. In the Smoking Cessation campaign we secured frequent appearances on RTE 1 on The Afternoon Show, which followed a group of three people over their ten week efforts to quit smoking. One of the candidates was advised and supported by a pharmacist and he quit successfully. The Asthma Campaign ran in March in conjunction with the Asthma Society of Ireland on improving inhaler technique. This involved posters, asthma attack cards and a DVD being sent to pharmacies. It was supported by a national radio advertising campaign.

The team also organised a Pharmacy stand at the Over 50s Show in the RDS in October where we provided information about the role of pharmacists. Pharmacists were on hand to give free advice to patients and to provide free blood pressure and BMI testing.

Finally, we did a lot of work in terms of getting members' feedback on our communications and, as a result, we are working to develop better two-way communications and the greater use of e-communications. As a consequence we have completely re-vamped our website, have a dedicated IPU YouTube channel, are providing all members with an IPU based email address and are rolling out a new electronic newsletter to replace general memorandums.

International Pharmacy Matters

1. PGEU REPORT

The Pharmaceutical Group of the European Union (PGEU) is the European association representing community pharmacists in 30 European countries including EU Member States, EEA countries and EU applicant countries. Overall, PGEU represents over 400,000 community pharmacists in Europe through their professional bodies and pharmacists' associations.

The IPU is represented at PGEU by Michael Guckian, Past President, and Pamela Logan, Director of Pharmacy Services. The Union has been very active within PGEU over the past year, ensuring that community pharmacy is considered in a wide variety of EU Directives. 70% of legislation in Ireland comes from EU Directives so it is vital that lobbying is done at this level rather than waiting for transposition into Irish legislation.

PGEU 50th Anniversary

2009 was the year in which PGEU celebrated its 50th anniversary. The occasion was marked by a reception in the European Parliament in November and an exhibition of posters from PGEU members, illustrating key events in pharmacy in their countries over the last 50 years.

Directives

There has been intense activity in the area of pharmaceutical legislation during 2009. The three new Directives that make up the Pharmaceutical Package – Information to Patients, Counterfeit Medicines and Pharmacovigilance – go to the heart of our professional activity. The role of pharmacists in ensuring that the medicines that reach the hands of patients are genuine and that adverse reactions to medicines are appropriately monitored and reported is a key one and, with these Directives, one that is destined to grow significantly in importance. A delegation from the IPU went to Brussels in November 2009 to meet with Irish MEPs and discuss issues related to these Directives.

Information to Patients

In 2009, proposals for this Directive were sent to the European Parliament and Council to be studied. At Council level, it is known that some countries are not favourable to the proposals. Member States agree that legislation is needed but they do not agree with the Commission's proposal as currently worded, particularly the plan to give pharmaceutical

companies a role in information provision. PGEU fully supports the rights of patients to high quality information on medicines and health related issues. However, it fears that direct provision of information by the pharmaceutical industry to patients may be promotional in nature and jeopardise rational and appropriate use of medicines.

Counterfeit Medicines

This Directive includes proposals to require a safety feature on each medicine pack that would allow it to be authenticated by the pharmacist before it reaches the patient. A number of pharmacy authentication schemes are currently either implemented or being piloted in Europe, including an Aegate pilot in Ireland. For the purposes of the safety feature, PGEU would prefer to see a comprehensive approach to medicines rather than a risk assessment. A balance must also be struck between an effective system and one that is affordable. We need to avoid unnecessary increases in the price of medicines and to consider carefully the use of data generated by authentication systems.

Pharmacovigilance

If adopted, this Directive will significantly strengthen the system of pharmacovigilance in Europe. It also recognises the role of the pharmacist in reporting adverse drug events, expands the scope of reporting to include medication errors and requires improved post-authorisation safety studies. PGEU has some concerns about the current proposals: reporting of medication errors should be on a no blame basis; the patient information leaflet should orient patients towards healthcare professionals for reporting purposes as well as the pharmacovigilance web portal; and stronger post-authorisation requirements should not be used as an excuse to grant premature authorisations.

ECJ Rulings

2009 saw the release of a landmark ruling in cases involving rules limiting ownership to pharmacists. In May, the European Court of Justice (ECJ) established that legislation reserving pharmacy ownership to pharmacists is justified. The Court stated that the pursuit of purely economic objectives in pharmacy is a threat to health and it is the role of the pharmacist to ensure that professional judgment takes precedence over economic objectives.

The ECJ Advocate General (AG) released an opinion in September on laws of establishment of pharmacies, including population criteria and distances between pharmacies. The AG found that regulations on establishment rules ensuring a distribution of

pharmacies throughout a territory could be justified in the public interest. The final ruling is expected in the first half of 2010.

Policy Statements

During 2009, PGEU produced a number of policy statements: Why Pharmacies Need Fully Qualified Pharmacists; Community Pharmacists' Contribution to Ensuring Rational and Safe Use of Medicines by Older People; Community Pharmacists' Contribution to Counteracting Obesity in the EU; Medicine Authentication Technology; Cancer; Antibiotic Resistance; and Pandemic Influenza. The policy statements are used to ensure that the voice of community pharmacy is heard in debates and that the outcomes are good for health systems, pharmacists and, most importantly, patients.

2. REPORT ON FIP CONGRESS, ISTANBUL, TURKEY FROM 3 - 8 SEPTEMBER 2009

Introduction

The International Pharmaceutical Federation (FIP) together with the Turkish Pharmacists' Association opened the 69th World Congress of Pharmacy and Pharmaceutical Sciences on 3 September 2009 in Istanbul, Turkey. Through its 120 member organisations and 4000 individual members, FIP represents and serves almost two million practitioners and scientists around the world. FIP President, Dr Kamal K Midha, greeted the audience of almost 3000 pharmacists, pharmaceutical scientists, academics, researchers, students and guests who had come together for a week of pre-satellite symposia, workshops, lectures and meetings focused on this year's Congress theme – *Responsibility for Patient Outcomes – Are you Ready?*

During the Opening Ceremony, FIP President, Kamal K. Midha, stressed the many activities that FIP had undertaken since the last meeting in Basel, reinforcing FIP's commitment to implement the Strategic Objectives that support FIP's 2020 Vision. He posed the question to the audience - FIP is ready, are you? His words and dedication to the future of pharmacy and pharmaceutical sciences on a global level were echoed by the President of the Turkish Pharmacists' Association, Mr Erdoğan Çolak, and the Minister of Health of the Republic of Turkey, Professor Recep Akdağ. Special guest, Dr Hans Hogerzeil, Director of Medicines Policy and Standards at the World Health Organization (WHO), solidified the joint efforts of the two organisations and emphasized the progress that has occurred in areas such as the fight against counterfeit medicines since WHO and FIP began their collaborative efforts.

FIP's mission is *“to improve global health by advancing pharmacy practice and science to enable better discovery, development, access and safe use of*

appropriate cost-effective quality medicines worldwide.” The focus of FIP over the past year and over the next few years is pharmacy education, present and future workforce needs, collaborative pharmacy practice and counterfeit medicines.

Disease Specific Initiatives by Pharmacists

Ross Tsuyuki from Canada spoke of how increased public demand for services has led to an increased role for pharmacists in improving patient outcomes in areas such as dyslipidaemia, hypertension, heart failure and anticoagulation. In a typical cohort of 100 patients with dyslipidaemia, 64% are screened, 39% are treated but only 8% are treated to target. In a systematic review of pharmacist-led interventions in dyslipidaemia, there was a mean change in LDL cholesterol of -0.59. In a study to show the effect of a community-based, interdisciplinary care programme in patients with diabetes and elevated blood pressure, BP was reduced by 5.6mmHg which extrapolates to a reduction in stroke of 30%, in CHD events by 23% and in mortality by 13%. Pharmacists must recognise that their future is in patient-centred care and improving outcomes. Governments should recognise that chronic disease management is not a passive process. The advantage of pharmacists is that they can be systematic (in the application of evidence-based care) and proactive (in identifying patients at risk). Expanding the role of the pharmacist in primary care is the future of our profession.

Pharmacy Immunisation Programme

Suzete Costa from Portugal spoke of a pharmacy immunisation programme that was introduced in 2007. The National Association of Pharmacists (ANF) developed a training programme for pharmacists which covered immunisation techniques, anaphylaxis and basic life support. The programme was based on an American model where vaccination has been provided in community pharmacies since 1996. A total of 1914 pharmacists from 1273 pharmacies (48% of total pharmacies) completed the immunisation training.

The first nationwide Pharmacy-Based Influenza Immunisation Campaign took place during October 2008. Almost 160,000 patients were vaccinated throughout the influenza season, which equates to 10.9% of total vaccinations at national level; the average number of patients vaccinated per pharmacy was 206. There was no record of any anaphylaxis occurring. Based on the total number of influenza vaccines dispensed in that period, the overall immunisation coverage was estimated to be 50.4% in patients 65 and over (the EU target is 75%) and pharmacists' contribution in this subgroup was estimated between 5.5% and 11.3%.

Improving Adherence

Christine Bond from Scotland described the evidence that existed for improving adherence to drug therapy. It is well documented that one third to one half of medicines prescribed for long term conditions are not taken as directed. The non-adherence can be intentional or unintentional and within these two high level categories there are various sub-categories. Understanding these issues is critical to developing targeted interventions to help patients and various approaches have been tried, many involving community pharmacists. These are summarised in a recent NICE Clinical Guideline and include the opportunity for shared decision making, accepting patient's decisions, and asking about adherence in a non-judgemental way. Evidence was presented showing that Medicine Use Reviews for Asthma decreased short-acting beta agonist use by 25% and decreased emergency hospital admissions by 50%.

Antimicrobial Resistance

Rachel Nugent from the Centre for Global Development, USA, asked "What will be the global status of Antimicrobial Resistance in 2020?" Already in 2009, resistance is a serious global problem. Resistance is occurring across major diseases and is rising as drug use increases. Nonetheless, incentives to prevent drug resistance are misaligned and inadequate. Over 30% of children with pneumonia are not treated with the appropriate antibiotic; less than 40% of patients with acute diarrhoea are treated according to standard treatment guidelines; only about 50% of malaria cases are treated appropriately. Globalisation and urbanisation will increase over the next decade which can lead to increased transmission of already resistant pathogen strains. Antimicrobial resistance currently costs the USA in excess of \$30 billion; most of this is due to the extra cost of care as a result of the resistance.

Competition, Regulation and Pharmacy

Dr Martin Henman from Ireland asked the question "Can increased competition and regulation deliver quality pharmacy Services?" When the new Pharmacy Act was introduced in Ireland in 2007, the Minister for Health and Children announced that "the new legislation will increase competition and raise standards in the pharmacy sector". The theory of competition is that markets are self-regulating and it is in the interest of the State not to interfere in their operation. The theory in relation to the pharmacy sector is that pharmacy is a market for the supply of medicines and therefore more pharmacies lead to more choice for consumers, more competition among pharmacies for patients, increased quality of service and lower prices. However, in reality, patients have their own criteria for using a pharmacy, determine themselves whether to take their medicine and

determine whether they have a medical problem or a lifestyle choice.

Regulation may be needed to take account of the special characteristics of goods. However, in reality, it can only be easily applied to measurable activities, can create a burden of documentation and verification, establishes a minimum level of practice and practitioners comply with the minimum to defend their practices.

Nonetheless, competition and regulation can produce quality pharmacy services if the desired outcome is a clear role for the pharmacist as an independent practitioner, there is an agreed process for collaborative care and the service is focused on the care of the patient, the whole patient and nothing but the patient.

The 70th World Congress of Pharmacy and Pharmaceutical Sciences 2010 will take place in Lisbon, Portugal from 28 August – 2 September 2010. The theme of the conference will be "From Molecule to Medicine to Maximising Outcomes – Pharmacy's Exploratory Journey". Members are encouraged to attend this conference to meet and share experiences with pharmacy colleagues from all over the world.

3. 18TH GENERAL ASSEMBLY OF EUROPHARM FORUM

The 18th General Assembly of the Europharm Forum was held in Budapest on 10 October 2009. 57 people attended the meeting representing 19 countries and a range of observer organisations. The IPU was represented by the Director of Pharmacy Services.

Europharm Forum Priorities

Europharm Forum is a joint network of national pharmacy associations and the WHO Regional Office for Europe. The mission of Europharm Forum is to improve health in Europe according to priorities set up by WHO and to strengthen the position of pharmacists by showing their value to people involved in health issues.

The Forum's Vision to Practice 2020 is based on six key principles:

- Practice adapted to new public expectation;
- Practice close to patients;
- Provide up-to-date and evidence-based therapies and services;
- Ensure quality based on Good Pharmacy Practice;
- Secure a competent workforce (education, training);
- Provide integrated care in a collaborative practice.

To achieve this vision, Europharm Forum translates WHO and FIP strategies into the European context and supports PGEU activities in order to inspire National Associations and practicing pharmacists to implement good practice.

Executive Committee

The Executive Committee is composed of:

- Th(Dick) Tromp (The Netherlands), President;
- Balázs Hankó (Hungary), Vice-President;
- Lidija Petrussevska-Tozi (FYR Macedonia);
- Ingunn Björnsdóttir (Iceland);
- Gerald Alexander (UK);
- Carin Svensson (Sweden).

The Statutes of Europharm Forum were amended to permit membership of National Associations whose activities cover all aspects of professional practice; the previous Statutes stated that the governing body of National Associations must have a majority of pharmacists. An amendment was also made to permit future proposed changes to the Statutes to be done in a more timely matter.

Future of Europharm Forum

A consultation with members was carried out in April 2009 in Copenhagen where the issues facing Europharm Forum were discussed. It was agreed at the consultation that Europharm Forum needed to improve its focus and improve the synergies between FIP, PGEU and other organisations working within pharmacy practice and to reduce the overlap and duplication of efforts so that maximum outcome may be achieved.

It was proposed that an Advisory Group be set up to review the challenges facing Europharm Forum in 2010 and make recommendations for its future. It was also agreed that the fee structure would be reviewed. In the meantime, activity levels will be kept as high as possible.

Collaboration with Other Organisations

PGEU would like to commit to an agreement between both organisations as the Forum can provide professional evidence to support PGEU's lobbying.

FIP considers Europharm Forum to be the 'arms and legs' of FIP in Europe and sees the Forum's role as implementing FIP strategy in Europe. FIP has broadened its scope with other organisations such as United Nations, World Bank, WHO Geneva and other global donors. FIP is willing to support Europharm Forum in having access to these organisations.

WHO Copenhagen (Europe) acknowledged the importance of Europharm Forum in assisting WHO to improve health in Europe and offered to assist the Forum in communications with WHO Geneva (Global).

Observatory

In May 2009, Europharm Forum launched a new initiative, the Observatory, to provide members with easy and reliable access to information on developments and experience within pharmacy practice. This instrument provides a result of quality superior to that of a Google search. National Associations and their members can access the Observatory through www.europharm.pbworks.com

Reports

During 2009, Europharm Forum produced two reports through its working groups: *The Role of the Pharmacist in Fourteen National Pandemic Influenza Preparedness Plans in Europe; An Analysis and A Framework for a Guide on Counterfeit Medicines for Pharmacists.*

The 19th Annual Meeting of the Europharm Forum will take place on 1 October 2010 in Copenhagen, Denmark.

Report of IPU Strategy Review Group

The IPU Executive Committee established the Strategy Review Group for the purposes of revising the Strategy for the IPU in the period 2010 to 2012. Following input from members, the HSE and others, the IPU 2010–2012 Strategy was presented to members at regional forums in March. The Strategy is available on www.ipu.ie

The Executive Committee has overall responsibility for the implementation of the Strategy. After considering the report from the Strategy Review Group and feedback from individual members, the Executive Committee has established action plans and timescales for the implementation of the new strategy. Updates on these plans will be provided at six monthly intervals.

2010 AGM Motions

The following motions, proposed in accordance with Article 29 of the Constitution, are brought before the meeting for consideration:

1. *Proposed:* **Liz Hoctor**
Seconded: **Darragh O'Loughlin**
"That this AGM calls on the HSE and the Department of Health and Children not to introduce the Prescription Levy for patients on the Medical Card and Long-Term Illness Schemes but instead to work with pharmacists to ensure more cost-effective use of medicines through structured medicine use reviews for patients, where appropriate."
2. *Proposed:* **Rory O'Donnell**
Seconded: **Paul Fahey**
"That this AGM calls on both the Minister for Enterprise, Trade and Innovation and the Minister for Health and Children to ensure that any exemption that may be granted in the new Competition Act to the Irish Medical Organisation should also apply to all representative bodies for healthcare professionals."
3. *Proposed:* **Noel Stenson**
Seconded: **Morgan Power**
"That this AGM calls on the Minister for Health and Children to exercise caution if she decides to introduce Reference Pricing and to ensure that the supply of vital medicines to patients is maintained and the viability of community pharmacy is not further undermined."
4. *Proposed:* **Stephen Nolan**
Seconded: **Rory O'Donnell**
"That this Union calls upon the Minister for Health and Children and the HSE to implement the recommendations of the Joint Committee for Health and Children, published in their Report on Primary Medical Care in the Community, that the role of the pharmacist be expanded to provide additional healthcare services to patients."
5. *Proposed:* **Bernard Duggan**
Seconded: **Catriona O'Riordan**
"That the Employee Pharmacists' Committee of the IPU calls on the Minister for Health and Children to ensure that funding is provided for the one year practical intern training completed under the supervision of a practicing tutor pharmacist in line with similar practical training funding already provided to other Primary Healthcare Professionals such as GPs and Nurses."
6. *Proposed:* **Fearghal O'Nia**
Seconded: **Catriona O'Riordan**
"That this Union calls upon the Minister for Health and Children to amend Section 14 (1) (f) of the Pharmacy Act, 2007 which prohibits pharmacists who become bankrupt from registering with the Pharmaceutical Society of Ireland."
7. *Proposed:* **Joe Carroll**
Seconded: **Brian Walsh**
"That this Union calls upon the Minister for Health and Children to proactively engage with the Pharmaceutical Industry and the Irish Medicines Board to encourage the deregulation of appropriate medicinal products from prescription only to pharmacist supervised sale."
8. *Proposed:* **Joe Carroll**
Seconded: **Ultan Molloy**
"That this Union calls upon the Minister for Health and Children to ensure that Medical Card holders, who are experiencing huge delays in having their cards renewed because of HSE structural reorganisation, are not placed in a position of financial hardship by having to pay for their medicines while their cards are expired."
9. *Proposed:* **Richard Collis**
Seconded: **Edward MacManus**
"That this AGM endorses the IPU in its work to support IPOS purchasing pharmacists and calls on the Union to continue its endeavours in working towards a fair, equitable and timely resolution of all outstanding issues between stakeholders."
10. *Proposed:* **Ultan Molloy**
Seconded: **Padraig Loughrey**
"That this AGM urges the Irish Pharmacy Union to consider exploring new avenues of working in partnership with the three third level institutions offering degree courses in Pharmacy in Ireland."

Appendices

Appendix I

EXTRACT OF SUBMISSION BY THE IPU TO THE EXPERT GROUP ON RESOURCE ALLOCATION AND FINANCING IN THE HEALTH SECTOR

19 June 2009

1. INTRODUCTION

The IPU welcomes the opportunity to make a submission to the Expert Group on Resource Allocation and Financing in the Health Sector and show how community pharmacies can deliver on Government healthcare priorities and achieve true value for money.

2. ROLE OF THE PHARMACIST

The wide-ranging professional role of the pharmacist is poorly appreciated by the State – notwithstanding the fact that non-dispensing services prevent the emergence of a large volume of demand in other parts of the Irish healthcare system, such as A&E. In 2007, for example, in the area of minor ailments alone, pharmacists provided free consultations on 15 million occasions. In the *Review of the Pharmacy Sector 2007*, PricewaterhouseCoopers (PwC) estimated the value of pharmacist-prevented demand to be €460 million. The Exchequer was the main beneficiary.

3. GOVERNMENT HEALTHCARE POLICY

Governments throughout the western world are developing the role of the pharmacist in primary care in response to changing demographics, health policies and life expectancy. In many European Member States, the health authorities recognise that many services, which up to now were not provided at all or were only provided by other healthcare professionals including GPs and hospitals, can be provided in a more timely and cost effective manner through community pharmacies. The authorities in these countries realise that community pharmacy is an untapped professional resource which, if used to its full potential, can relieve pressure in GP surgeries and Accident & Emergency facilities in a cost effective manner as well as saving patients time and money.

The Tallinn Charter, which was signed in June 2008 by all Ministers for Health and Finance under the umbrella of the World Health Organisation's Regional Office in Europe, highlights that health systems should integrate targeted disease-specific programmes into existing structures and services in order to achieve better and sustainable outcomes. It goes on to say that health systems need to ensure a holistic approach to services, involving health promotion, disease prevention and integrated disease management programmes, as well as coordination among a variety of providers, institutions and settings, irrespective of whether these are in the public or private sector, and including primary

care, acute and extended care facilities and people's homes, among others. The Charter also highlights that effective primary care is essential, providing a platform for the interface of health services with communities and families and for inter-professional cooperation and health promotion. In the Charter, the Member States commit to promoting shared values of solidarity, equity and participation through health policies, resource allocation and other actions, ensuring due attention is paid to the needs of the poor and other vulnerable groups.

In Ireland, there are a number of Government policies that advocate that healthcare services should be delivered through primary care where possible.

The Department of Health & Children's Policy Framework for the Management of Chronic Diseases entitled *Tackling Chronic Disease*, published in April 2008, points to the need for an integrated approach to tackle both the prevention and management of chronic diseases. The framework sets out the principles which should be applied for effective and efficient management of chronic conditions. Broadly, the aims of the policy are:

- To promote and to improve the health of the population and reduce the risk factors that contribute to the development of chronic disease (disease prevention programmes); and
- To promote structured and integrated care in the appropriate setting that improves outcomes and quality of life for patients with chronic conditions (disease management programmes).

In the Minister for Health's foreword, she says that *"Much of this care [of chronic diseases] can and should take place within the primary care setting."* The report goes on to recommend that future primary care contracts should include enabling provisions with respect to the management of chronic conditions.

The Joint Committee on Health and Children published a report in April 2007 on the Adverse Side Effects of Pharmaceuticals. One of the recommendations in this report was that the role of the pharmacist in community health should be expanded and provision made for regular medication reviews for all patients. Another recommendation was that there is a need for public information campaigns to improve public attitudes to the proper use of medicines including:

- advising patients that many medical problems are self-limiting and they should not always demand or expect prescriptions when they visit doctors;

- encouraging compliance with courses when a prescription is given;
- disposing safely of unused pharmaceuticals in collaboration with pharmacists;
- raising awareness of the dangers of self-prescribed medicines including internet, counterfeit and imported medicines; and
- promoting awareness of adverse drug reactions among patients and of the desirability and the means of reporting them to the Irish Medicines Board.

In her budget speech on 14 October 2008, the Minister for Health and Children said: *"We must promote wellness and disease prevention to allow people to live healthily and independently. We must ensure that if people need a service, it is provided in their own homes and communities through primary care."*

The Consumer Strategy Group Report from the Department of Enterprise, Trade and Employment, published in 2006, called for pharmacists to be given the power to substitute generically.

In February 2009, the Barry Report on Economies in Drug Usage in the Irish Healthcare Setting recommended that medicine use reviews should be considered in an attempt to improve compliance and health outcomes as well as reducing wastage associated with prescription medicines.

Over the coming months, the Health Service Executive (HSE), as part of a review of the existing contract between pharmacists and the State, will be considering with the Union the nature of the role that could be played by pharmacists in the delivery of healthcare services. The IPU hopes to take this opportunity to expand the professional role of pharmacists to develop additional pharmacy services for patients in the community. The objective behind many of these initiatives is to assist Government in delivery of its health policies by enhancing healthcare services that patients receive in the community so that patients are less likely to end up in hospital or in nursing home care. Extending pharmacy services can deliver on both these fronts, allowing the HSE to deliver its core activities in a more efficient and effective way.

4. EXTENDED PHARMACY SERVICES

Patients need better services and health outcomes and Government continues to seek better value for money. In this context, the Union has been advocating the introduction of the following cost-saving initiatives:

- a. Medicines Use Review
- b. Minor Ailments Scheme
- c. Structured Health Promotion Services
- d. Health Screening Services
- e. Generic Substitution

a. Medicines Use Review

The objective of any review of expenditure on medicines must be done with a view to ensure better health outcomes for patients and to maximise value for money. A strategic approach should be adopted therefore which addresses the wider issues of usage, compliance and support for patients.

In Ireland, once a medicine is dispensed, there is no structured follow-up on drug compliance or wastage. In this context, the Union is proposing that a one-on-one medicines use review should be undertaken by a pharmacist with a patient who is on a complicated medication regime. A pharmacist will review a patient's medication to identify any problems that might have arisen. Most likely these would be elderly patients or those who suffer from chronic conditions who would be on many medications. The purpose of this intervention would be to improve compliance, reduce leakage to secondary care and reduce wastage of medicines.

There is a considerable body of international evidence to suggest that pharmacist interventions, through medicines management initiatives, lead to better outcomes for patients and quantifiable savings. In Australia, for example, the Government provided funding for pharmacists to provide domiciliary medication reviews which resulted in a net saving of A\$100 per review for each patient. In the USA, it is estimated that non-adherence, including wasted or unused medicines, additional medical consultations and hospital admissions, costs over US\$100 billion.

b. Minor Ailments Scheme

The primary aim of a Minor Ailment Scheme is to enable medical card patients to receive treatment of common illnesses free of charge direct from their local community pharmacy. The basis of the GMS Scheme is to provide full pharmaceutical services for persons who are unable, without undue hardship, to provide such services for themselves and their dependants. This raises an issue of parity of access to such medicines.

Many of the GMS products are available to those who can afford them over the counter without having to visit a GP to obtain a prescription. However, in order to receive these medicines free of charge, medical card patients must visit their GP to get a prescription for these non-prescription items. The IPU has proposed that GMS eligible patients should not have to go to their GP to receive treatment for specified minor ailments that can be treated by the pharmacists from the agreed list of GMS reimbursable items which are exempt from prescription supply.

This enhanced role for pharmacists has been introduced in Scotland and Northern Ireland with considerable success. It is estimated that in Northern Ireland up to 39% of GP workload in the winter can be spent dealing with minor self-limiting ailments which could be treated by the community pharmacist. The IPU believes that pharmacists are in an ideal position to treat routine ailments. Such a scheme would facilitate more prompt treatment of ailments thereby improving the quality of life for patients, alleviating pressures on GP surgeries, facilitating patients during out-of-surgery-hours and also preventing unnecessary use of Accident and Emergency and out-of-hours GP services.

c. Structured Health Promotion Services

With 636,000 people visiting community pharmacies every week in Ireland, pharmacists are in an ideal position to communicate health promotion messages. The pharmacist has an important role to play in health promotion, both as a source of education to patients and as a means to improving lifestyle. The Union initiated a number of its campaigns in recent years in conjunction with patient groups. The Union is seeking a more structured health promotion role for pharmacists with the support of the HSE.

In March 2005, the Union ran a campaign called *Ask about Your Medicines*, designed to encourage patients to ask their pharmacist for more information about their medicines. In 2006, the Union focused more on the management of chronic diseases in our health promotions, looking at heart disease, smoking cessation and diabetes. The main aim of the campaigns was to make people aware of the risk factors associated with these diseases and to encourage them to adopt a healthier lifestyle with a view to preventing heart disease and diabetes, rather than waiting for it to occur and then treating it.

In 2007, the Union's health promotions focused on the safe use of pain relievers and treatment of minor ailments. In 2008, we looked at inhaler technique in asthma, medicines in the elderly and problems associated with overuse of antibiotics. In 2009, our health promotion in February gave advice on health

service entitlements and our May promotion focused on ailments in children.

d. Health Screening Services

Pharmacists are well placed to delivery screening services in the pharmacy. Examples would include blood pressure and cholesterol screening as well as giving people an indication of whether they are at risk of developing diabetes. Pharmacists could advise at-risk patients on diet, exercise and other lifestyle issues as well as referring patients to a GP where necessary. Approximately 60% of the disease burden in Europe is accounted for by 7 leading risk factors comprising high blood pressure, tobacco, cholesterol, overweight, poor diet and physical inactivity.

In the Tackling Chronic Disease Report, it is estimated that 80% of cardiovascular disease and Type 2 diabetes as well as 40% of cancer could be avoided if major risk factors were eliminated. The WHO estimates that 86% of deaths and 77% of disease burden are caused by chronic disease; they represent the significant majority of GP consultations and hospital admissions. It is estimated that, in Ireland, three quarters of the healthcare expenditure is allocated to the management of chronic diseases. In the UK, it is estimated that 5% of in-patients with a long term condition account for 42% of all acute bed days.

Despite this, the OECD has estimated that only 3% of total healthcare expenditure goes towards population-wide prevention and public health programmes. It follows that there should be greater emphasis on prevention and a greater reorientation towards primary care and more health promoting services to achieve this. Data from the USA has shown that chronic disease management programmes can achieve a 50% reduction in unplanned hospital admissions as well as a 50% reduction in bed day rates for these conditions.

The treatment of Type2 Diabetes, the most common form of diabetes prevalent in Ireland, costs the health service €580 million each year. This could be significantly reduced through investment by Government in the prevention of diabetes and diabetes-related complications. Pharmacists have the necessary skills to play a key role in this area in an informal and accessible environment.

e. Generic Substitution

In Ireland the pharmacist must dispense the medicine that is written on a prescription. As part of the proposal for expanding the professional role of the pharmacist, the Union is advocating for pharmacists to be enabled to dispense an alternative medicine, where it is safe to do so. In this way the pharmacist would be able to offer less expensive generic alternatives. This is called generic

substitution. Pharmacists have the right to do this in many other countries such as Denmark, Germany, Finland, Netherlands, Poland, France, Italy, Portugal, Spain and Sweden.

The Pharmaceutical Care Management Association in the USA calculates that for every 1% increase in generic utilisation, there is a 0.5% drop in overall drug expenditure. In Finland in 2003, generic substitution by pharmacists occurred on 14% of all prescriptions leading to savings of €40 million which represents 5% of the total medicines bill.

The National Centre for Pharmacoeconomics estimated that in 2007 on the GMS Scheme alone, 20% of the ingredient cost was spent on proprietary medicines where an equivalent generic was available. It is estimated that there are potential savings of €30 million on the GMS Scheme. The Union believes that this is a conservative estimate and that greater savings could be achieved through a pharmacist-led generic substitution scheme. The Union has made a number of submissions calling for generic substitution but the Department of Health and Children and the HSE have not as yet taken up this proposal.

f. Other Community Pharmacy Services

There are a number of other extended community pharmacy services which the Union would like to see introduced into community pharmacies, for example, monitored dosage systems, services to residential/nursing homes, extended methadone services, pharmacy based needle exchange, vaccination clinics, community based palliative care services, pharmacy based warfarin clinics and chronic diseases management services. The Union would be happy to furnish the Expert Group with further details of these services if required.

4. CONCLUSION

Community pharmacists, as the experts in medicines and as independent healthcare professionals, are recognised as a valuable resource capable of delivering more on Government healthcare priorities in a timely and cost effective manner which would provide true value for money. With the shortage of funding for the HSE in the current economic climate, it makes sense to look for new ways to deliver healthcare services to patients. The forthcoming merger of PCCC and the National Hospitals Office in September 2009 provides an ideal opportunity for the HSE to move a significant number of healthcare services out of secondary care and into primary care. Community pharmacies provide the perfect location for some of these new primary care services to be delivered to patients.

Appendix II

EXTRACT OF SUBMISSION BY THE IPU TO THE REVENUE COMMISSIONERS ON TAXATION OF LOCUMS (PREPARED BY BAKER TILLY RYAN GLENNON, ACCOUNTANTS TO THE IPU)

26 June 2009

We have been retained by the Irish Pharmacy Union (IPU) to make representations to your office regarding the tax treatment of locums retained from time to time by pharmacies. By way of background we note that various District Tax offices have issued documentation to pharmacies requesting PAYE to be applied forthwith to all payments made to locums.

We also note that at a meeting with the IPU last year, you advised the IPU that in Revenue's view an employer/employee relationship existed in relation to ALL locum appointments regardless of the many commercial arrangements possible in practice and irrespective of the fact that in some cases the locums themselves were being seconded through the medium of limited companies which had obtained VAT and PAYE registration in the normal way.

1. EMPLOYED V SELF EMPLOYED STATUS

Trading through medium of limited company

The formation by any individual of a limited company has for many years been seen as synonymous with the establishment of a business structure appropriate to and reflective of trading rather than employment activities. A company is a separate legal entity from that of its shareholders and employees and from a general legal perspective cannot be "employed" by another company.

In our view when a locum sets up a company, obtains VAT and employer registration for tax purposes and then arranges for the company to issue invoices for the secondment of staff to a pharmacy (i.e. the locum), an employer/employee relationship does not exist between the company and the pharmacy and consequently PAYE should not be deducted at source from payments made.

It is appreciated that Revenue may well be concerned with situations where such an arrangement is abused – for example where a locum seconded by a limited company is on site for a protracted period – however this should not change the correct application of general law in this area.

Multiple appointments

On behalf of the IPU we have engaged extensively with locums and note that a significant number have between 5 and 12 concurrent appointments at any one time. By their definition locum appointments are short lived and are obtained very much through word of mouth on an ad hoc basis. Formal employment

contracts are not used and locums do not obtain any of the benefits of employees.

As Revenue is aware a key distinguishing feature between an employee and self employed person is the number of clients or appointments that that person has at any one time. In general principles it is submitted that when a person has multiple appointments of this magnitude and is required through his or her own devices to source through their own resources a large number of such appointments in order to earn even a modest income they should clearly be regarded as being in business on their own account.

It would be submitted that in excess of 4 concurrent appointments as a locum should be regarded as evidence of self employment. It will be noted that this is consistent with Revenue's own views as expressed through their technology systems that any more than 4 employments at any one time is not possible.

UK experience

The Irish Revenue approach is at odds with the UK stated practice in this area which makes a clear distinction between:

- a. Locums retained on a seasonal or daily basis and who perform statutory requirements only such as dispensing of medicines – these are regarded as self employed and payments are not subject to deduction of PAYE at source; and
- b. Locums who take on a full range of the employed pharmacist duties such as staff supervision, etc. – these will generally be employees.

The UK Revenue does not, in summary, adopt a blanket "one solution fits all" approach and quite sensibly in our view recognises the range of commercial arrangements which can be in place in practice.

We submit that a similar practical approach by Irish Revenue is required in a manner that assures Revenue that appropriate safeguards will be put in place to prevent abuse and we would be happy to meet with you and discuss this matter as soon as possible.

2. PRACTICAL DIFFICULTIES ARISING TO EMPLOYED LOCUMS

As indicated above it is not unusual for many locums to have as many as 12 live appointments at any one time. There is an understandable reluctance by locums at the end of a specific appointment with a pharmacy to request a P45 as this is seen as a signal that they are no longer available for further assignments.

The Revenue's system of allocating part of the standard rate cut off point and tax credits is however only capable of dealing with 4 live employments at any one time. This means that the emergency system of deducting tax is applied to any locums with an excess of 4 appointments at any one time. This is an ongoing source of some considerable hardship to locums.

In addition there are considerable delays between requesting transfer of tax credits etc to a new appointment and issuing of the appropriate certificates to employees. A procedure whereby Revenue officials were permitted to contact "employers" directly on receipt of instruction from locums as to the particular details applicable to that appointment would be of assistance but it appears that this is not possible. The effect of this is that by the time the official documentation arrives with the employer from Revenue the locum in question has already been paid with tax deducted under the emergency tax system.

3. CONCLUSION

We suggest that a meeting is held with your office as soon as practical to address both the substantive and practical issues arising. On behalf of the IPU we look forward to a constructive engagement with Revenue to bring about an equitable resolution of the matters outlined in this submission.

Appendix III

EXTRACT OF SUBMISSION BY THE IPU TO FINE GAEL ON THE EXPANSION OF THE ROLE OF THE PHARMACIST WITHIN PRIMARY CARE

9 July 2009

1. INTRODUCTION

The IPU welcomes the opportunity to make a submission to Fine Gael on the expansion of the role of the pharmacist within primary care.

2. ROLE OF THE PHARMACIST

The primary role of the pharmacist is to improve health outcomes by safely dispensing medicines and advising patients on how to get the optimum benefit from them. Pharmacists are able to counsel patients on the correct use of their medication and can intervene when a patient requests advice or visits the pharmacy for any reason. However, there is considerable scope to develop the current level of professional services delivered by community pharmacies into a more comprehensive, structured and organised service to the community.

3. EXTENDED PHARMACY SERVICES

Patients need better services and health outcomes and Government continues to seek better value for money. In this context, the Union has been advocating the introduction of the following cost-saving initiatives:

- Medicines Use Review
- Minor Ailments Scheme
- Structured Health Promotion Services
- Health Screening Services
- Generic Substitution

There are a number of other extended community pharmacy services which the Union would like to see introduced into community pharmacies, for example, monitored dosage systems, services to residential/nursing homes, extended methadone services, pharmacy based needle exchange, vaccination clinics, community based palliative care services, pharmacy based warfarin clinics and chronic diseases management services. The Union would be happy to furnish Fine Gael with further details of these services if required.

4. CONCLUSION

Community pharmacists, as the experts in medicines and as independent health professionals, are recognised as a valuable resource capable of delivering more on Government healthcare priorities in a timely and cost effective manner which would provide true value for money. With the shortage of funding for the HSE in the current economic climate, it makes sense to look for new ways to deliver healthcare services to patients. The forthcoming merger of PCCC and the National Hospitals Office in September 2009 provides an ideal opportunity for the HSE to move a significant number of healthcare services out of secondary care and into primary care. Community pharmacies provide the perfect location for some of these new primary care services to be delivered to patients.

Appendix IV

EXTRACT OF SUBMISSION BY THE IPU TO THE OFFICE FOR OLDER PEOPLE ON THE NATIONAL POSITIVE AGING STRATEGY

24 September 2009

1. INTRODUCTION

The IPU welcomes the opportunity to make a submission to the Office for Older People on the National Positive Ageing Strategy to show how community pharmacists can assist Government in creating an environment in which the independence and dignity of every older citizen is assured. In particular, community pharmacists, working in conjunction with other health professionals, are in a position to provide the service and support which enables older people to live healthy and fulfilling lives for as long as possible at home in their own community.

2. ROLE OF THE PHARMACIST

Pharmacists are in a unique position to contribute to the care of older people and to alleviate the workload of other healthcare professionals in tackling related issues. In recessionary times, it makes sense to use an existing resource, community pharmacy, to its maximum potential. People need no appointment and they have ready access in a familiar, informal environment to expert knowledge about medicines in particular and healthcare generally. Community pharmacists are close to their patients and their carers, know their personal and family history, their social environment and their overall medications. However, pharmacists are the most under-utilised resource in the health service and there is considerable scope to develop the current level of professional services delivered by community pharmacies into a more comprehensive, structured and organised service to the community in general and older people in particular.

3. GOVERNMENT POLICY

It is Government policy that *“every older person would have adequate support to enable them to remain living independently in their own homes for as long as possible”*. The Government provides funding to support this policy and a key area supported by this funding is the Home Care Support Package. The Health Service Executive (HSE) has responsibility for the delivery of home care support at local level; to date, community pharmacies have had no input into this scheme.

The main priority of the Home Care Support Package is older people living in the community or those who are in-patients in acute hospital at risk of admission to long-term care. Home Care Packages are also available to those older people who have been admitted to long-term care and who can, with support, return to the community. In addition, Home Care Support Packages

are available for young, chronically sick people and others who could continue to live at home provided they had adequate support.

The IPU is advocating the expansion of the role of the community pharmacist to allow for the development of additional pharmacy services for older patients. The objective behind many of these initiatives is to assist Government in delivery of its health policies by enhancing healthcare services that patients receive in the community so that patients are less likely to end up in hospital or in nursing home care. The HSE is looking to make considerable savings whilst ensuring that patients' needs are accommodated. Extending pharmacy services can deliver on both these fronts, allowing the HSE to deliver its core activities in a more efficient and effective way.

Despite the efforts of competent and dedicated healthcare professionals, many healthcare systems are being pushed to a crisis stage because of unrelenting pressures related to cost, quality and access. Demographic aging, the introduction of new medical technology and people's growing expectations concerning healthcare services all play a role in this development. Since people are living longer, combinations of serious and chronic illnesses are also becoming more and more prevalent. Without major changes, the current paths of healthcare systems in many countries will become unsustainable in the next decade. We need to ensure that older people remain in good health for as long as possible by introducing a more patient-centred care system and stimulating more personal responsibility. New levels of accountability, tough decisions and collaborative hard work on the part of all stakeholders will be required to transform the Irish healthcare system into a national asset.

4. EXTENDED PHARMACY SERVICES

Older patients need better services and health outcomes and Government continues to seek better value for money. In this context, the Union has been advocating the introduction of the following cost-effective services:

- Medicines Use Review
- Monitored Dosage Systems
- Minor Ailments Scheme
- Structured Health Promotion Services
- Health Screening Services
- Generic Substitution

There are a number of other extended community pharmacy services which the Union would like to see introduced; for example, services to residential/nursing homes, vaccination services, community based palliative care services, pharmacy-based warfarin clinics and chronic diseases management services.

5. CONCLUSION

Community pharmacists, as the experts in medicines and as health professionals, are recognised as a valuable resource capable of delivering more on Government healthcare priorities in a timely and cost effective manner, which would provide true value for money. With the shortage of funding for the HSE in the current economic climate, it makes sense to look for new ways to deliver healthcare services to patients. Community pharmacies provide the ideal location for some new primary care services to be delivered to patients with a particular focus on older people. In particular, older people and those who are chronically ill need timely access to medications and advice on their safe and effective use. This is important from a reassurance perspective, giving them the confidence to continue to live independently in their own communities. The existence of a relationship between these individuals and their community pharmacist provides the ideal framework to deliver primary care services, which would result in positive outcomes being achieved in a cost effective manner.

Appendix V

EXTRACT OF IPU SUBMISSION ON A PAYMENT/REIMBURSEMENT MODEL FOR THE NEEDLE EXCHANGE PROGRAMME

October 2009

The Union is making this submission to the Health Service Executive (HSE) on behalf of its members who have agreed to provide a Needle Exchange Programme to patients on behalf of the HSE. The Union believes that there is no reason, legal or otherwise, why the Union and the HSE cannot negotiate under the Community Pharmacy Contractor Agreement 1996, where the Minister has always had the final decision on fees. A process was also set out by the HSE on 28 April 2008 which would provide a fair and independent means to address discussions on a pricing structure for the Needle Exchange Programme. The Union has set out below the issues that the HSE should take into account when considering a pricing structure for the Needle Exchange Programme.

1. SERVICE OUTLINE

The IPU agrees to support and advocate for the roll out of a Needle Exchange Programme through community pharmacy on the basis that:

- The Needle Exchange Group, with officials from the HSE and the IPU, will continue to meet to assess the progress of the programme;
- The position of National Pharmacy Coordinator will be filled by an appropriate candidate before the roll out of the programme;
- The HSE will provide support to all community pharmacy contractors providing Needle Exchange;
- The HSE will, through ICCPE, provide face-to-face training on Needle Exchange to all pharmacists in the 65 locations already specified;
- A distance learning pack will be provided by ICCPE to assist in the training of other pharmacy staff;
- The HSE will provide information for people participating in the programme;
- All staff working on the premises should be aware that a Needle Exchange Programme is being operated and should be covered for Hepatitis B immunisation by the HSE;
- The HSE will provide a protocol on the management of needle stick injuries;
- The HSE will provide stickers to be displayed in participating pharmacies;

- The HSE will provide clean injecting equipment locally and a safe disposal system for the return of used injecting equipment;
- The HSE will provide sharps bins and set up collection services for pharmacies providing the Needle Exchange Programme;
- The HSE will, in conjunction with the IPU in the Needle Exchange Group, address any areas of concern that arise for pharmacies participating in the programme in a timely manner.

2. PRICING STRUCTURE

There is a considerable workload for community pharmacists involved in the operation of the Needle Exchange Programme and this should be acknowledged by the HSE. Factors to be taken into account when considering a pricing structure should include, but are not limited to:

- The impact on the pharmacy's staff;
- The impact on other pharmacy customers;
- Added administrative burden on community pharmacies providing the service;
- The training needed for pharmacy staff working in participating pharmacies;
- The extra time and counselling needed for this patient cohort;
- The labour-intensive nature of provision of Needle Exchange Programme.

The Union would suggest that the pricing structure for the Needle Exchange Programme to be rolled out through community pharmacy be based on the model currently operating in Scotland. The payment structure in the Scottish model is based on a combination of an annual retainer fee paid to each pharmacy participating in the scheme and a payment per transaction with the patient. The annual retainer is paid to the pharmacy immediately upon agreement to provide the service and regardless of number of patients. The Union would ask the HSE to bear in mind that the costs for operating a pharmacy in Ireland are significantly higher than costs in Scotland. The pharmacy sector in Ireland is also deregulated unlike the highly regulated sector in Scotland and this should be reflected in a higher retainer fee than £1,000, which is the average currently payable in Scotland.

A transaction would be regarded as either the patient handing over used needles to the pharmacist or the pharmacist providing clean needles. In some instances there would be two transactions with the patient handing over the used needles and the pharmacist giving the patient clean needles. These interactions may not always take place at the same time. There may be a time lapse of hours or days. In light of this the Union would expect separate transaction fees to be paid for collection of used needles and for issuing of clean needles.

Given the nature of the work, the commitment required and the administrative burden involved, the Union suggests that a fee of €5 per transaction would be appropriate. Obviously where a pharmacist has taken in used needles and issued clean needles to the patient then this should attract two fees whereas if a pharmacist only accepts the used needles or alternatively only issues clean needles a single fee would be applicable. It is important to acknowledge this difference and the need for a fee for both interactions with the patient aspects of the patient interaction. This would also address the administrative burden on a pharmacist who would have to fill out paper work for both interactions.

3. WIDER PATIENT CARE ISSUES

The patients who will be participating in the Needle Exchange Programme are particularly vulnerable and susceptible to many health problems. By operating the Needle Exchange Programme through community pharmacy, patients who may not have any contact with a healthcare professional will now be attending the pharmacy on regular basis. The pharmacist is then able, where appropriate, to engage these patients in wider health promotion tailored to this specific cohort of patients. These frequent visits will put the pharmacist in a key position to maintain a relationship with the patient and to address any issues of concern.

4. REVIEW OF THE NEEDLE EXCHANGE PROGRAMME

It is imperative that there is a review of operation of the Needle Exchange Programme after the initial roll out of the programme. The IPU would see this review taking cognizance of the following:

- Adequacy of the training course material (both face to face and distance learning);
- The work load for pharmacies providing Needle Exchange;
- The number of pharmacies providing Needle Exchange;
- The locations of the pharmacies providing Needle Exchange;
- The level of remuneration (the annual retainer and the transaction fee) for the provision of Needle Exchange.

A review should take place six months after the roll out of the Needle Exchange Programme.

Appendix VI

EXTRACT OF IPU/PHARMACHEM SUBMISSION TO THE IRISH MEDICINES BOARD ON THE SUPPLY OF ANTIPARASITIC VETERINARY MEDICINAL PRODUCTS TO COMPANION ANIMALS IN IRELAND

30 October 2009

1. INTRODUCTION

The Irish Pharmacy Union (IPU) is the representative body for pharmacists including pharmacist owners of community pharmacies. There are approximately three hundred pharmacies actively involved in supplying veterinary medicines and providing professional advice on their safe and effective use. Many of the other 1200 or so pharmacies supply pet medicines to a limited extent. Pharmachem is the association of veterinary pharmacists whose objective is to maximise the supply of veterinary medicines through pharmacy. The IPU and Pharmachem welcome the establishment of a Working Group within the Irish Medicines Board (IMB) to look at the classification of methods of supply of veterinary anthelmintic and antiparasitic products to companion animals in Ireland and are pleased to be able to make a submission on matters pertaining to pharmacy.

2. ROLE OF THE PHARMACIST

Pharmacists spend four years as undergraduates reading pharmacy to B.Sc. degree level where a veterinary module is included. These years are spent preparing to dispense prescriptions and to counsel on the safe and effective use of medicines. On graduation, pharmacists spend one year under the supervision of a tutor pharmacist further developing their dispensing and counselling skills. It is only then that a pharmacist assumes professional responsibility. A further three years continuous dispensing experience is required before a pharmacist may be a Supervising Pharmacist recognised by the Department of Health and Children, the Health Service Executive and the Pharmaceutical Society of Ireland under the Pharmacy Act 2007.

Prescriptions are dispensed under a written Code of Ethics published by the Pharmaceutical Society of Ireland. As custodians of medicines in the community, pharmacists provide a means of cross-checking and support to the prescriber as dispensing is fraught with problems and risks to public health. Pharmacy provides a critical role in terms of checks and balances to protect public health and safety. The attention to detail and the quality of training is apparent in that pharmacy is the only section of the Health Service that is working well and operates efficiently and effectively, particularly with regard to access, professionalism and quality from a client's perspective. Given the pharmacist's training and accessibility, the IMB should ensure that pharmacy retains a strong role in the distribution of veterinary medicines and vaccines; this is very much in keeping with the 2004 Directive and its preamble.

3. SUPPLY ROUTES FOR VETERINARY MEDICINES

In September 2009, the Working Group established by the IMB issued a note *Avenues to Explore with Stakeholders* to assist stakeholders with submissions. It is intended to use their proposed format in this submission.

What is your opinion on the suitability of the existing methods of supply for authorised antiparasitic medicines for companion animals?

The routes of distribution available to the IMB to designate animal remedies to are stipulated in Part 1 of Schedule 1 of S.I. 786 of 2007 "European Communities" (Animal Remedies) (No.2) Regulations 2007. These are, as abbreviated in Part IV of the schedule, VPO-1, VPO, POM, POM(E), PS, LM, and CAM.

Currently the "Prescription Only" (POM) route is the usual designation. Licence applicants have the opportunity to indicate their preferred route of distribution. By choosing POM, companies make a commercial decision to confine their products to Veterinary Surgeons, thereby creating a monopoly. If companies were to apply for a route other than POM, they may be exposed to negative commercial sentiment for other products. There is a perception that the pharmaceutical industry is afraid to upset the veterinary profession and therefore restricts the majority of medicines to prescription-only status.

Only a veterinary practitioner may prescribe POM animal remedies in Ireland. Article 43 (1) states that *a person shall not prescribe an animal remedy unless he or she is a registered veterinary practitioner.....* This means, for instance, that a vet must prescribe spot-on treatments for dogs. However, it does not follow that prescriptions are presented for dispensing because Article 28 (6) (a) allows: *Notwithstanding Paragraph (4)(b), a registered veterinary practitioner need not write a veterinary prescription in respect of an animal remedy prescribed for a companion animal, other than an equid, if he or she offers a veterinary prescription to the owner or person in charge of the animal and the offer is declined.*

The effect of this exemption is to undermine the prescription imperative introduced for non-companion animals resulting in few, if any, prescriptions being issued by veterinary practitioners for POM antiparasitics; the products are supplied directly from the veterinary practice. This may be contrasted with the UK where the Marsh Report 2001, followed by the Competition Authority, found that antiparasitics were unnecessarily restrictive in their availability and

directed vets to write prescriptions and allow clients the opportunity to purchase them at the source of their choice. Since then, many have been de-regulated to a non-POM status. Irish legislation should facilitate non-veterinary practitioner supply of these animal remedies.

As stated, Article 43 confines prescribing to vets. This is unnecessarily restrictive as Directive 2004/28/EC, Article 1.21, defines a veterinary prescription as *any prescription for a veterinary medicinal product issued by a professional person qualified to do so in accordance with applicable national law*. We would strongly advocate that the Department of Agriculture allow pharmacists to prescribe certain animal remedies by amending Article 43.

Currently, any animal remedy which is centrally licensed by the European Medicines Agency (EMA) is likely to be designated POM. Stronghold (Pfizer), for instance, is confined to prescription control and must stay in that category, irrespective of the availability of safety data of similar molecules or analogues being available through other routes of distribution. While these products, categorised as POMs, restrict availability and access in the Republic of Ireland, consumers can freely and legally purchase them in Northern Ireland or the UK, further undermining the single market philosophy of the European Union.

POM designations are in place to protect public health, consumers, animals, the environment – the criteria laid down in Schedule 1, Part II, Section 3, of the regulations. Prescription control is essential for many therapeutic categories, e.g. antibiotics, antihypertensives, etc. One may question whether ectoparasitics fulfil these criteria. Many similar licensed products for humans are used to treat scabies and lice infestations in babies, children and adults and are available as over-the-counter products.

It is our opinion that the current use of the available routes of distribution is too restrictive and, in practical and operational terms, creates a monopoly for veterinary practitioners. Legally, if antiparasitic veterinary medicinal products are designated POM, Licensed Merchants' personnel are entitled to dispense veterinary prescriptions for such medicines, thus bypassing all professional advice and final warnings for the end user. The Department of Agriculture has yet to issue guidelines or protocols for Licensed Merchants to dispense prescriptions but has specified that the level of training expected is level CTV 3 to 4. The Responsible Person in Licensed Merchant outlets currently completes a three day course without an examination. The Department of Agriculture has previously

acknowledged that the standard of this training will have to be raised.

If you think that the method of supply of a specific product(s) should be amended, what are the reasons for this?

Pharmacists are the custodians of medicines for society. Pharmacy allows access to medicines and certain products which otherwise could be too dangerous as ordinary items of commerce. The methods of supply and standards are set by the Pharmaceutical Society of Ireland governing Retail Pharmacy Businesses under a Code of Practice. Placing veterinary medicines and vaccines in POM(E) or PS categories ensures professional sale and supply in a competitive environment to animal owners. The routes of supply include: POM(E), PS, LM and CAM.

POM(E) (Prescription Only Medicine (Exempt))

This method is used for animal remedies which, by therapeutic classification, would be expected to be POM but, because they do not require veterinary diagnosis, can be otherwise supplied. The criteria are laid down in Schedule 1, Part II, Section 4, which are the same as POM criteria, Section 3 (excluding (b) and (d)) [See Appendix 1]. POM(E) confers a level of importance to a veterinary medicine in that only a veterinary practitioner or a pharmacist can personally supply to the end user. Medicines always require advice to be given at the time of supply, including details on administration, reconstitution, storage after a container is opened and, ultimately, disposal of used containers and residual material. POM(E) provides for efficient access to medicines, particularly from pharmacists who, by definition, are always available six to seven days a week.

Stronghold should be rescheduled to POM(E), retaining its E.U. status, but exempted under Paragraph 4. Only a vet or a pharmacist personally can supply it to the companion animal owner. This also applies to all other centrally licensed antiparasitic veterinary medicinal products. An animal remedy containing an active substance which has been authorised for use in animal remedies for less than five years should also be POM(E), Paragraph 3(f), Appendix 1.

PS (Pharmacy Only Sale)

This is the ideal route of supply for spot-on antiparasitic treatments. Paragraph 5 of Schedule 1 lists the conditions for PS. PS sales are conducted by a pharmacist or under the supervision of a pharmacist. A pharmacist is always available to answer questions and

advise on the correct use of medicines including animal remedies:

- a. *potential risks to the person administering the animal remedy:* Spot-on treatments and sprays should not come into contact with the user before or after application. Advice at the point of sale regarding proper skin protection e.g. wearing gloves, safeguards the animal owners.
- b. *possible contra-indications with other commonly used animal remedies:* Many animals are on concurrent medication or may be given an anthelmintic simultaneously. A pharmacist is qualified to advise on poly-pharmacy and the avoidance of duplication.
- c. *the method of administration or use or the handling or preparation prior to use:* Spot-on treatments are usually supplied in pipette formulations. If an owner is unfamiliar with these preparations, inadvertent spillage may occur, resulting in under-dosing.
- d. *storage conditions, in particular unusual conditions, both prior to and during use:* If the preparation is not used at the correct temperature, its bio-availability by percutaneous absorption may be affected.
- e. *unusual conditions for safe disposal of used, or, unused, material including containers:* Used containers should be disposed of correctly in order to avoid contamination of other animals, owners, children or the environment.
- f. *the correct dose can be difficult for owners to calculate:* Advice from pharmacists and qualified pharmacy staff will ensure correct dosing and compliance.

LM (Licensed Merchant)

This route allows self-selection of animal remedies. We do not consider it appropriate for ectoparasitic treatments, particularly Spot-on treatments, to be available by this route of distribution. However, anthelmintics are available by this route for food producing animals as exempted in accordance with the criteria set down in the EU Directive 2006/130/EC⁹, negotiated by Department officials in comotology proceedings. If they can safely be chosen and administered without professional input, as the Department thinks, they should be available to companion animal owners; if they are safe for food producing animals, they are safe for pets and LM is probably appropriate. POM for anthelmintics is never justified.

CAM (Companion Animal Medicine)

This category should be reserved for products with less potential for harm such as pyrethroid insecticides.

The IMB should use scientific and legal criteria only when considering licence applications for animal remedies.

What impact would the proposed amendment have for animal health and welfare and for the safe and effective use of the product?

The use of the POM(E) and PS routes of supply would allow ready access to antiparasitic veterinary medicinal products through 1500 community pharmacy businesses throughout the country. They would continue to be available through veterinary practitioners. Consumers would benefit from access to quality information and advice on the safe and effective use of these products. Consumers would also benefit from price competition between suppliers in the market.

Do you have evidence to support your position?

Changing from one route to another changes the risk potential for any product. In the UK, VMD pharmacovigilance data is available since deregulation of the sector [See Appendix 2]. Comparing it with similar IMB data, where Frontline has remained on prescription, should reveal a similar level of adverse reactions, thus underlining the safety of the antiparasitic sector in general.

4. CONCLUSION

Irish pharmacy is an underutilised resource. Restrictive practices, such as little or no access to veterinary prescriptions for dispensing POMs, or inappropriate routes of distribution, such as POM instead of POM(E) or PS, exclude pharmacists from practice. Irish pharmacy operates under the Pharmacy Act 2007, has a countrywide network of pharmacies with nearly 4000 highly educated registered pharmacists. This resource has been paid for by the State through the three schools of pharmacy.

If the IMB wishes to see the health of companion animals improve by increasing the use of antiparasitics, then wider access will inevitably facilitate that improvement. If the IMB has concerns about the welfare of the animals or the safety of the user, then POM(E) and PS, where the pharmacist is always available, can only contribute positively. If there is a requirement for diagnosis, where an animal might have a problem, then that animal will inevitably be referred to the vet.

The current regulatory framework should be utilised to maximise the potential of pharmacists for the benefit of owners of companion animals and the animal health industry. The IPU and Pharmachem recommend that the POM(E) and PS routes of supply should be the main method of supply of veterinary medicinal products to companion animals in Ireland. The IMB should recognise pharmacists' expertise and utilise it for the benefit of animal welfare. We are available to meet with the IMB to discuss the issues raised in this submission and any other related matters.

Appendix VII

EXTRACT FROM IPU SUBMISSION TO THE PSI ON DRAFT GUIDANCE FOR PHARMACISTS ON SAFE SUPPLY OF NON-PRESCRIPTION MEDICINAL PRODUCTS CONTAINING CODEINE

15 January 2010

1. INTRODUCTION

The Union welcomes the opportunity to make a submission to the Pharmaceutical Society of Ireland (PSI) on its draft guidance for pharmacists on the safe supply of non-prescription medicinal products containing codeine.

2. PHARMACY POLICY ON CODEINE SUPPLY

The Union agrees that a pharmacy policy addressing the supply of medicines containing codeine should be in place. Over the past few years, the IPU has produced a number of Medicines Sales Protocols, designed to assist pharmacists and their staff in the appropriate sales of non-prescription medicines to the public. Indeed, in early December 2009, the IPU and the Irish Pharmaceutical Healthcare Association (IPHA) jointly produced a protocol to assist pharmacists in the sale of medicines containing codeine. This protocol was sent to all members of the Union and can be downloaded from the IPU website. A copy of the protocol is attached to this submission and the PSI is welcome to send it to all pharmacists on the PSI register.

3. STORAGE OF CODEINE MEDICINES

The Union agrees with the draft guidance that any medicinal product containing codeine must not be accessible to the public for self selection and that codeine medicines must be stored in an area of the retail pharmacy business where patients cannot self-select the product. The Union believes that this area would be behind the counter. This would ensure that all sales of codeine medicines would be under the supervision of the pharmacist, as recommended by the IPU/IPHA Codeine Sales Protocol. This is also in line with the guidelines from the Royal Pharmaceutical Society of Great Britain (RPSGB), following their consultation in March 2007, in which they highlighted that *'restrictions should not preclude methods of display which allow patients to better view pharmacy medicines'*. It is not practical to store codeine medicines in the dispensary. It is equally important that they should be placed in the patient environment, i.e. behind the counter, to facilitate patient choice, supported by the advice and supervision of the pharmacist, according to the Codeine Sales Protocol.

4. SUPPLY OF CODEINE MEDICINES

The Union agrees with the draft guidance that the appropriateness for the supply of codeine medicines should be determined before each sale and that the

duration of treatment should be no longer than 3 days. The IPU spearheaded a public awareness initiative, in conjunction with other organisations, in August 2007 highlighting the safe use of pain relievers and the problems associated with their overuse or abuse. In particular, people were advised to speak to their pharmacist on the appropriate use of codeine. The campaign recommended that people always follow the instructions which accompany the medicines and not use them for longer than stated on the pack, unless advised to do so by their doctor. The campaign highlighted that taking medicines which contain codeine for longer than instructed or misusing them can lead to physical and psychological dependence. The leaflets distributed during the campaign gave information on how and when to use products containing paracetamol, aspirin, ibuprofen and codeine. Posters in the pharmacy encouraged people to ask their pharmacist about pain relief. Pharmacists were provided with a Medicines Sales Protocol to use for all OTC sales. Local pharmacists around the country gave local media interviews. The Union would welcome the opportunity to run such a campaign again in association with the PSI.

5. SUSPECTED ABUSE AND/OR MISUSE

The Union supports the proposal that patients should be facilitated in accessing services which will assist in the management of codeine addiction. Indeed, in September 2005, the IPU, in partnership with the Health Promotion Unit of the Department of Health and Children, ran a Drugs Awareness Campaign. Posters in pharmacies encouraged patients to ask their pharmacist about drugs misuse and abuse and leaflets gave details of how to access services. The Union would welcome the opportunity to run such a campaign again in association with the PSI.

The Union does not believe that an audit or monitor of the sale and supply of codeine medicines is necessary as, if pharmacists comply with the Codeine Sales Protocol, any issues of abuse/misuse will be addressed.

6. PHARMACOVIGILANCE

The Union regularly reminds members to ensure that any suspected adverse reactions should be reported to the Irish Medicines Board via their online reporting system and will continue to do so.

7. ADVERTISING OF CODEINE MEDICINES

The Union agrees that advertising of codeine medicines should be prohibited.

8. CONCLUSION

In conclusion, the Union welcomes the intent of the draft guidance from the PSI on the safe supply of non-prescription medicinal products containing codeine. The Union accepts that it is desirable that medicines containing codeine should not be available for self selection by the public. However, it is not necessary to locate the medicines in the dispensary in order to achieve the objectives of the guidance nor is it practical from a pharmacist's perspective in relation to the efficient workflow in a pharmacy or from the patient's perspective in relation to choice of medicines. The Union looks forward to working with the PSI on the production of final guidance to incorporate the issues addressed in this submission.

Appendix VIII

EXTRACT OF IPU SUBMISSION TO THE PSI ON DRAFT GUIDELINES ON PATIENT CONSULTATION AREA

30 March 2010

1. INTRODUCTION

The Union welcomes the opportunity to make a submission to the Pharmaceutical Society of Ireland (PSI) on its draft guidelines on Patient Consultation Area.

2. TIMING OF THE GUIDELINES

The Union wishes to express its concern at the delay in producing these draft guidelines for consultation. The Regulation of Retail Pharmacy Business Regulations 2008 (S.I. 488 of 2008) came into force on 29 November 2008. These regulations introduced the requirement to have a consultation area in a pharmacy, with a derogation for existing pharmacies until 1 November 2010. The consequences of this are that many pharmacy owners, in preparation for the end of the derogation, have already installed a consultation area in their pharmacies. It is unreasonable to expect pharmacy owners to now adapt existing consultation areas when they have expended considerable money to have one installed promptly to comply with the regulations during the 17 month period in which there were no guidelines. Indeed, newly opened pharmacies and existing pharmacies, during this period, have had their consultation areas approved by the PSI during inspections. The Union would therefore advocate that any existing consultation areas, especially those that already have PSI approval, should not have to undergo any changes. Any future consultation areas being installed should be bound by the new guidelines.

3. COST OF PROVIDING CONSULTATION AREA

The PSI draft guidelines quote Scotland as one of the countries which has a requirement for a consultation area in pharmacies. Community Pharmacy Scotland commenced its consultation process over seven years ago and is still working towards having consultation areas in all pharmacies. Pharmacies were entitled to apply for a government grant to assist with the installation, minimum guidelines were imposed and recognition was given to those pharmacies who structurally could not install a consultation area at all or one that would fully comply with the guidelines.

Community pharmacists in Ireland have already seen significant increases in the cost of providing a pharmacy service, not least with a six-fold increase in PSI fees in recent years while, at the same time, their payments have been reduced by Government by in excess of 30%. Now they face an additional cost in providing a consultation area within the pharmacy. Such expense is beyond the reach of many pharmacies in the current economic climate. The Union believes

that pharmacies should be given a grant towards the cost of the installation of the consultation area, similar to the grant of €6,370 that the HSE pays to pharmacists who are involved in the Methadone Treatment Scheme. The PSI should consider the precarious nature of the funding model for many pharmacies at present and should not enforce any policy that would have a detrimental effect on the ability of pharmacies to continue to provide a full level of service to patients.

4. PRACTICALITY

The PSI must consider the scope to provide a consultation area in the average Irish pharmacy. Some pharmacy owners have reported that they will find it challenging, and in some cases impossible, to install a consultation area within their pharmacy due to limitations in space. Many existing pharmacies would struggle to install a consultation area without major structural work or refit taking place. The PSI must adopt a flexible approach to these pharmacies. In some cases, the only suitable place may be adjacent to a storeroom. The prohibition of an entry through the consultation area is not practical in these and other cases and should be replaced with a stipulation that some system should be in place to prevent disturbance during a consultation.

Other practical considerations should be applied; for example, a temporary designation of a given area of the pharmacy or a partitioned counter space should be acceptable to meet legislative requirements.

5. WHEELCHAIR ACCESS

Many existing pharmacies, through no fault of their own, are not wheelchair accessible. This could be due to planning limitations or restrictions. Therefore, it does not make sense that the consultation area must be wheelchair accessible for all pharmacies. The guidelines should state that, **where possible**, the consultation area should be wheelchair accessible.

6. LOCATION OF CONSULTATION AREA

The guidelines state that the consultation area should be close/adjacent to the dispensary. Whilst this would be practical for single pharmacist stores, it should not be a blanket requirement for all pharmacies as some have multiple pharmacists employed and this should be reflected in the guidelines.

7. SAFETY AND SECURITY

Whilst we acknowledge that it is useful to have an area in the pharmacy where pharmacists can talk to their patients in private, there is a concern amongst the

profession about the safety and security of the pharmacist being in a relatively enclosed space with an unstable patient. Whilst we recognise that this issue is addressed in the guidelines, there is a concern that pharmacists are leaving themselves open to allegations from patients that inappropriate behaviour occurred whilst in the consultation area. Consequently, the consultation area should not be so secluded as to facilitate such allegations. Equally, a pharmacist must be able to decide if it is appropriate or not to engage with the patient in the consultation area, or if the consultation is best carried out in the public area of the pharmacy. These issues should be recognised in the guidelines.

8. SUPERVISION

The draft guidelines imply that a second pharmacist be made available to ensure supervision of the pharmacy whilst the consultation area is being utilised. This is impractical as there may be only one pharmacist on duty in many independent pharmacies. Whilst it may be a reasonable requirement should a pharmacy decide to use the consultation area for planned Medicine Use Reviews or other such activities, it is envisaged that most private consultations with patients would take a matter of minutes. This should be clarified in the guidelines.

9. CONCLUSION

In conclusion, whilst the Union accepts that all pharmacies should have a consultation area, the Union would expect that the PSI be cognisant of the practicalities from a pharmacist's perspective in relation to the installation of a consultation area in pharmacies that have been in existence for many years, the costs incurred, and the safety and security of the pharmacist. Equally, it would be totally unreasonable to expect every pharmacy to have a private consultation area by next November that would comply with the guidelines and this needs to be recognised.

It is worth noting that when the Pharmacy Bill was passing through the Seanad in 2007, Senator Mary Henry stated that she hoped that *"existing pharmacies will not be closed down simply because they are unable to fulfil this requirement (of having a consultation area)."* She went on to suggest that *"They should be required to do so when they are being reconfigured or being built."* The Minister for Health and Children replied that *"one must be pragmatic and sensible in the manner in which one seeks to apply this provision"*. The Union would hope that the PSI would follow this advice.

The Union looks forward to working with the PSI on the production of final guidance to incorporate the issues addressed in this submission. The Union is available to meet with the PSI to discuss the issues raised above or, indeed, any other relevant issues.



Appendix IX

EXTRACTS FROM SPEECH BY MS LIZ HOCTOR MPSI, IPU PRESIDENT'S DINNER, 11 NOVEMBER 2009

Liz Hoctor, IPU President, highlighted that change is constant at the IPU Annual President's Dinner which took place in Dublin on 11 November.

She said that in April 2008, after discussions with the IPU, the HSE set out a process for advancing change and for negotiating a new contract, which would include negotiations on payment models. This process also envisaged the establishment of an independent body to determine fees after discussions between the parties had concluded. This approach was and is broadly acceptable to us subject only to agreement on the terms of reference and membership of the independent body.

"In response to a deepening financial crisis, FEMPI; Financial Emergency Measures in the Public Interest Act was born. Section 9 of this legislation gives the Minister for Health and Children extraordinary power in relation to payments to health care professionals. A power that the Taoiseach said would not be used in either an unfair or a disproportionate manner; however, I am afraid that the resultant actions spoke louder than those words. April 2009 saw cuts of about 8% being imposed on other healthcare professionals; however, on 18 June 2009; a cut of 34% was imposed on pharmacists."

"As pharmacists on Main Street, not Wall Street, we analysed, we took stock and we considered the options. Our ability to provide a professional patient-centred healthcare service had been undermined by the unfair and disproportionate nature of the Minister's cut. Then on 1 August, in an unprecedented move, more than half the country's pharmacists withdrew services under Government schemes for the first time in the history of the profession."

Ms Hoctor said that she wanted to commend her colleagues for their courage and to thank them for continuing to fulfil their professional obligations to their patients, often in the face of bullying and of underhand tactics. She also thanked members for agreeing to resume normal services when they were asked to do so by the Executive Committee. She said: *"The Executive Committee made this call for a number of reasons. Their primary concern was to ensure that patients' lives were not put at risk in the face of the collapsing contingency plans. Secondly, the Minister gave a commitment to monitor carefully the actual outturn in savings, €133 million, and to report the savings in a transparent way, so that the savings objective achieved is neither more or less and to conduct a review of the Regulations before June 2010."* Ms Hoctor reminded the guests that on 12 August, Minister Harney stated in a radio interview that the 2010 review would be thorough, honest and robust. Only time will tell if this is to be the outcome. Thirdly, the High Court agreed to an early hearing of the challenge to the Regulations; that hearing concluded yesterday and we now await the decision of the Court.

Ms Hoctor called on all political parties to recognise that real and lasting change will only ever be truly accepted when it is introduced in a spirit of partnership. *"It is in the national interest and it is in patients' interests that we put systems in place to ensure that positive relationships can be developed so that our common agenda of meeting patients' needs can be met,"* she said.

Ms Hoctor urged other representative organisations to work together on the early repeal of the so-called Emergency legislation.

Speaking on the impact of the cuts, the President said: *"We are now seeing pharmacies close and others teetering on the brink. There is a huge personal cost to these closures for all involved; the staff who are losing their jobs; the patients who are losing their local pharmacy and the pharmacist who sees his or her business failing because of Government imposed cuts."*

"There is a sad irony to all of this. A recent ESRI report called for more and better use to be made of the professional skills of pharmacists. Noting that Ireland has a high number of pharmacists per head of population, it recommended that the role of pharmacists in primary care be extended into areas such as health screening and chronic disease management in community pharmacies - yet that very resource is now under threat."

Ms Hoctor said: *"As a Union, we are already responding to changes. We have had a preliminary discussion with the Minister on the future of and on developing the role of pharmacists and pharmacy services. We agree with the Minister that there are many community based health services where pharmacists can have a greater role. This year alone, our Community Pharmacy Committee has developed and rolled out a national Health Screening Pilot, where pharmacists are screening patients' blood pressure, cholesterol and blood glucose with the aim of referring those who may need treatment to their GP."*

"Over nine hundred pharmacists have availed of another Union initiative and are now trained to provide a vaccination service, such as the seasonal flu or H1N1 or next holiday's travel vaccination. We look forward to developing more services, which we believe will meet patients' needs in an efficient and effective manner in community pharmacy."

"Medicines are at the core of pharmacy. On a daily basis, pharmacists address the overuse, underuse and misuse of medicines because, let's face it "medicines don't work in people who don't take them properly". We are uniquely positioned and qualified to make sure that our patients get the best possible return on the investment they are making in their medication; an investment in time, energy and money"

that can be considerable. Such a positive outcome can be achieved in partnership with the patient, the prescriber, the pharmacist and the HSE."

She continued: "In a crisis, be aware of the danger - but recognise the opportunity." This Union and we its members recognise that there are opportunities to develop an agenda of positive change and we are more than capable of delivering such an agenda.

This is not to say that the challenges we face as pharmacists and as a Union are to be underestimated. As health care professionals we must stay united, because solidarity will make us stronger, reconciliation will bring us closer and our belief in ourselves and our common cause will carry us forward. The challenge is there for me and it is there for you. Our patients and our communities depend on us as surely as we depend upon each other. We simply cannot afford not to stay the course, to stick by each other and to stand up for what we care for and what we believe in."

Appendix X

SOME KEY LETTERS AND RESPONSES RECEIVED THROUGHOUT THE YEAR

Topics

- **Financial Emergency Measures in the Public Interest Act 2009**
- **Unlicensed Medicines**
- **Fees for Pharmacists and Pharmacies**
- **Prescription Charges**
- **IPHA Reductions**
- **Reference Pricing**
- **Competition Act**
- **Administrative Issues with the HSE/PCRS**

FINANCIAL EMERGENCY MEASURES IN THE PUBLIC INTEREST ACT 2009

Financial Emergency Measures in the Public Interest Act 2009 – Letter 1

From IPU President to Members of the Oireachtas [23 June 2009]

As President of the Irish Pharmacy Union, the representative body for community pharmacists in Ireland, I am writing to you on behalf of the hundreds of thousands of patients who depend on our committed and professional service as well as the 16,500 people employed in community pharmacies in Ireland. The service we provide to our patients as well as the jobs and livelihood of our members and staff is now seriously threatened.

The Minister for Health and Children announced on 18th June measures, which she states will save the Exchequer €55m in payments to pharmacists in 2009 and €133m in a full year. We understand that the Minister has written to you regarding the proposed cuts. In fact, the cuts are much greater than the Minister has stated. Furthermore the Minister offers no costing or account of what these figures will mean, either for patient care or for pharmacists' jobs and livelihoods. It is a one dimensional and flawed calculation.

The briefing note accompanying this letter deals with the issues in detail and answers the Minister's assertions.

The proposed cuts will, when implemented, amount to €169m in a full year and not €133m as stated by the Minister. The significance of this much higher figure is that it will virtually wipe out the net profit of our businesses. It will mean the loss of up to 5,000 jobs and

the closure of many pharmacies.

Undermining the capacity of pharmacists to serve the community makes a mockery of a model of community based health care. It makes nonsense of Government's policy to preserve jobs. A reduction in services will hit poorer, older and more vulnerable patients most. The loss of every single job represents an estimated cost per person of €20,000 in terms of Social Welfare contributions and lost income to the State.

The Minister has seriously miscalculated both the basis for and the consequences of her proposed actions. Our position is a responsible one. We know we have to play our part in reducing costs and we are ready and willing to do so; indeed, we already offered to take an 8% cut in our fees. We would ask you not to stand by while pharmacy, pharmacists and patient care are decimated by a flawed calculation of savings that will cost more in their consequences than they will ever yield in their delivery.

We ask you to please urgently engage with the briefing note we are sending you now and to strongly support our reasoned position.

Financial Emergency Measures in the Public Interest Act 2009 – Letter 2

From IPU President to Chairman, Joint Committee on Health and Children [24 June 2009]

As President of the Irish Pharmacy Union, the representative body for community pharmacists in Ireland, I am writing to you regarding the cuts in payments to pharmacists that were announced by the Minister for Health and Children on 18th June.

The cuts amount to a 34% reduction in payments for delivering an essential front line health service and this is due to be implemented on July 1st.

Pharmacists are extremely worried about the consequences of these cuts on patient care, pharmacy services and the 16,500 people employed in pharmacies around the country.

I have attached a copy of a letter and briefing note that was sent to TDs and Senators yesterday, which explain the impact of the cuts and I would ask you to consider this.

Given the seriousness of the situation and in an effort to find a resolution to the matter, I would welcome an early opportunity to set out our position before the Joint Committee on Health and Children.

Financial Emergency Measures in the Public Interest Act 2009 – Letter 3

*From IPU President to Members of the Oireachtas
[15 July 2009]*

Re: **Pharmacy Payments and Cost Savings**

You will have received a letter from the Minister for Health and Children on 10 July trying to justify the unsustainable cuts she announced under the Financial Emergency Measures in the Public Interest Act 2009.

Contrary to the Minister's repeated assertion, the cuts are in fact much greater than has been stated. Furthermore, the Minister asserts figures as facts while failing to sit down with pharmacists and clarify how her figures are arrived at.

More importantly, the Minister's figures offer no costing or account of what these figures will mean for patient care or for pharmacists' jobs and livelihoods.

It is a one dimensional and flawed calculation.

Because the Irish Pharmacy Union agrees with the Minister that these matters are best discussed based on facts, we are again setting out clearly what the facts are.

Here are a few that will be of interest to you:

- The Minister insists that the cuts will generate savings of **€133 million** in a full year from the pharmacy sector. The Union has asked to see how this figure was arrived at. We believe this figure is **inaccurate**. The Union, along with its external economic advisors, have run financial models that show the effect of **what the Minister proposes will result in a loss of €169 million in a full year**. This equates to a **34% cut in payments to pharmacies** in a full year.

In the interest of transparency, fairness and good government it is essential that the Minister and/or her advisors sits down with the Irish Pharmacy Union to clarify how she arrived at these figures.

- The 34% cut in payments to pharmacies is hugely disproportionate to that being applied to other healthcare professionals who have had their fees cut by 8%.
- The cuts will disproportionately affect smaller pharmacies and pharmacies with high volumes of medical card dispensing. These are the pharmacies that are providing services where they are most needed by those with medical cards. In her letter of 10th July the Minister wrote, *"the state cannot be responsible for different levels of overheads and fixed costs among pharmacists"*. If the issue was one of economic efficiency we would agree with her. In fact

the real issue is about patients' care in deprived communities. These are people and not statistics. Ironically the cost of their ultimate care will be made higher and not lower by a shorted sighted cut that undermines care in the community and pushes vulnerable patients up through the health system first to GP's surgeries and A&E at an ultimately much greater cost.

- The Minister states that pharmacists' income from State sources doubled since 2002. Figures from the HSE show that pharmacies were paid €213 million in 2002 in fees and mark-up across all schemes and in 2008 this figure was €421 million. The Minister failed to inform you that, since 2002 the number of items that were dispensed by pharmacies rose from 40 million to 65 million. In other words, the output from pharmacies has increased dramatically over that period, as have the costs of providing the service. The Minister tried to create the impression that pharmacies are being paid more for delivering the same level of service. This is not true. Pharmacies had to cover the cost of providing this hugely increased service, including employing more pharmacists and technicians in order to provide the service required by patients.
- The Minister states that those subject to the pension levy have not seen their salaries double since 2002. This is not comparing like with like and is "spin". The Minister again is trying to give the impression that pharmacy income generated from the State goes directly into the "pocket" of pharmacists. Again this is simply not true. This is the "income" that is used to provide premises, pay the salaries of pharmacists, technicians, medicines counter assistants, administrative personnel and other costs incurred by a pharmacy, which allows it to provide services to patients on behalf of the State. These services include dispensing and double checking of prescriptions and reducing demand in Accident and Emergency Units, hospital admissions and other out of hours' services.
- The Minister makes many assumptions in her letter as to projected incomes for 2009 and 2010; however, she has not shown how these figures were arrived at.
- The Minister has not responded, or indeed seems to care, that the cuts she has implemented have the potential to cost 5,000 Irish taxpayers their jobs or to show how the State will be able to afford to keep these people on jobseeker's benefit or allowances going forward. The Union estimates it will cost the Exchequer at least €72 million on an annual basis. Thus the savings, as stated by her Department, of €133 million would only amount to €61 million, yet she will not talk to the Union on its proposals for savings of the order of €83 million, which would preserve jobs in the sector. This, you will agree, is tantamount to fiscal recklessness.

- The Minister makes much play of the €640 million she says it costs to get €1 billion worth of medicines to patients. This is factually incorrect. According to 2008 figures, it costs €182m to ensure the medicines are delivered on time to pharmacies and hospitals. It is important that the system should work efficiently, so that there is not a delay in patients receiving their medicines. Community Pharmacies are then paid approximately €398m for providing pharmacy services to patients on the community drugs schemes. If the Minister wants a lower quality of service and is happy for patients to be left waiting for essential and often life saving medicines, then indeed she is on the right track.

These cuts are excessive and disproportionate and must be immediately revised in the interests of services and patients. Significant savings can still be made without damaging patient care and causing further job losses, that is, if the Minister is willing to engage with the Union. It is regrettable that the Minister at this difficult time for the economy is still trying to force through an agenda for reasons that have never been credibly explained and is not prepared to engage in any form of constructive engagement aimed at resolving matters.

If, as the Minister states her agenda is, *“to discuss these matters on the basis of fact”* she should have no problem meeting with pharmacists to explain how the facts upon which she rests her case are in fact arrived at.

Financial Emergency Measures in the Public Interest Act 2009 – Letter 4

From Secretary General to Chief Executive, HSE [14 August 2009]

I have been asked by the Executive Committee to express their grave concern about the approach being adopted by the HSE to the reinstatement of contracts to pharmacists who were involved in the recent dispute.

Prior to the ending of the dispute, the Union had been assured that the pharmacists' contracts would be there for them when they returned to normal service. It now seems that the HSE is intent on taking a bureaucratic and legalistic approach to the matter. This is entirely unacceptable and creates a great deal of doubt in the minds of our members about the agenda that is being pursued and therefore has the potential to lead to further problems. The events that occurred over recent weeks should be treated as a temporary disruption of service. The HSE should accept either the notification that the Union has issued to the Department (copy attached) or a similar notification from each individual contractor. This would facilitate pharmacists to continue to provide services under their existing contracts. This would be a sensible way to proceed and avoid any unnecessary conflict arising at this time.

I would ask you for an assurance that the HSE will adopt this reasonable approach.

Financial Emergency Measures in the Public Interest Act 2009 – Letter 5

From President to Chief Executive Officer, HSE [28 August 2009]

Community Contractor Pharmacy Agreement

I am writing on the instructions of our members and with their authority. I refer to recent events and to letters sent to certain of our members dated 13 August, 21 August and 24 August, 2009.

It is not accepted that there is currently no contractual relationship in place between the HSE and certain individual community pharmacy contractors as claimed in the letter dated 24 August, 2009. In certain cases, individual members served termination letters pursuant to Section 9(8) of the Financial Emergency Measures in the Public Interest Act 2009 which letters may or may not have been valid. However, regardless of their validity or otherwise, it is beyond doubt that explicit statements were made by, or on behalf of, the HSE and the Minister for Health which amount to a waiver of any termination notices in an effort by the HSE and the Minister to ensure that pharmacists resumed or continued to provide normal services to the public.

Our members are relying on those statements and representations, as is the Union. Without prejudice to the foregoing, when urging, indeed pleading, that each individual community pharmacy contractor resume or continue to provide normal services, the statements and representations by or on behalf of the HSE and/or Minister were to the effect that such service would be in accordance with the terms of the existing contracts. The intent and effect of the explicit representations by or on behalf of the Minister for Health and/or the HSE was to encourage our members to continue or resume the provision of services as they had done previously, i.e. in accordance with the terms of their individual contracts.

It is beyond doubt that the HSE welcomed what it described as the decision by pharmacies *“to resume normal services”*. The Union's recommendation to members that they continue to provide services and our members' agreement to do so was in reliance on the foregoing and not otherwise and the HSE is estopped from resiling from that position given that our members resumed or continued to providing normal services (the term used by the HSE).

“Normal services” can have only one meaning, namely the services provided up to that point pursuant to the standard form contract negotiated between the Union and the Minister, i.e. the *“community pharmacy contractor agreement for provision of services under the Health Act 1970”* as entered into by individual members of the IPU.

Our members continue to provide services to patients just as they have always done and they are continuing to do so in accordance with the terms of the community pharmacy contract. Each of our members concerned stands over their rights in this respect as does the Union. The HSE is aware that, as we speak, our members are dispensing under the GMS and community drug schemes and providing a full range of services on behalf of the State in the normal way as per the requests from the HSE and Minister. In that context, and with respect, it is disingenuous for the HSE to claim in correspondence to certain of our members that there is no contractual relationship in place between them and the HSE.

For the reasons outlined in this letter, our members and the Union maintain that the original individual contracts remain in force. In the alternative and without prejudice to the foregoing, members dispensing under the State drug schemes are doing so on the basis of a contractual relationship incorporating exactly the same terms as those of their previous contract, namely the standard community pharmacy contractor agreement. The IPU which is authorised and instructed to represent its members has agreed no other contract with the Minister and/or HSE on behalf of members. Nor have any individual members agreed or entered any alternative to the community pharmacy contractor agreement. That is their and our position, notwithstanding any correspondence individual members may have to return to the HSE in order to ensure continuity of payment under the various schemes. On behalf of our members we confirm that they shall continue to provide services to patients in a professional manner as they have done heretofore.

If the HSE fails or refuses to pay any of our members, i.e. reimburse them in the normal way, for work done on behalf of the Minister pursuant to the various State drug schemes, the HSE will be acting unlawfully and the individual members concerned will suffer immediate and extremely serious loss for which the HSE is liable. Failure to pay any of our members in circumstances where the HSE is perfectly well aware that they are providing a service to the community on behalf of the State, in response to explicit requests by the Minister and HSE that they do so, would be cynical, reprehensible and unlawful and would give rise to litigation. I trust this will not arise and that the HSE will honour its obligations to pay our members in the normal way.

The Union accepts that, for the time being, payments to individual pharmacists shall be reduced in accordance with the terms of SI 249 of 2009 (until a successful challenge to same and/or the underlying legislation).

UNLICENSED MEDICINES

***From Secretary PCC to Assistant National Director, Contracts, HSE
[28 September 2009]***

The Union has had a number of calls from members who have dispensed unlicensed medicines to patients through either the GMS Scheme or the Drugs Payment Scheme. These medicines are usually purchased for a specific patient when the need arises and are usually not bought from the pharmacist's main wholesaler.

The members concerned have submitted their claims, along with the invoice, for these medicines to the HSE and have been told by the HSE that they will be paid the amount on the invoice less 6.5%, in line with the Regulations. The members who have contacted us about this matter have been charged the invoice price by the wholesaler and will now be reimbursed a lower amount leaving them in a minus situation.

I appreciate that the HSE PCRS are implementing the Regulations on the Minister's behalf; however this leaves members a situation where they are at a loss when dispensing unlicensed medicines to patients who urgently need these drugs.

I would appreciate if you would address this matter urgently and advise me how these members can reclaim the full amount they have paid for these medicines.

FEES FOR PHARMACISTS AND PHARMACIES

Fees for Pharmacists and Pharmacies – Letter 1

***From Secretary General to Assistant Secretary, Department of Health and Children
[15 October 2009]***

I have been asked by the Pharmacy Contractors' Committee (PCC) to write to you regarding The Union changes to the payment structure for the Hardship Scheme / Non Medical Card Item Scheme.

Under this scheme, which currently operates through local HSE offices, GMS patients can access unlicensed medicines which are not available to them through the regular Medical Card Scheme. Most of the medicines dispensed under this scheme are complex medicines which are vital for the patients concerned. These medicines are not always available through a pharmacist's main wholesaler and pharmacists routinely spend many hours and numerous phone calls trying to source these products for their patients.

For the past ten years, pharmacists were paid a DPS fee and mark up. In some areas, where there was agreement between the pharmacist and the local HSE official, a patient care fee of €60.52 was paid on high cost items.

While the Committee acknowledges that the HSE is no longer purposing to reduce the invoice price by 6.5%, it is now proposing to get rid of the mark up and the patient care fee for this scheme with no prior notice to pharmacists. The purposed payment of a fee of €3.50 to €5 is totally inadequate to cover the costs associated with administering the scheme.

Pharmacists are currently already at a loss from the withholding of payments since 1 July 2009. The local HSE offices had been advised not to pay any claims until a decision on payments had been made. Pharmacists have been sourcing and supplying these medicines to their patients in good faith for the past three months unaware that, not only would their payments be delayed, but their payments would be changed without warning.

In some areas pharmacists have written approval for the payment they will receive for a particular product and the Union would expect that these agreements between the individual pharmacist and the HSE will be honoured.

Given the complexity of the medicines involved and the extra work that goes into sourcing the products on behalf of the patients, the Union would see the retention of a mark up as crucial to the viability of the scheme and to guarantee the supply of these medicines to patients.

The Union raised this matter with the Minister for Health and Children at our meeting last week and stressed that any changes need to be discussed with the Union before they are implemented to ensure that patients will continue to be able to access these medicines.

Given the urgency of the matter, the Union would request an urgent meeting with officials from the Department and HSE to discuss the matter.

Fees for Pharmacists and Pharmacies – Letter 2

From Secretary General to National Director Integrated Services - Performance and Financial Management, HSE [20 November 2009]

I wish to refer to previous correspondence regarding a number of issues, including the contractual position of almost five hundred of our members.

The contract matter has been raised with the Minister and the HSE on numerous occasions. Despite commitments received at various times over the past three months that the issue would be resolved “shortly”, this has not happened and no good reason has been put forward for the delay.

Secondly, the HSE have recently attempted to alter payment arrangements for both the Hardship and Psychiatric Schemes, without any discussion or agreement with this Union. They have also sought to apply the new payment and administrative arrangements retrospectively, which is not acceptable.

Thirdly, pharmacists facilitated the HSE in the distribution of Tamiflu in July last, without any agreement or payment arrangements. The matter has not been satisfactorily resolved and the HSE is now seeking to impose administrative arrangements on pharmacists retrospectively which, again, is not acceptable.

The Union has made its views known to the HSE on all of these issues, most recently at a meeting on 5 November, when it was assured that the HSE wished to resolve these issues and would respond the following week. However, none of these issues have been resolved.

In the circumstances, I would like to have an urgent meeting with you to discuss these issues. I would be available at any time on Monday or Wednesday next week. Perhaps your office could get in touch with me on 01-493 6401 or 087-917 0174 to arrange a suitable time. I can assure you that the meeting will not take longer than an hour.

Fees for Pharmacists and Pharmacies – Letter 3

From Secretary General to Minister for Health and Children [19 January 2010]

At our meeting in December, the Union raised the ongoing delay facing pharmacists participating in the Hardship and Psychiatric Schemes. Unfortunately the matter is still unresolved.

Many pharmacists have been supplying medicines to patients under both these schemes for over 6 months without payment. In some areas pharmacists have been paid the cost of the medicines but no fee or mark up has been paid. Where there have been payments made pharmacists have not been given any paperwork and are unaware of what claims have or have not been paid. In other areas no payments at all have been made leaving pharmacists with unpaid claims of thousands of Euro.

Despite numerous requests, the HSE have failed to clarify the payment structures for these schemes. The Union has been requesting a meeting with the HSE to discuss the situation however to date a meeting has not taken place.

The situation is unacceptable and needs to be resolved without delay and we would ask you to intervene and raise the matter urgently with the HSE.

Fees for Pharmacists and Pharmacies – Letter 4

From Secretary General to Mr P Burke, HSE PCRS [25 January 2010]

I wish to refer to your letter of 21 January 2010.

I wish to express the Union’s disappointment that, despite commitments given by the HSE to revert to us on the Hardship and Psychiatric Schemes within a week of our meeting on 5 November 2009, it has taken the HSE

over two months to respond. It is also disappointing that the fundamental issues raised at that meeting in relation to:

- changing scheme arrangements retrospectively;
- significant delays in making payments;
- inadequate payment levels;
- the lack of communications; and
- the lack of engagement;

have still not been addressed.

Hardship Arrangements

I welcome the HSE's intention to publish a list of medicines reimbursable under this arrangement; however, it is not clear whether this list will include codes and prices for these medicines.

The administration required for the Hardship arrangement is excessive and the proposed payments are completely inadequate. These issues need to be addressed immediately. It is unacceptable that pharmacists are still waiting to get full payment and, in some cases, any payments, months after they have dispensed medicines to patients. The PCRS list of Claims Paid is inadequate and it is not possible for pharmacists to reconcile payments being received with the claims they have submitted.

DPS Refund Claims

You will appreciate that it is a matter for each individual pharmacist to determine prices for their private patients and clients. It is not clear from your letter what precisely is being proposed or how it can be implemented on a practical basis. This issue needs to be discussed further.

HSE (Unified Claims Form) Receipts

It is not clear what is proposed in your letter in relation to the Unified Claim Form and how it differs from current arrangements. Again this issue requires further discussion and clarification.

Reimbursement for Psychiatric Drugs

The FEMPI Regulations did not cover this scheme or the Hardship Arrangements. It may be the desire of the HSE to bring payments under this scheme into line with the recent payment changes but this is not mandated by regulation. Furthermore, there was no communication from the HSE of their intention to change this scheme until November 2009, four months after the introduction of the regulations, and this communication was confusing and was not sent to every pharmacist.

As was raised at the JCG meeting in November, the HSE cannot implement price changes or administrative arrangements retrospectively. This issue is not addressed in your letter. Many pharmacists have not been

submitting their claims, pending clarification from the Local HSE Offices, and many members have been told by HSE personnel that they do not know what payment arrangements will apply, or when payments will be made. This scheme applies to a very vulnerable cohort of patients and these issues should be resolved without any further delay.

The issues outlined above need to be resolved immediately and a meeting between the Union and the HSE is required urgently. The Union will make itself available on either Wednesday or Thursday of this week for such a meeting. It would be helpful if the issues set out in this letter are considered in advance of the meeting so that progress can be made on these matters.

Fees for Pharmacists and Pharmacies – Letter 5

From Secretary General to National Director Integrated Services - Performance and Financial Management, HSE [4 March 2010]

I am writing to you on behalf of our members who participate in the Hardship and Psychiatric Schemes ("the Schemes").

The reimbursement arrangements on these schemes were changed without notice to pharmacists and this has given rise to long delays in making payments. Following several meetings with HSE officials, some of these administrative issues are now being resolved.

The HSE has reported to reduce payments to pharmacists under the Schemes in line with the Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2009. However, these Regulations do not apply to the Schemes. In addition, the HSE is seeking to apply the reduction retroactively to claims as far back as July 2009 and all pharmacists were only officially notified of these changes in January of this year.

Firstly, as the Schemes are not affected by the Regulations, the HSE is not entitled to unilaterally reduce payments under the Schemes. Furthermore, payments to pharmacists under these Schemes are approved in advance by the local HSE office. In some instances this agreement is verbal, while in other cases a written form is issued by the HSE. In all instances however there is an agreement in place between the pharmacy and the HSE prior to the dispensing of the relevant products by the pharmacy. The pharmacy has reasonably relied upon the terms of this pre-approval in performing its part of the agreement and dispensing the respective product. The retroactive application of the reduction in payments is not only inappropriate, but the failure by the HSE to pay the agreed amount is a breach of the terms of the agreement between the pharmacy and HSE. This breach entitles the pharmacy to seek legal redress.

I would ask you to intervene to resolve this matter and I would welcome an early opportunity to meet to discuss these matters with you.

PRESCRIPTION CHARGES

Prescription Charges – Letter 1

From Secretary General to Minister for Health and Children [17 November 2009]

I wish to refer to the publicity over the past few days in relation to consideration being given to the introduction of prescription charges.

The Union set out its preliminary views on this matter, as well as its views on the DPS threshold and Reference Pricing, in a letter to the Department on 15 October last. The Union accepts that there is considerable wastage in the system and has been highlighting this fact for a number of years. The Union believes that this issue can be addressed in other ways that may have less impact on patient welfare and would welcome an opportunity to discuss this matter with you in advance of any decision to impose such charges being taken by the Cabinet. The Union would also be prepared to participate in a multi-disciplinary group to address this matter, as proposed by the Irish Medical Organisation yesterday, should it be decided to proceed on that basis.

I look forward to hearing from you.

Prescription Charges – Letter 2

From Secretary General to Minister for Health and Children [23 November 2009]

Co-Payments

I wish to refer to my previous correspondence and the recent media reports on the possible imposition of prescription charges.

We understand that the initiative is aimed primarily at reducing wastage in the system, which the Union has been highlighting for a number of years, rather than depriving any patients of vital medication. The imposition of such a charge will also produce revenue for the exchequer but it is assumed that this is secondary to the key objective. The Union believes that before any such charges are imposed, the implications of so doing and associated risks need to be carefully considered.

The imposition of a co-payment on patients will impact most heavily on those who can least afford to pay for their medication. This may well mean that many patients may decide not to get their medication in a timely fashion and, consequently, may end up in hospital or in A&E departments. The imposition of such an arrangement would also be difficult and costly to administer.

Rather than taking the charges approach, this issue could also be effectively addressed through focused medicine

use reviews which would address not alone the issues of over use but also the under use and misuse of medicines. The Union proposals in this regard were submitted to the Department some years ago and envisaged that a one-on-one medicines use review would be undertaken by a pharmacist with a patient who is on a complicated medication regime. Initially such reviews would focus on elderly patients or those who suffer from chronic conditions who would be on many medications. The purpose of this intervention would be to improve adherence, reduce leakage to secondary care and reduce the current level of wastage in the system.

The Union has also been advocating for the payment of a higher fee for not dispensing medicines than is currently being paid. The elimination of unnecessary dispensing of medicines requires a considerable and costly intervention from pharmacists and the Union believes that there is scope to achieve additional savings through this mechanism. Equally, the non dispensing fee currently remunerates pharmacist intervention in the areas of under use and abuse of medicines. The current level of fee does not adequately cover the costs of pharmacists' intervention in such matters. An increased level of fee would have the potential to yield additional savings to the exchequer as it would enable the pharmacist to devote more time and energy to discussing such issues with the patient.

Finally, if it is decided to proceed with such charges then the manner of implementation should be discussed and agreed with the Union in advance of its introduction. It is important that such charges do not impose any additional administration or costs on pharmacists. Many of the patients affected by such a charge will be elderly or seriously ill and in some instances may not be in a position to attend the pharmacy personally. It is the view of the Union that such charges should be collected directly from patients by the HSE and, if introduced, should be made mandatory. You will appreciate that it is vital that no further costs are imposed on the profession given both the impact of recent cuts and the impact of the downturn in the economy on other pharmacy activity.

Prescription Charges – Letter 3

From Secretary General to Registrar and CEO, PSI [16 December 2009]

I wish to refer to the recent announcement by the Government to introduce prescription charges.

The Union had previously pointed out to the Minister other ways in which wastage in the pharmacy system could be addressed without having to introduce a prescription charge. It is regrettable that the Government has now decided to introduce a prescription charge, especially given the fact that these charges are being abolished in other jurisdictions for good public health reasons.

Nevertheless, as the Government has indicated its intention to proceed with a charge of 50 cent per item for medical card patients, the Union would like to highlight to the PSI a number of ethical and professional issues, along with patient care issues, which may arise for pharmacists administering this charge on behalf of the Government.

- There is a high risk that the charge will reduce compliance; therefore the Union would advocate for exemptions for specific patient cohorts. Many patients affected by such a charge will be elderly, chronically ill, people with addiction problems and mental health problems. In some instances, patients may not be in a position to attend the pharmacy personally to pay the charge;
- If a patient is on a number of items, then the cost to that patient will increase; this will again lead to compliance issues and long term cost issues and consequences for the health service;
- Where a patient is on a phased dispensing regime, the charge needs to be imposed once a month and not for each individual dispensing;
- Certain patient cohorts would have their medicines changed on a weekly/daily basis (palliative care patients) and there will need to be a mechanism put in place for these patients;
- If a patient refuses to pay or is not in a position to pay the 50c fee for whatever reason and the pharmacist knows that they need the medication, what approach should the pharmacist adopt in these circumstances in order to comply with their professional obligations and avoid breaching ethical and legislative provisions.

Given the short time frame for the introduction of the charges, the Union would appreciate your comments on the above issues as soon as possible.

A copy of a recent letter to the Department is also attached for your information which also raises some of the same issues.

Prescription Charges – Letter 4

From Secretary General to Assistant Secretary DoHC [17 December 2009]

I wish to refer to my previous correspondence on this issue and the recent announcement by the Government to introduce prescription charges.

The Union has previously highlighted other ways in which wastage in the system could be addressed without having to introduce a prescription charge. It is regrettable that these alternative proposals were not acted upon given the fact that these charges are being abolished in

other jurisdictions for good public health reasons. Nevertheless, as the Government has indicated its intention to proceed with a charge of 50 cent per item for medical card patients, it is important that both sides work together and agree on the manner of implementation in advance of its introduction in April 2010. I look forward to meeting with you to discuss the matter further.

In advance of these discussions, I set out some of the issues and questions that need to be addressed:

- There is a high risk that the charge will reduce compliance; therefore the Union would advocate for exemptions for specific patient cohorts. Many patients affected by such a charge will be the elderly, chronically ill and people with addiction and mental health illnesses. In some instances, patients may not be in a position to attend the pharmacy personally to pay the charge;
- Where a patient is on a phased dispensing regime, the charge needs to be imposed once a month and not for each individual dispensing;
- Certain patient cohorts would have their medicines changed on a weekly/daily basis (palliative care patients). Consideration needs to be given on how to deal with these circumstances;
- The implementation of the fee for patients in residential and nursing homes as well as Hospital Emergency Scheme prescriptions needs to be considered;
- How will the charge be administered for multi-preparation and combination packs;
- How does the pharmacist deal differing pack sizes e.g. 1 x Zocor 60 mg (50 cent) versus 3 x Zocor 20mg (€1.50);
- How will the €10 threshold apply to a household where there are children over 16 with a medical card;
- How will the €10 threshold be applied where there is an elderly patient being cared for by a relative who is on carers allowance/disability allowance and also has a medical card;
- How will the HSE deal with situations where patients will be due refunds from the HSE due to the €10 threshold being breached through no fault of their own e.g. a patient has to go to different pharmacy.
- There are also issues around the professional and ethical responsibilities of pharmacists in cases where a patient needs the medication but refuses to pay the charge; that also needs to be addressed.

The implementation of these arrangements will be both difficult and costly to administer. This will involve

pharmacists devoting more time and energy to discussing issues such as compliance with their patients. To cover these and other costs pharmacists should be allowed to retain 30% of the fee and the non dispensing fee should not be less than €5.

I look forward to discussing these issues with you early in the New Year.

IPHA REDUCTIONS

IPHA Reductions – Letter 1

*From Secretary General to Chief Executive, IPHA
[16 December 2009]*

Re: Reduction in the Cost of Medicine

I wish to refer to the recent announcement by the Government of their intention to reduce the cost of medicines. Pharmacists are genuinely concerned about the impact of any price reduction on the value of their existing stock. I would ask your Association to consider this matter in your talks with the Department to ensure that the transition from the old pricing arrangements can happen smoothly and ensure continuity of supply to patients.

I enclose a copy of a letter that the Union has sent to the Department on the matter.

IPHA Reductions – Letter 2

*From Secretary General to Assistant Secretary, DoHC
[16 December 2009]*

Re: Reduction in the Cost of Medicine

I wish to refer to our meeting on 3 December and the recent announcement by the Government of their intention to reduce the cost of medicines.

I have been asked by the Pharmacy Contractors' Committee to seek an implementation date of 1 March for any reduction in the cost of medicines to give pharmacies time to work stock purchased at existing price through the system.

January is the worst month of the year for such a change to be implemented because of the potential effects on both stock availability and, more critically, patient access to medicines. During the Christmas and New Year period there is increased hospital discharge rates, reduced access for patients to GP services, a reduced wholesaler delivery to pharmacies, an increased level of urgent prescriptions and unpredictable patterns of patient demand, which all routinely put pressure on the supply system.

It is essential that there is continuity of supply of medicines for patients during this critical time. The Union is requesting that pharmacies are reimbursed at the same rate in January and February and pharmacists will absorb losses that will arise from 1 March onwards on old stock.

The Union would also request that members have access

to the list of products well in advance of the implementation date to make sure that they are in a position to manage their stocks which continuing to ensure that they retain an adequate supply for their patients.

REFERENCE PRICING

Reference Pricing – Letter 1

*From Secretary General to Mr Mark Moran, Department of Health and Children
[17 December 2009]*

I wish to refer further to your request to the Union to make a short submission on the various options and components of a reference pricing system. The Union believes that by working together a system of reference pricing can be introduced within a reasonable time frame and can work to the benefit of all parties. The Union has commenced research in this area and we envisage work to be completed by mid-February 2010. We would hope to have a bilateral meeting with you at that time to discuss issues in some detail. In the meantime, and to facilitate discussions on the 14th January, we set out some preliminary views and identify some issues for consideration:

- The strategic objectives of a Reference Pricing System need to be clearly identified and could include;
 - An improvement in the status and quality of health for the general population;
 - An improvement in the status and quality of health for specific cohorts and specific individuals;
 - An enhanced role for the pharmacist in the provision of care within the general health care system;
 - Financial benefits and cost savings for both the State and individual patients;
 - New and improved remuneration and payment structures for pharmacists, both to reflect their increased workload and to allow for investment in future practice development; and
 - Ensuring continuity of supply of vital medicines to patients;
- Pharmacy led substitution must be an essential part of any Reference Pricing System if it is to work for all stakeholders;
- Possible savings and costs to the health authorities from a Reference Pricing System;
- Demands and costs placed on pharmacists in terms of time, facilities and information systems;

- Pricing and reimbursement policies and their impact on pharmacists and other stakeholders;
- The need for a public information campaign to address possible fears and concerns of patients. Such a campaign would promote public awareness of reference pricing while providing assurance to patients to accept substitution and reference pricing in the case of their own medicines:
- Identification of key performance indicators to facilitate ongoing review and evaluation of any system that may be introduced.

The Union is happy to participate in discussions with the Group on 14 January 2010. We would welcome a bilateral meeting with the Group following the completion of our analysis and research.

We look forward to working with you on this matter.

Reference Pricing – Letter 2

**From Secretary General to Mr M Moran, DoHC
[31 March 2010]**

I wish to refer further to our letter of 17 December 2009 and our meeting on 14 January 2010 regarding the proposal to introduce a reference pricing and generic substitution system.

The economic advice available to us suggests that, due to the complex inter-relationship of all State Scheme funding, the impact of reference pricing cannot be assessed in isolation. Furthermore, in order to have a meaningful input into the economics of reference pricing, more information on the approach and type of reference pricing system that may be recommended would be required. We are available to meet within the next few days to discuss this matter further if you are in a position to provide further details of the proposals that you will be submitting to the Minister.

In the meantime, we attach a paper from economist Joe Durkan and put forward some additional views for your information and consideration.

The Union welcomes the commitment given by the Minister in response to a Dáil question last February to introduce pharmacist led generic substitution. We believe this is essential in terms of ensuring that a reference pricing system works for all parties.

We also note that, in response to that Parliamentary Question, the Minister indicated that the reference price could be limited to the lowest priced product within a reference group. The Union considers that the reference price needs to be given very careful consideration. It is not at all obvious that opting for the cheapest price is necessarily the best approach as it may lead to a relatively small number of suppliers as some players exit the

market. It is important also that the price is set at a level that does not totally erode the viability of pharmacies, which has taken significant hits over the past year.

In this context, the initial reference price should not be substantially reduced overnight but on a gradual basis over time. It is noted that Michael Barry, from the Centre for pharmacoeconomics, has previously expressed a view that reference prices are generally set at 20-30% below the branded price. If this was to be the recommendation then this would have very significant and serious implications for the pharmacy sector.

Furthermore, it is vital that the Minister take cognisance of the significant additional costs for pharmacists implementing a reference pricing system. Patients taking a particular medication will need advice, counselling and reassurance from their pharmacist whenever any generic substitution takes place to allay their concerns about changes in their medication regime. This extra professional input is crucial from a patient safety and welfare perspective. A patient who is uncertain of their medication, or who distrusts it as a result of a change in branding or appearance, is less likely to take that medication correctly, leading to the risk that their condition will worsen. However, the necessary pharmacist input comes at a significant cost in terms of time, resources and expertise, which any substitution/reference pricing regime must take account of and this needs to be evaluated and assessed.

In addition, in setting a reference price, it needs to be borne in mind that the Irish market is a relatively small market. Changes should not inadvertently create a situation that leads to shortages in the supply of medicines which will be difficult to overcome if competition in the market is diminished. Patients and pharmacists in the UK are currently struggling with severe medicines shortages due to the low cost of medicines. Medicines such as Femara, a cancer treatment, and Cipralex, an antidepressant medicine, have been unavailable to patients in the UK over the past few months. An emergency Government summit, involving all stakeholders, was recently held to look at ways to address this situation that has arisen due to changes in Government policy in the pharmaceutical market. This is not a situation anyone would like to see in Ireland and, if it was to occur, it could lead to an increase in the number of high priced unlicensed medicines in use in Ireland.

Any reference pricing system should provide appropriate incentives to pharmacists to drive the types of efficiencies sought by the Minister as has happened in other countries. Such incentives should include the realisation and retention by pharmacists of buying efficiencies.

You indicated at our last meeting that you did not have a role to play in examining the impact of a reference pricing system on community pharmacists, whose professional

input will be vital in terms of delivering such a pricing system. As was indicated to you at that meeting, we do not believe that you can introduce such a system in isolation from reviewing and reforming the current method of reimbursing pharmacists. A move to a generics system not alone changes the relationship between pharmacist and patient but also fundamentally alters the economics of the pharmacy sector and the relationship between pharmacists and Government.

In the context of developing a new payment model, issues of concern to the Minister can also be addressed. In this context, it is worth noting that the recent ESRI report predicted significant increases in dispensing over the next 9-10 years, which have clear implications for public expenditure and also for the capacity of pharmacists to deliver these services.

The Minister acknowledged, at a meeting last year, that the introduction of a reference pricing system would have a knock-on effect on pharmacy income. It is our firm belief that this issue and the long-term implication of increased medicine consumption on public expenditure can be best addressed in the context of a new payment model for pharmacists. Discussions with the Union on this fundamental change need to commence as a matter of urgency and we will be taking the matter up directly with the Minister.

In the event of introducing a system of reference pricing, it would be vital to ensure that it does not have negative long-term consequences that could jeopardise the sustainability of this part of the healthcare system and cause major irreversible structural changes in the pharmaceutical market and supply chain. It is important therefore that the issues set out in this letter are addressed and that reference pricing is introduced on a gradual basis.

Finally, the Union and its members are committed to working with the Minister on this initiative. Pharmacists can bring their considerable professional knowledge and skills as well as their business experience into play in managing the overall cost of medicines. The Union looks forward to continuing engagement with yourself and, in due course, with the Minister on the matter. In the meantime, we would ask that you ensure that our views on this and all aspects of reference pricing, including those set out in our letter of 17 December 2009 are brought to the attention of the Minister.

COMPETITION ACT

***From Secretary General to Minister for Enterprise, Trade & Innovation
[29 March 2010]***

Review of the Competition Act 2002

I would like to take this opportunity to congratulate you on your new role as Minister for Enterprise, Trade and Innovation, following the recent Cabinet reshuffle. The Irish Pharmacy Union (IPU) looks forward to working with you in your new role.

In this context, I understand that your Department is in the process of reviewing the Competition Act 2002 as part of the legislation to give effect to the amalgamation of the National Consumer Agency and the Competition Authority. We have had previous correspondence with your predecessor on this matter. In particular, we forwarded a legal opinion, produced by Michael Collins S.C., on whether section 4 of the Act was applicable to negotiations between the IPU and the HSE/Department of Health & Children. The opinion addressed two issues:

1. Whether, as a matter of competition law, it is correct that if the IPU negotiates on behalf of its member pharmacists on the price which pharmacists will be reimbursed for the pharmaceutical products covered by the Community Drug Schemes and on the dispensing fee, such negotiation is, by its very nature, a breach of section 4 of the Competition Act 2002; and
2. Assuming that such negotiation would constitute a breach of section 4, whether there is any legal reason as to why the IPU could not be given the same statutory exemption apparently envisaged for the IMO.

It is the opinion of Mr Collins S.C. that section 4 of the Competition Act 2002 does not apply to the negotiations as described above. *“Negotiations by the IPU with the HSE on the price at which pharmacists are reimbursed for drugs under the CDS and on the dispensing fee do not have the effect of preventing, restricting or distorting competition between pharmacists and accordingly there is no breach of section 4.”*

The opinion of our Senior Counsel is in line with the opinion of the previous EU Commissioner for Competition who is on record as stating that *“the fixation of fees for pharmacy services would only be problematic from the point of view of EC competition law if it was not the Irish State which had the final word in fixing the price”*.

However, if there is still a belief that by engaging in negotiations on behalf of its members with the HSE, the IPU is acting in breach of section 4, Mr Collins S.C. states that: *“there would be no legal objection to creating an exception to section 4(1)”*

stating that, in relation to Article 81(1): *“the process whereby the IPU negotiates with the HSE would not produce an appreciable effect on inter-State trade so that Article 81(1) should not be engaged.”*

We submit, in accordance with the legal opinion provided, that section 4 of the Competition Act does not prevent negotiations taking place between the IPU and the Department of Health & Children or the HSE. However, if the Department has a different view on this matter and the Government intends to amend the Competition Act to allow the Irish Medical Organisation to engage in collective bargaining on behalf of its members, there is no reason why such an amendment cannot be extended to the IPU.

I would welcome your views on the matter and the opportunity to meet with you to discuss this matter further. I look forward to hearing from you soon.

ADMINISTRATIVE ISSUES WITH THE HSE/PCRS

From Secretary General to National Director Integrated Services, HSE

DPS reimbursement letter sent to patients

It has come to our attention that the HSE is contacting some patients, who are due a refund under the DPS, with a letter which informs the patient,

“that the total due to be refunded does not equate to the amount(s) claimed on your application minus your €100 payment. This is because the prescription claim forms which you have submitted did not have the correct price calculated by the pharmacy.” (Emphasis added)

There is no “correct” price for products sold to private patients below the €100 threshold, as there are no set prices for these products. The statement underlined above is not only inaccurate but could be damaging to the business and reputation of the pharmacist involved.

In order to avoid further damage to the business and reputation of any of our members so referenced, directly or indirectly, in your letter, the IPU insists, on a without prejudice basis to any other action that may become necessary, that you direct your local offices to amend their letter to read as follows,

Dear [Sir/Madam]

Please find enclosed calculation of the refund payment due to you under the Drug Payment Scheme (DPS). We apologise for the delay in processing your application – your refund cheque will be posted to you shortly. You will see that the total due to be refunded to you does not equate to the amount(s) claimed on your application minus your €100 payment. This is because the HSE can only refund clients for money spent over the €100 threshold at set prices.

The Minister for Health and Children signed regulations into law on the 1st July 2009 which reduced the reimbursement prices of drugs under the DPS. The HSE can only refund clients on the basis of these reduced prices.

The medicines dispensed to you and the corresponding prices as set by the Minister are listed on the attached calculation sheet. If you wish to query the difference in price you may discuss this with the undersigned and/or with your local pharmacist.

To avoid having to pay out money for your prescriptions over the €100 threshold you should carry your DPS card with you and show it to the pharmacy staff when giving in your prescription.

Yours sincerely,

In order to avoid any further action being taken by any of the pharmacies referred to, directly or indirectly, in the letter the HSE has previously sent, we require your confirmation within seven days that the steps above have been or are in the process of being carried out.

Appendix XI

A SELECTION OF PRESS RELEASES ISSUED TO THE NATIONAL MEDIA DURING THE YEAR ON VARIOUS MATTER

1. PHARMACY CRISIS

18 June 2009

- **Pharmacists condemn Minister for undermining pharmacy services and jobs**
- **Warning that up to 5,000 pharmacy jobs could be lost**

Front line health services will be seriously damaged by the Minister for Health and Children's decision to cut payments to pharmacists for providing medicines and advice to patients on the community drugs schemes by 36%, according to the IPU, the representative body for 1,900 community pharmacists.

IPU President, Ms Liz Hoctor, stated; *"These cuts announced today amount to a 36% reduction in the current level of payments to pharmacists. These massive cuts are utterly disproportionate and totally unsustainable. These cuts compromise patient services and up to 5,000 jobs in pharmacies could be lost as a direct result of this Government decision."*

"Although pharmacists are not responsible for rising health costs and have always provided value for money, we had indicated to Government that we were willing to accept a cut equivalent to 8% of our fees in the national interest. This was in line with cuts being proposed in other parts of the health service."

Ms Hoctor described the small increase in the fees for dispensing medicines and providing advice to medical card patients as a fig leaf – *"it's a clumsy attempt to mask the true extent of the cuts"*, which amount to 36% of pharmacists' payments from the HSE. She also said the cuts will wipe out pharmacists' margins and their capacity to deliver and sustain services through the negotiation of trading terms. The dispensing fee per item now being proposed is, on average, 33% lower than the rate put forward by the Minister's own Independent Body late last year. *"No amount of spin or distortion of fact will hide the devastating reality of these cuts, which is an overall cut of 36% for delivering the State's community drugs schemes."*

Ms Hoctor continued: *"This Minister seems determined to destroy one of the few parts of the health service that has managed to continue to deliver effective patient care in an otherwise very dysfunctional health service. The irrational nature of this decision again highlights the lack of leadership and vision in either the Department of Health and Children or the Health Service Executive and their scant regard for patient services."*

Ms Hoctor said that *"The Minister for Health and Children has used Section 9 of the Financial Emergency Measures in the Public Interest Act 2009 in a vindictive fashion to circumvent a High Court Judgment, which found that the HSE had acted unlawfully by cutting pharmacists' payments in March 2008."* Ms Hoctor said: *"Section 9 of the Act should be repealed at the earliest opportunity if it is to be used in this cynical fashion"*.

The Union will be communicating with its members on the matter and will also be seeking an urgent meeting with the Minister.

30 June 2009

Irish Pharmacy Union criticises 'incomplete' report

President of IPU says pharmacists prevented by government from offering patients cheaper generic medicines

The Irish Pharmacy Union, the representative body for 1,900 community pharmacists in Ireland, has criticised the Competition Authority for failing to address key issues around the cost of medicines in Ireland. **The IPU is responding to a new report by the Competition Authority entitled "Retail-related Import and Distribution Study" published today.**

In particular, the Union states that the Competition Authority ignored the fact that pharmacists are currently prevented from offering patients the choice of a cheaper generic medicine by a clause in an agreement reached between the large pharmaceutical manufacturers in this country and the State.

President of the Irish Pharmacy Union, **Ms Liz Hoctor** described the report as incomplete and unbalanced. *"There is a glaring omission from the Competition Authority's report and that is the fact pharmacists are currently prevented from offering the patient the choice of cheaper generic medicines, where it is safe to do so. Pharmacists in other European countries have been enabled to do this to save costs not just for the State but also for patients. Irish pharmacists are prevented from offering the patient a cheaper generic by a clause in an agreement between the large pharmaceutical manufactures and the Government. The price of medicines is set by this agreement. Pharmacists here have no say in this."*

Ms Hoctor also pointed out that the Competition Authority's report also fails to acknowledge that 76% of the medicines dispensed on the community drugs

schemes by Ireland's pharmacists are dispensed with no mark up. These are medicines dispensed to medical card patients.

In relation to the profit margins earned by pharmacists, Ms Hoctor said: *"The average pharmacy in Ireland earns a net profit margin of 6.6%. We are transparent in relation to this. This has been verified a report on the community pharmacy sector published by PricewaterhouseCoopers in January 2009. This is hardly excessive."*

In relation to the cuts to pharmacists payments, Ms Hoctor said: *"The Government is now moving to make a 34% cut in payments to pharmacists for providing medicines and advice to patients on the community drugs schemes. This cut is excessive and unsustainable and will damage pharmacy services, undermine patient care and lead to up to 5,000 job losses in pharmacies across the country. This is extremely worrying."*

IPU Press Release 1 July 2009

- **Over 700 pharmacists give notice to the HSE of their withdrawal from drug schemes**
- **Irish Pharmacy Union calls on the Minister for Health and Children to enter talks to avoid a medicines crisis**

The Irish Pharmacy Union has been informed by over 700 individual pharmacists that they have written to the Health Service Executive (HSE) giving 30 days notice of their intention to discontinue providing services on the community drugs schemes. The means that to date effectively half of all pharmacies across the country will cease dispensing medicines on behalf of the HSE under the Medical Card Scheme and the Drugs Payments Scheme effective from 1st August next. Many other pharmacists are also reviewing their position. The pharmacies involved are from all parts of the country, but in particular from Donegal, Sligo, Leitrim, Cavan, Roscommon, Galway and Kerry. The Irish Pharmacy Union (IPU), the representative body for community pharmacists in Ireland, is today calling on the Minister for Health and Children to enter talks with its members as soon as possible to avoid a medicines crisis.

Liz Hoctor, President of the Irish Pharmacy Union said: *"I have no doubt that each pharmacist did not take this decision lightly. However, the Minister for Health and Children has dropped a bombshell on the pharmacists by imposing a 34% cut in payments for providing medicines and advice to patients under the community drugs schemes. This cut is excessive and unsustainable. These cuts will damage pharmacy services, patient care and lead to up to 5,000 job losses."*

Ms Hoctor also said: "Pharmacists are calling on the Minister for Health and Children to engage with us immediately on how savings can be achieved without having a catastrophic impact on pharmacy services, patient care and employment. We recognise the seriousness of the country's economic situation and back in March made proposals to the Minister which would save the State €83m. Our proposals included enabling pharmacists to offer patients the choice of a cheaper generic medicine where it is safe to do so and the acceptance of an 8% cut in pharmacy fees which is in line with cuts imposed on all other healthcare professionals. However, our proposals, which are practical and reasonable, were ignored by the Minister and instead a 34% cut in payments was announced."

Ms Hoctor continued, *"Ireland has one of the most liberal pharmacy markets in Europe. The Minister seems determined to push small independent pharmacies out of business and to hand the community pharmacy sector on a plate to a small number of large international players. It would be a great shame to decimate a sector that has over the years provided a personal and professional service that is highly valued by patients."*

Section 9 (8) of the Financial Emergency Measures in the Public Interest Act 2009 states *"A health professional who does not wish to continue to render services to or on behalf of the health body concerned on the basis of a payment regime fixed in a regulation made under subsection (1) may give 30 days' notice to that effect to the health body and, on the expiration of those 30 days, shall be relieved of any obligation to render those services notwithstanding any contractual or other term with regard to notice."*

1,521 pharmacists currently hold a contract with the HSE for the provision of medicines to patients on the community drugs schemes.

IPU Press Release Sunday 19 July 2009 Pharmacists Respond to HSE Contingency Plans for Drug Supply

The Irish Pharmacy Union, the representative body for pharmacists in Ireland said that it had grave concerns about the HSE's contingency plan for the supply of medicines after 1st August, published today.

A spokesman said that what had been dubbed Phase One of the contingency plan is totally inadequate in terms of meeting the medicines needs of patients. The Union called for the immediate publication of Phase Two of the plan, which it hoped would be more comprehensive. The Union wrote to the Minister for Health and Children over three weeks ago seeking to resolve the matter. To date, the Minister has not responded.

HSE Press Release**Sunday, 19 July 2009****HSE publishes Phase 1 of alternative pharmacy locations**

Expression of interest invited from pharmacies in Northern Ireland

As part of the ongoing programme to lower medicine prices, the rates payable to pharmacists for providing medicines under the State Drugs Schemes (e.g. Medical Card, Long Term Illness Scheme, etc.) are being reduced. As a result, some pharmacists have advised the HSE that from 1st August 2009 they will stop filling prescriptions under these Schemes. The HSE is putting in place alternative arrangements to ensure that everyone who requires medicines under the State Drugs Schemes can continue to access them.

Based on the information currently available, HSE operated pharmacies are being set up in the following locations:

- St Patrick's Hospital, Summerhill, Carrick-on-Shannon, Co Leitrim
- Aras Naomh Chaolain, Knock Road, Castlerea, Co. Roscommon
- Donegal Community Hospital, Donegal Town, Co. Donegal
- Dungloe Community Hospital, Dungloe, Co. Donegal
- Carndonagh Community Hospital, Convent Road, Carndonagh, Co. Donegal
- Falcarragh Community Hospital, Falcarragh, Co. Donegal
- St Marys Hospital, Castlebar, Co Mayo
- Mercy Road, Ballina, Co Mayo
- Arus Deirbhle, Belmullet, Co Mayo
- Cherryfield House, Coolgrane, Killarney, Co Kerry
- 19 Denny Street, Tralee, Co Kerry
- Listowel Community Hospital, Listowel, Co Kerry

These pharmacies represent Phase 1 of the HSE Pharmacy Contingency Programme. Additional pharmacies may be added as more information becomes available on the existing pharmacies that will be withdrawing service. These locations are currently being fitted for operation by 1st August 2009. Arrangements are also being made to enable hospitals to dispense higher than usual volumes of medicines.

Last week the HSE, through advertisements in newspapers in Northern Ireland, invited expressions of interest from border county pharmacy contractors with the Health and Social Care Board of Northern Ireland to dispense medicines to HSE clients from 1st August 2009.

The HSE's Chief Pharmacist (Contracts Office) Kate Mulvenna said; *"It will not be possible to replace every pharmacy which withdraws service on a like for like basis so patients and clients may have to travel further than normal to have their prescription filled. We would encourage family, friends and neighbours to assist vulnerable people who may have transport difficulties to secure their medication."*

Community pharmacists are an important part of our health services and we hope that local pharmacists will continue to provide these services. We are doing everything possible to make sure patients and clients can have their prescriptions filled, should their usual pharmacist withdraw services, by either directing them to participating pharmacists in their area or to alternative arrangements that we have put in place.

Our advice to people who are concerned is that the first thing to do is to ask their pharmacists if they will be withdrawing services from 1 August 2009 or if they will be continuing to provide a service to them."

During the coming weeks the HSE will provide information on pharmacies which have confirmed that they will continue to participate in the Schemes. This will be done through the HSE Infoline 1850 24 1850, advertisements and our website: www.hse.ie.

HSE Statement**Tuesday, 21 July 2009****Termination of State Drug Scheme Contracts by Pharmacists**

The HSE today formally acknowledged the termination of contracts by 800 pharmacists who have given the Executive written notice that they will be withdrawing from the State Drug Schemes. Letters issued by the HSE to these pharmacists today acknowledges receipt of communication from pharmacists that constitutes termination of the Community Pharmacy Contractor Agreement with the HSE when the 30 days notice period expires on 1st August 2009.

In the letter, the HSE appealed to pharmacists to facilitate patients and clients in having their prescriptions filled in other locations by providing clients with their records, such as repeat prescriptions and dispensing records, on request. In addition, pharmacists who have chosen to terminate their contract have been asked to give Drug Payment Scheme patients details of the payments they have made up to the termination date of the contract.

The HSE stressed the importance of pharmacists providing a list of patients who require extra supports to their local HSE Primary Care Pharmacist so that these patients' needs can be factored into the HSE's ongoing contingency plans. Yesterday, as part of Phase 1 of its contingency arrangements, the HSE announced details of 12 new pharmacy locations which the HSE will be setting up in the West of the country from 1 August.

The HSE's Chief Pharmacist (Contracts Office) Kate Mulvenna said; *"We are asking pharmacists who have chosen to terminate their contract to assist us in ensuring minimal disruption to patients who need access to their medications. By handing over prescription records to their clients, on request, and by identifying to the HSE patients who may require extra supports, pharmacists can help ensure that their clients can continue to access their medications."*

"Our advice to people who are concerned about where they can get their medication after 1st August is to ask their local pharmacist if they will be withdrawing services or if they will be continuing to provide a service to them. If they are withdrawing services, individuals can ask for their records and transfer to another pharmacy in the locality or to a HSE pharmacy which we will be setting up in locations around the country, as required. Further information on which pharmacists will be continuing to operate the schemes after 1st August will be made available to the public in the coming days," she said.

Requests from pharmacists for reinstatement of contracts will have to be reviewed in line with HSE operating procedures. The HSE procedures in place for the processing of applications for a Community Pharmacy Contractor Agreement, a process which takes at least 21 days to complete. A number of checks are undertaken at each stage of the process, including Data Protection registration and professional indemnity. The most important checks involve the Supervising Pharmacist under whose personal supervision the responsibility for the operation of the pharmacy lies. At the HSE inspection stage, the availability of reference texts, equipment and suitability of the fridge and its monitoring are reviewed. Following confirmation of registration with the Pharmaceutical Society of Ireland, the contract is issued.

During the coming weeks the HSE will provide information on pharmacies which have confirmed that they will continue to participate in the Schemes. This will be done through the HSE Infoline 1850 24 1850, advertisements and our website: www.hse.ie.

Wednesday 22 July 2009

- **Pharmacists meet in emergency information session to discuss crisis**
- **Warning that HSE contingency plans to supply medicines are inadequate**
- **Pharmacists call on Minister to avert crisis before August 1st**

Over 1,000 pharmacists from across Ireland have gathered today at an emergency information session in Dublin to discuss the crisis in pharmacy.

The crisis has arisen following a move by the Minister for Health to cut payments to pharmacists under the Community Drug Schemes by 34%. Over 1,100 community pharmacists have written to the HSE to say that they will stop dispensing drugs under the Community Drug Schemes from 1st August following the introduction of the cuts by the Minister. As a result, patients using the Community Drug Schemes may have difficulty finding a pharmacist to fill their prescriptions from that date.

Speaking to the Emergency Information Session today, the President of the IPU, Ms Liz Hoctor, has said that the crisis could be resolved and the Minister could still secure her savings if she sat down with the Irish Pharmacy Union to discuss the matter before 1st August. She said; *"Does the Minister want to destroy the pharmacy network or does she want to make savings. Pharmacists want to help the Minister reduce the national medicines bill, but the way the Minister is doing this will simply not work. It will undermine patient services, force thousands of job losses and widespread closure of pharmacies. We can help the Minister make her savings but not on these terms."*

The meeting also heard widespread criticisms of the HSE's contingency plans to distribute medicines to patients from 1 August; Darragh O'Loughlin, Galway Pharmacist and Vice President of the Irish Pharmacy Union said; *"the contingency plans announced by the HSE will simply not work. The HSE has neither the experience nor the means to adequately replace the pharmacy network. It is unrealistic to expect sick and elderly patients to travel to centralised hospital dispensaries to get their medicines from people they don't know."* O'Loughlin warned that thousands of patients may not be able to get necessary medicines if the HSE doesn't introduce adequate contingency plans".

28 July 2009

- **Pharmacist anger over HSE misinformation**
- **Inaccuracies in list of pharmacies places huge question mark over credibility of HSE**
- **'Plan' clearly compromises patient care and safety**

The HSE contingency plan to supply medicines to patients on the Community Drugs Scheme has been totally undermined by inaccuracies in its list of participating pharmacies according to The Irish Pharmacy Union, the representative body for pharmacists.

Liz Hctor, President of the Irish Pharmacy Union said: *"Days before the August 1st deadline, patients anxiety has been increased by the misinformation contained in today's HSE newspaper ad. The onus is on the Minister to provide a safe and workable alternative to patients to access their medicines, as she and the HSE assured us would be done. If the HSE cannot get a list of pharmacies right how can they dispense medicines safely to people all over the country."*

For example today's list contains:

- A pharmacy in Galway which closed 3 months ago
- 16 pharmacies in Dublin and the North East which shouldn't be on the list
- 11 pharmacies in the South East which shouldn't be on the list
- A pharmacy in the midlands which doesn't have a contract to dispense on the community drugs schemes
- Dozens of other individual pharmacies all over the country which shouldn't be on the list

Given the gross inaccuracies in this list the IPU has decided – in the interests of patient safety - to put its list of over 1,100 pharmacies, who have copied the Union with letters that they have sent to the HSE indicating that they will not be participating in community drug schemes, back up on its website.

Liz Hctor, President of the Irish Pharmacy Union said: *"It is clear the list published in today's papers is a smokescreen and confirms the union's view that the HSE has no workable contingency plan. In accordance with our information the list totally overstates the number of pharmacies who are likely to continue providing services from August next. The number of pharmacies appears to be more of the order of 400 rather than the 800 odd claimed by the HSE."*

The IPU understands that the HSE list contains the names of pharmacies who in the opinion of the HSE have not given the requisite notice period or where

the HSE has chosen not to interpret the pharmacists' letter as giving the required notice. IPU head office has been inundated with calls from angry pharmacists whose names are on the list despite the fact that they have given notice of their intention to withdraw.

"This is a desperate attempt by a desperate organisation to hide the fact that they do not have a workable plan capable of meeting the needs of patients. Pharmacists have absolutely no faith in the contingency plan put in place by the HSE. We are extremely worried about the ability of the plan to deliver even a basic pharmacy service," said Ms Hctor.

After Minister Harney made her announcement to cut pharmacists payments by 34% on 18 June the IPU requested a meeting with her. To date there has been no response.

Friday 31 July 2009

On eve of pharmacy crisis...

- **IPU warns that patient safety will be compromised by inadequate contingency plans**
- **Chaotic service likely in many areas which have been left without sufficient cover**

From tomorrow it now seems likely that many community pharmacists will no longer supply medicines under community drug schemes. The Irish Pharmacy Union (IPU) has warned that patients are now facing into an intolerable situation as it becomes clear that the HSE contingency plans are totally inadequate and in many parts of the country there is no contingency plan at all in place.

Liz Hctor, President of the IPU has accused the HSE of failing to meet its legal responsibility to patients. *"The Minister assured the Dail that there would be a workable contingency plan which would ensure that all patients have access to the medicine they need including those who cannot afford them. It is clear that the HSE has failed in this regard and it is now incumbent on them to admit that there are areas of this country without adequate pharmacy cover. The HSE and the Minister should recognise this dangerous situation immediately as ultimately responsibility for patients and their care rests with the Minister."*

The IPU believes that under the HSE contingency plan pharmacy cover in areas such as Waterford, Wexford, Cavan, Donegal, Kerry, Connemara and Mayo will be totally insufficient to meet patient demand and that this could lead to dangerous situations.

Liz Hctor pointed out that the IPU had raised many of their concerns with the HSE but had not received any response. *"The HSE says it is setting up a dozen dispensaries around the country. Will they all be open*

tomorrow? Will there be sufficient staff? Will they have a full range of medicines? What are their opening hours? What after hours services will be provided? Will they be able to deliver medicines to patients/Collect medicines from surgeries? Will their help line be open on a twenty four hour basis? Do they have the necessary equipment such as computer systems, refrigeration facilities, security systems? Have they been licensed? Will their staff have the knowledge and experience to spot mistakes in prescriptions? Will they provide monitored dosage systems to patients? These are some of the questions we raised with the HSE on behalf of our patients but as usual we received no response.”

In response to calls that a mediator be appointed Ms Hctor said that “*I want to assure patients and their Associations that the Union is willing to engage in an attempt to resolve matters.*”

She said she deeply regretted any worry or distress caused to patients who will be adversely affected by the current situation. Ms Hctor said this was a very worrying time for patients and pharmacists alike and that she knew the decision by pharmacists to withdraw from these schemes was taken with the utmost reluctance.

Ms Hctor pointed out that given the current economic situation pharmacists have shown a commendable willingness to play their part and have put forward proposals which would bring in €85m worth of savings, protect patient care and safeguard jobs. The proposals would also allow pharmacists to offer patients the choice of cheaper generic medicines where it is safe to do so.

Ms Hctor pointed out that community pharmacists have been forced into this impossible situation by Minister Harney’s unilateral decision to impose a disproportionate and unsustainable 34% cut in pharmacy payments for providing advice and medicines to patients on community drug schemes.

1.30pm Sunday 2 August 2009

- **Widespread stories of chaos as HSE contingency plans fail their first test**
- **Pharmacists predict much worse problems to emerge on Tuesday as demand for medicines grows**
- **HSE Claims about who’s in and out of schemes is ridiculed again as Phibsboro pharmacist named on a HSE list hours after appearing on RTE news explaining why he quit the scheme!**

Widespread medicine shortages and delays are being forecast for Tuesday [4th August] by the Irish Pharmacy Union following the withdrawal of as many as 800 pharmacists from the Drug Payment schemes yesterday.

Speaking today the President of the IPU, **Liz Hctor**, said that the Union understood that as many as 800 pharmacists had either closed altogether or were not dispensing under the state drugs schemes [eg: Medical Card and Long Term Payment Schemes]. She said that the HSE contingency plans had failed dismally on Saturday and widespread shortages and delays were experienced by patients using the special HSE dispensary services in Donegal, Kerry and Mayo and there were no back up facilities operating in Waterford and Cavan despite the widespread closure of pharmacies in those areas.

The credibility of the HSE claims about pharmacists continuing to stay with the schemes has also been undermined again as it emerged that Phibsboro pharmacist Richard Collis – who was on RTE last evening [Sat] as a pharmacist who had quit the schemes – is today included on the latest HSE list of pharmacists operating normally. Collis described his inclusion in this way as an attempt at “intimidation and bullying” by the HSE.

Speaking on the situation in Donegal on Saturday, Gweedore Pharmacist, **James Cassidy**, said; “*there is no semblance of a reliable service available to patients from the HSE. In Inishowen the HSE actually hired taxis to transfer patients between the Peninsula and the contingency site in Stranorlar. Prescriptions were then to be left for collection after 7.30 [on Saturday evening last] in Carndonagh community hospital.*

In Dungloe, we had several patients who went to the contingency site requesting medications only to be told the items were not in stock but to come back on Tuesday. This is a gross abdication of the duty to provide safe care to patients who simply cannot wait 3 days for essential medicines.

This is highly dangerous. The contingency site have no patient records, no contact with patients and are trusting scripts to pass through several series of unqualified persons before being left for ad hoc collection by patients that night.

Ms Hctor said that the chaos in Donegal was repeated in many parts of the country; “the HSE protested for weeks that it’s planned were sufficient. They are not. And if they failed the test on a quiet bank holiday Saturday when prescription levels are always low, then we fear real disasters when demand picks up on Tuesday of this week.”

4.00pm Monday 3 August 2009

- Evidence emerges of potentially serious mistakes in dispensing from HSE emergency dispensaries
- HSE's secret deal with Hospital Pharmacists revealed
- Pharmacists predict chaos [Tuesday] as demand for medicines expected to grow rapidly
- Pharmacists allege HSE intimidation

The Irish Pharmacy Union [IPU] has claimed that it has seen evidence of clear mistakes and flaws with the medicines dispensed to patients at some of the HSE's emergency dispensaries. The Union has warned that the likelihood of inexperienced and overworked staff in these dispensaries making such mistakes would increase on Tuesday as demand for prescriptions was expected to rise significantly after the bank holiday weekend.

One Mayo pharmacist reported his experience in checking the medicines dispensed by the HSE with the son of one of his patients who had collected the medicines from the appointed HSE dispensary. He said; *"The prescription was for 7 items in total but when the son brought the medicines back to me to double check what he'd been given, I found that the HSE had no stock for two of the items...made errors in respect of 4 of them and only dispensed 1 of the items correctly."* The pharmacist reported that he rang the HSE pharmacy on Saturday evening at 6.30pm and was told that the pharmacist was in a meeting; *"The technician I talked to told me he would ring back but I did not receive a reply. I rang again and again requested a reply and got none."* He said that he regarded the catalogue of events as gross negligence and a danger to the public.

The IPU has also said that it would write a formal letter to the Minister for Health expressing its concern at the poor quality of the HSE's contingency planning on Saturday and the danger to public health which had arisen. President of the Union Liz Hocter said; *"The HSE was clearly not prepared for the relatively light volume of patients they saw on Saturday. I fear for what might happen when the normal post Bank Holiday surge occurs tomorrow [Tuesday]."*

The IPU has also revealed that the HSE has made a secret deal with Impact Trade Union [representing hospital pharmacists] with a view to securing the service of this group in their contingency plans. The IPU says the deal with Impact reveals the extent to which the HSE is trying to go to force through their agenda. In a letter sent to the HSE by the Union's assistant General Secretary, Eugene Donnelly, Impact has confirmed that Impact –

"can now proceed with contingency plans on the following basis :

- HSE to set out a 'process-map' for the procurement of products which would be supplied to the alternative dispensary services in the specified critical areas i.e. Donegal, Mayo and Kerry.
- Subject to the above being agreed by the Pharmacists, arrangements will be made to ensure that sufficient co-operation with same is forthcoming.
- Faxing of requisitions, etc can be carried out by agency staff within the clerical and administrative field.
- The HSE must give Pharmacists guarantees regarding possible risks such as 'stolen goods at point of delivery' and wholesale licensing issues.
- There will be a review after two weeks (scheduled for 11th August 2009). In the event of difficulties, Pharmacists reserve the right to withdraw from contingency arrangements.
- **As there is a major problem regarding staff shortages at Hospital Pharmacies and thus, the limited capacity to cover these extra duties, IMPACT will set out for you the schedule and classification of current vacancies for your consideration.**
- **The HSE will formally restate its commitment to proceeding with the December 2008 Pharmacists agreement."**

Referring to complaints today [Monday] by the HSE regarding alleged intimidation of staff in dispensaries by pharmacists, the IPU has again made clear that it would not condone any intimidation by its members but it has seen no evidence of any such intimidation. It was also noted that the letter of complaint from the HSE to the PSI (The Pharmacy Regulator) contained no specific details whatsoever of any alleged incident involving purported bad behaviour by a pharmacist.

The Union has also criticised the HSE for themselves seeking to intimidate pharmacists to remain with the discredited community drug schemes with threats of legal actions and delays in considering any application by pharmacists to reengage with the Drugs Schemes.

Tuesday 4 August 2009

- **From Donegal to Wexford to Kerry, large areas of country remain without adequate pharmacy cover as HSE contingency plan fails dismally.**
- **Concern for patient safety increase as litany of errors revealed at HSE dispensary in Kerry. No safety warnings being printed on medicines supplied by HSE dispensary in Mayo**
- **New HSE policy bans pharmacists from collecting prescription for patients**

The Irish Pharmacy Union has reported widespread problems for patients across the country as the HSE's contingency plans for dispensing medicines crumbles under its first real test.

Liz Hoctor, President of the IPU said feedback from pharmacists show that as forecast there are major problems in Mayo, Donegal, Carlow, Waterford, North Dublin, Wexford, Kerry, Offaly, Clare and Galway (See Editors Note below). 'We forecast that there would be huge issues for patient service and care and now under the first normal day of service the HSE's plans have been shown to be totally inadequate.'

Liz Hoctor also pointed out that IPU members have raised serious concern about the safety of the HSE's ten temporary dispensaries set up around the country. 'One pharmacist in Kerry who checked the prescriptions dispensed to 11 of his patients by the HSE dispensary said 8 of them had been filled incorrectly. Quite rightly he is horrified at the standard of service being given by the HSE and has real concerns for the safety of his patients the longer this service continues. Another pharmacist in Limerick was refused permission to collect medicines on behalf of his patients.'

The IPU has learned that it is now HSE policy nationally to ban pharmacists from collecting medicines on behalf of their patients. In another example of bully boy tactics the HSE has advised wholesalers not to supply high-tech drugs to pharmacists who have withdrawn from the community drug schemes. This action places at risk an extremely vulnerable group of patients. 'Together with their totally inadequate contingency plans these actions by the HSE show the scant regard they have for the care and well being of patients all over the country. If Minister Harney and the HSE is really concerned about patient care and safety they will respond to calls by patient organisations for a mediator to be appointed.'

Wednesday 5 August 2009

- **Pharmacists who work in pharmacy chains say ability to provide medicines in a safe manner is being severely compromised**
- **Failure of HSE contingency plan has put immense pressure on employee pharmacists**
- **Latest reports indicate pharmacies in Wexford, Waterford and Kilkenny have been forced to turn patients away**

Employee pharmacists (registered pharmacists who work for pharmacy chains) have expressed grave concerns about the dramatic increase in prescriptions presented for dispensing at community pharmacies continuing to participate in the community drug schemes. This has occurred due to the failure of the contingency plan of the HSE to deal with the withdrawal of hundreds of pharmacies from the community drug schemes. The statement came as it emerged pharmacies in Kilkenny, Waterford and Wexford which are dispensing under the community drug schemes have been forced to turn patients away.

Bernard Duggan, Chairman of the Employee Pharmacists Committee, said employee pharmacists are being placed under unsustainable pressure due to the huge increase in the workload of the participating pharmacies. 'These pharmacies do not have the resources at their disposal to deal with this. The ability of employee pharmacists to dispense medicines in a safe and timely manner is being severely compromised. Some of these pharmacists have stopped accepting prescriptions and closed their doors due to their unacceptable and dangerous workloads, so as to avoid a serious dispensing error occurring.' Duggan said. He cited particular difficulties in areas such as North Dublin, Kilkenny, Wexford, Kerry and Waterford.

Duggan said employee pharmacists regretted that the current situation had come to pass but said responsibility for this sorry mess rests with Minister Harney. 'We are asking for patients' understanding during these difficult times. We are in an unprecedented situation; community pharmacists have never withdrawn from the community drug schemes before. The responsibility rests with Minister Harney and the HSE. The cuts she has imposed have made it impossible to deliver the high quality, accessible community pharmacy service that patients deserve and expect.'

Thursday 6 August 2009.

- **Pharmacies close to breaking point due to pressure of HSE's inadequate contingency plans**
- **Four day delays in Waterford and Kilkenny**
- **Medicines being couriered from Dublin to Mayo at huge expense**
- **Serious dispensing error in Tralee – patient given anti depressant instead of anti inflammatory**
- **Cahiriveen HSE dispensary remains closed - Ballina still to open**

The HSE's inadequate contingency plans are continuing to unravel causing increasing hardship for patients all over the country the Irish Pharmacy Union has said.

The worse affected areas continue to be Donegal, Waterford, Mayo, Kerry, North Dublin, Kilkenny, Galway and Limerick.

John Corr, Chairman of the IPU Contracts Committee said they are continuing to receive reports of long delays, HSE dispensaries not having commonly used medicines and prescriptions being incorrectly filled. 'As we pointed out earlier the situation in Donegal is dire. There is a four day delay in Waterford city and one pharmacy that was dispensing has stopped. It is sending emergency cases to Tramore. There is also a four day delay in Kilkenny. There are long delays in North Dublin and we are hearing that several pharmacies there can't cope with demand. Most pharmacies in Limerick and Galway cities were closed this morning. Pharmacies in Spiddal, Claregalway and Barna are also closed. The HSE dispensary in Cahiriveen remains closed while the one in Ballina still hasn't opened. The pressure on these dispensaries and other pharmacies is unsustainable and could well lead to errors.'

The IPU gave a number of examples:

HSE Dispensary Castlebar, Mayo

Yesterday afternoon this dispensary had no Epilim in stock for an epileptic patient. The dispensary has been warned about this dangerous situation by a local doctor.

HSE Dispensary Tralee, Kerry

A patient was prescribed Difene (Diclofenac – anti-inflammatory pain relieving medication) was incorrectly dispensed Affex (Fluoxetine – SSRI anti-depressant)

HSE Dispensary Dungloe, Donegal

Last Saturday the daughter of a cancer patient went to the dispensary with a prescription for Forticreme. She was told to return on Tuesday. The dispensary still

did not have it. Neither did they have it yesterday. A local pharmacist gave the patient the required prescription at no cost.

HSE Dispensary Castlebar, Mayo

Four very straightforward prescriptions were couriered to and from a pharmacy in Monkstown in Dublin to be dispensed. They were dispensed in a pharmacy where there were no patient records for these people and no counselling whatsoever was offered. Two of the scripts were for antibiotic tablets and creams.'

'The HSE is constantly talking about the need to save money but it seems to have no problem couriering prescriptions across the country at tremendous expense. Not alone is this hugely expensive it is also very poor practise' Corr said. He pointed out that medicine supply issues are set to continue. 'The HSE cannot order electronically so there is a two day wait for medicines from wholesalers. The medicines are going to a central point in Dublin before going to the dispensaries which takes another 2 days. So patients are looking at a 4 day wait. As the backlog of prescriptions builds up this situation will be exacerbated.'

6 August 2009

Statement by the Minister for Health and Children, Mary Harney TD re Pharmacy Services

The first priority for everyone working in health at all times has to be the interest of patients.

In any commercial or industrial dispute in the health sector, patients must come first. When there is a dispute over money, as is the case now, services to patients must continue safely. This has been the norm in the health sector and has been properly followed in almost all disputes.

The situation now is that, overall, medicines continue to be provided to the patients of the country as a whole.

But I am very concerned to hear reports of patients being inconvenienced and facing unfortunate and avoidable delays in the supply of their medicines, due to the withdrawal of services by pharmacists.

I am also concerned to hear of medical card patients being charged for their medicines, in some cases clearly in contravention of the Community Drugs contract.

Patients are entitled to receive their medicines safely and effectively.

Currently, over 1,100 pharmacists are contracted and paid to provide drugs free of charge to medical card patients and to patients covered by the Drugs Payment Scheme over the €100 a month threshold. Many pharmacists are continuing to do so fully.

But where there are instances of the service not continuing in full by pharmacists who are in contract, the HSE must, on behalf of patients, use every possible means, including enforcement through the Courts, to ensure contracts are implemented in full, in every respect.

I assure patients that this will have the Government's full support. We will not allow contracts made for patients to be ignored or cherry-picked. For pharmacies in contract, there can be no charges for medical card patients or inappropriate closing of pharmacies and refusal to provide medicines under contracted services in a timely way.

The Government has brought in new and strengthened legislation to assure patient safety and professional standards of pharmacy. I have the utmost confidence that the regulator, the Pharmaceutical Society of Ireland, will carry out all its functions fully.

Payment for service - €500m in 2009 after changes
Patients, as taxpayers, are paying for the Community Drugs Schemes.

This year, even after the changes implemented since 1 July, they will pay half a billion euro to 1,600 pharmacies for the community pharmacy service.

Next year, leaving aside any growth in numbers of drugs prescribed, patients, as taxpayers, will be paying approximately €420m for the service.

This is a fair payment from the community of taxpayers and patients for the community services provided by the pharmacy sector.

It brings remuneration of the pharmacy sector back to the levels of 2006. This is in the context of fees having doubled since 2002. In all fairness, and taking account the financial situation of taxpayers as individuals and the State as a whole, this is a reasonable amount to pay for community pharmacy services.

The new payment rates are now set in law. They have been in effect since 1 July. It is done. There will be no policy change, no change in the law to change the payment rates now.

There can be no case now to divert money needed for health services in the autumn back to the pharmacy sector.

And the financial situation of the country simply does not permit us to row back on savings that are now being made.

It is time to move on from the past of pharmacy remuneration to the future.

Developments in next 12 months

Court case: The measures under the Act are to be tested in the High Court in late October by one pharmacy group. These measures were introduced under law and it is therefore entirely appropriate that challenges should be heard properly in the Courts. All sides will keenly await the outcome. In the meantime, patients are entitled to expect services to them to continue as normal.

Discussions on developmental role for pharmacy:

There are many community based health services where pharmacists can have a greater role. An on-going process of engagement with pharmacists to develop this would be useful. I am prepared to meet and discuss the future of, and developmental role for, pharmacy services with pharmacists and the Irish Pharmacy Union. However, as the IPU know, pricing issues, past or future, cannot be discussed, since no group of independent contractors may form a common position to set prices for services.

Therefore, mediation not possible: Both because of the clear provisions of competition law and because of the Courts testing the legislation in autumn, the issue is not one for mediation. It is not possible to mediate law, especially as it is to be tested in court. Second, it is not possible for the IPU to develop an agreed pricing strategy in conversation with anyone, mediator or Minister. The Financial Emergency Provisions legislation was developed in this context and is the only process available.

Monitoring of savings: We set about to make a particular level of savings - €55m this year, €133m in a full year - under the Act. I know that some pharmacists fear the impact may be greater. We consulted widely, including with the IPU, and engaged professional experts in making this estimate. Now that the measures have commenced, the actual outturn in savings will be monitored carefully. As would be appropriate in any case, given that there is accountability to the Oireachtas for measures made under law, we will monitor and report the actual savings in a fully transparent way, so that the savings objective as planned is achieved, neither more nor less.

Review of measures: The legislation requires a review of these measures by 30th June 2010 and annually thereafter. I will ensure that this review invites all concerned to make their input in plenty of time on the basis of the actual outturn of the measures. The legislation has been enacted by the Oireachtas fundamentally to deal with the very serious fiscal situation the country faces and that is the purpose that has to be achieved.

Additional savings - generics: Pharmacists will not be alone in adjusting to payment reductions. Other

measures to reduce costs in the drugs bill to taxpayers will be advanced this year. For example, we will bring forward a scheme for reference pricing for off-patent (generic) drugs in Ireland. This would mean the State would pay one price for any drug that is off-patent, whether manufactured and sold as a generic or a branded drug. I believe this can achieve significant, predictable cost savings, in a method that is somewhat different to generic substitution of branded drugs. I would look forward to pharmacists' input on the implementation of reference pricing.

Manufacturers' prices: The agreement with branded drugs manufacturers (the Irish Pharmaceutical Healthcare Association) runs out in 2010. For the period 2005-2010, savings of €250m will be achieved. We will certainly be looking for more savings from next year and will conduct those discussions also within the constraints of competition law and the fiscal situation.

Given the current situation and these developments, I believe patients are justified in expecting normal community pharmacy services to continue now.

I would appeal therefore to the pharmacy profession to ensure that patients continue to be supplied their medicines in a safe and timely way.

I acknowledge that pharmacists are having to adjust their businesses to the new situation and I know that this can be very challenging.

I want to thank the majority who are continuing to provide services in sometimes difficult circumstances.

The Government also appreciates very much the work of HSE staff at all levels who are working hard to ensure continuity of supply of medicines to patients, particularly at the new HSE pharmacy sites around the country.

Pharmacy has an important and sustainable role as part of integrated community and primary care health services funded by the taxpayer.

**7.00 pm Thursday 6 August 2009.
Irish Pharmacy Union makes initial response to statement on dispute by Minister for Health**

President of Union:

- **Calls for appointment of Third Party to review impact of cuts.**
- **Expresses belief that majority of pharmacists would restore full services quickly if the Minister agreed to such an appointment.**

■ **Reiterates "grave concerns" that someone may die in coming days as contingency plans are clearly inadequate to cope with crisis.**

The President of the Irish Pharmacy Union has responded to the statement on the pharmacy dispute issued this evening by the Minister for Health & Children, Mary Harney TD.

Speaking this evening, Ms Liz Hoctor said she was disappointed that the Minister seemed focused on justifying the crisis which she had created in the pharmacy profession; *"this week has demonstrated beyond doubt that the pharmacy profession is a critical part of the healthcare infrastructure. We have seen the chaos that arose when pharmacists were forced to withdraw from the community drug schemes and we have seen the failure of the HSE's contingency plans. The chaos can't be allowed to continue."*

Ms Hoctor said that while the Irish Pharmacy Union was dismayed that the Minister continues to rule out face to face talks or mediation, she believes that hundreds of pharmacists would re-open their pharmacies before the weekend if the Minister agrees to the appointment of an independent third party to review the impact of the proposed cuts and the ability of the sector to withstand such cuts this year and next.

She continued that the Union has always been prepared to accept a cut that was proportionate to that being levied on other professionals in the health services; *"we are fast reaching a stalemate. But my members are telling me that in the present emergency and in the interests of patient safety they may resume normal services, if the Minister were to agree to the appointment of an independent third party to (1) review and establish the impact of the proposed cuts on the sector during this calendar year and (2) before the next budget to assess, in the light of that information, what would be a reasonable level of savings that the HSE could expect the sector to contribute next year in the context of the current economic crisis and the need to maintain patient services and jobs."*

Ms Hoctor also said that pharmacists were increasingly worried about the potential for serious injury or even death if the dispute goes on into next week; *"the contingency plans have failed. They are not operating to a proper standard of safety or professionalism and they must be ended and full services restored in community pharmacies...the ball is now in the Minister's court to see if she will facilitate that outcome"*.

9.00pm Tuesday 11 August 2009

- **In light of growing risks to patient safety, Irish Pharmacy Union urges members to resume normal services across the country**
- **Special meeting called for tonight in Dublin to get support for proposal**
- **Warning that significant issues remain “unresolved”**

The Executive of the Irish Pharmacy Union [IPU] has this evening urged pharmacists to resume normal services immediately in the interests of patient safety, in order to prevent a recurrence of the chaotic scenes of yesterday and last week, and in light of commitments made by the Minister in recent statements.

The Executive has called an emergency meeting of members to take place in Dublin this [Tues] evening in order to advise them of the reasons for making this decision and to discuss the continuing dispute with the Minister for Health and Children.

Speaking today, Ms Liz Hoctor, President of the Union, made it very clear that some of the issues which caused this dispute have not been resolved and warned that further disruption to services was almost inevitable if they are not. She said; *“The bottom line is that the cuts which the Minister has forced through will have a very real and detrimental impact on the quality of patient care which community pharmacists can provide.”* She said; *“In this dispute I hope it was made clear to people that our ability to continue to provide high levels of service is threatened by the Minister’s actions. That is a key point for people to remember long into the future.”*

She continued; *“We have made progress on some matters; the Minister has stated emphatically that she will not seek to remove a cent more than €133 million from the sector on foot of these cuts – and not the €169 million that we feared would follow. And the Minister has agreed to create a dialogue involving pharmacists on the future and developing the role of the profession. We will engage vigorously and urgently with that process.”*

Liz Hoctor continued; *“the Executive believes that pharmacists should resume normal services as a matter of urgency and assist their patients who have borne the brunt of the total failure of the HSE contingency plans over the past 11 days. The idea that the Air Corps would be drafted in to support the HSE in rural Ireland or that a firm of solicitors paid for out of taxpayer’s money would be threatening legal action against pharmacists testifies to the failure of the plan. That failure also clearly demonstrated to the HSE and the Minister the importance of pharmacists to the*

health services - which they obviously did not understand or appreciate.

“Pharmacists have made clear over the past 11 days that the pharmacy profession is united and is prepared to fight for the right to proper representation and input into issues that affect our profession and patient welfare.”

Ms Hoctor also confirmed that, while there had been some contact between the Department and the IPU over recent days, no acceptable basis had yet been found for a meaningful engagement to address the issues in this dispute.

Ms Hoctor said that she acknowledged the commitment by the Minister to carry out a Review before the 30th June 2010 of the operation, effectiveness and impact of the [fee] amounts and rates introduced by her on the 1st July 2009. This Review will also consider the appropriateness and fairness of those amounts and payments having regard to all relevant matters. She said; *“If pharmacists are to have confidence in this review, it is essential that there is scope for meaningful engagement by the Union in that review and that its views are fully taken into account and reflected in the outcome of the review.”*

In order to address pharmacists’ concerns in relation to this matter, Ms Hoctor said that the Union would be writing to the Minister setting out its proposals on how the future relationship between the parties should be conducted and the Union is prepared to engage with the Minister on this agenda. She continued; *“The Minister has to recognise that, irrespective of what legislation she is acting under, she cannot hope to bring about real and lasting change without the involvement and participation of all parties.”* The Union has prepared a paper setting out a process for such an engagement.

Ms Hoctor warned that any attempt by the HSE to place obstacles in the way of any pharmacist who decides to resume normal services will be met with a very swift response.

Friday 14 August 2009
Pharmacists Thank Patients for Support and Understanding During Recent Dispute

Express Regret that they were Forced to Take Action

On behalf of pharmacists all around the country, the Irish Pharmacy Union has expressed its thanks to patients for their patience, forbearance and support during the recent dispute.

Liz Hoctor, President of the IPU said that while patients had been inconvenienced by the dispute the feedback pharmacists had received was overwhelmingly positive.

‘We know that many patients were hugely inconvenienced when pharmacists were forced to withdraw from the community drug schemes. And given the failure of the HSE’s contingency plans we know that it went well beyond inconvenience in very many instances. It was extremely difficult for pharmacists to direct patients to other pharmacies or the HSE dispensaries, but I think patients appreciated the fact that their pharmacists continued to care and advise them. I know of many instances where pharmacists, their staff or family members collected and delivered medicines on behalf of their patients. That’s what community pharmacy is all about and that is why in the end we called on our members to resume dispensing under the schemes’.

Ms Hoctor said that while pharmacists had been forced to take the action by Minister Harney’s unilateral action of reducing payments by 34% and her refusal to meet with the IPU she said there had been a number of positives from the dispute.

“The Minister has now given a commitment to engage in dialogue on the future role of pharmacists and not to remove a cent more than €133 million from the sector on foot of these cuts.”

Ms Hoctor said that while many people have strong views on pharmacists and the service they provide she hoped the recent dispute had led to a greater understanding of the role of community pharmacists.

Local pharmacist X pointed out that pharmacists went back dispensing because of the mounting danger to patient safety. ‘Our patients are our main concern. But people have to remember that in order to provide the professional and personal service we want to provide and our patients expect, pharmacists need to run viable businesses. That is the reality and one which HSE officials have great difficulty understanding. We don’t want a service where pharmacies are forced to close down leaving large parts of the country and our towns and cities without an adequate service and up to 5,000 more people without jobs.’

X said, ‘Hopefully people realize that while pharmacists were more than happy to take an 8% cut in payments like other healthcare professionals, a 34% cut is totally disproportionate and will impact hugely on the ability of pharmacists to deliver the service people expect. Also I hope people realize that the price of medicines is completely outside of the control of pharmacists. That is agreed by the manufacturers and the government. Similarly while

pharmacists would like very much to offer generic medicines where appropriate, we are prevented from doing so by the government.’

In conclusion Ms Hoctor said that undermining the ability of pharmacists to deliver a proper community pharmacy service will have severe repercussions in the future. ‘I hope the Minister, the HSE, will reflect on that, put aside preconceptions – and indeed misconceptions – and engage fully with the IPU in mapping the way forward in a spirit of openness and partnership.’

Wednesday 20 September 2009 **Meetings of Pharmacists hear that cuts are impacting on patient services**

The President of the Irish Pharmacy Union [IPU], Ms Liz Hoctor has warned that pharmacies are feeling the impact of the cuts to their payments introduced by the Minister for Health and Children from 1 July last.

Speaking at the first of a series of regional meetings of pharmacists around the country [which took place in Waterford], Ms Hoctor said that pharmacists would be facing severe financial problems over the coming months as the cuts begin to bite; *“it’s clear that pharmacies and patients are beginning to see the impact of these cuts. Jobs have already been lost and it is likely more will follow. Some pharmacies have already reduced their opening hours. This will ultimately lead to reduced patient access to medicines through their local pharmacy.”*

Ms Hoctor reminded pharmacists that the Minister for Health had undertaken to review the impact the cuts on pharmacies before July 2010. Ms Hoctor said that *“It is now our priority to demonstrate to the Minister the negative impact of the cuts and to seek to have the cuts reduced in order to maintain quality patient care in pharmacies.”* She said: *“This issue will not go away until it is satisfactorily addressed.”* She also informed members that the constitutionality and fairness of the legislation (the Financial Emergency Measures in the Public Interest Act 2009) and the Minister’s action will be challenged in the High Court this autumn.

Ms Hoctor also noted the support which the public had shown to pharmacists during the dispute and thanked pharmacists for responding to the needs of their patients during this difficult time.

Local Pharmacist, X from X said that the recent dispute between pharmacies and the Minister for Health had highlighted the vital role played by community pharmacists. He said that one of the key challenges for pharmacists would be to expand their service offering; *“the pharmacist has huge potential*

for providing outreach programmes in the community. Whether it's managing chronic illnesses like diabetes or administering vaccinations such as the Swine Flu vaccination or prescribing for minor illnesses, the challenge will be to provide additional services which will benefit patients and provide a more cost effective solution for the Exchequer."

Thursday 17 December 2009

Pharmacists Respond to High Court Ruling

The Irish Pharmacy Union (IPU), the representative body for 1,800 pharmacists, has expressed its disappointment at today's High Court ruling on the use of emergency powers last July by the Minister for Health and Children to cut payments to pharmacists.

The IPU will review the ruling and its implications with its legal advisors in due course.

In the course of his judgment, Judge McMahon said that Financial Emergency Measures in the Public Interest 2009 Act was "exceptional". He said: "Clearly it is capable of affecting persons adversely and that was one of the objectives of the legislation". In this context, the Union will be taking the opportunity of the forthcoming review of payments by the Minister to demonstrate the impact of the cuts on members. It will seek to have this and related issues addressed in that process.

2. OTHER MATTERS

7 May 2009

- **Students Warned to Protect Against Minor Ailments as Exam Time Begins**
- **Hay Fever Suffers Advised to Take Preventative Steps before Exams**
- **Pharmacists issue Safe Code to help students minimise symptoms of common minor ailments**

The Irish Pharmacy Union (IPU) today warned students taking college, leaving and junior certificate exams that they should protect themselves from minor ailments including headaches, stomach upsets, diarrhoea or constipation and a flare up of certain conditions such as eczema, asthma and acne which can, in some cases, be triggered by stress.

The IPU today issued a Safe Code to help students minimise some of the symptoms that can be associated with minor ailments associated with exam stress. They advise parents and children to discuss forthcoming exams and identify any areas or subjects causing particular concern or worry.

Pharmacists, who estimate that 1 in 10 people's lives will be affected by hay fever at this time of year, warn that students who may be susceptible to hay-fever should take preventative steps now to try to ensure that the ailment does not affect exam performance.

Keith O'Hourihane, Pharmacy First Plus, Cork, said: "*Hay fever can cause severe deterioration in a person's well-being over a number of months as they grapple with symptoms including blocked and itchy nose causing frequent sneezing. Other symptoms include congested or runny nose, itchy skin, itching on the roof of the mouth, coughing, sneezing or a burning sensation in the throat. Watery eyes are also a common symptom of hay fever. Suffering from hay-fever can add stress to a student who is already feeling the pressure of exam revision. Prevention is of course better than cure and students should take steps now to prevent hay fever ruining their exam preparation.*"

The IPU highlights that students may experience bouts of insomnia associated with long hours spent revising or cramming for their exams and advice that other ailments associated with long bouts of studying or 'cramming' are headache, sore eyes, back and joint pain.

Mr O'Hourihane continued, "Exam stress can manifest itself in the body in a number of ways, so we encourage students and their parents to talk to their local pharmacist if they have any concerns or want to take precautions in advance of the exams starting. The best advice is to be prepared and recognise the triggers associated with minor ailments, that way you can treat the ailment as soon as it presents and minimise its impact."

The Safe Guide to Exams is available at www.ipu.ie

"The ailments discussed in our safe guide are just a few that can arise in the run up to exam times. This advice is just a guideline on how to prevent illness. A face to face consultation with a local pharmacist can help to assess whether a student needs further medical intervention and can be the first step in ensuring that a minor ailment does not become a problem during exam time," Mr O'Hourihane said.

8 May 2009

■ **Rising diabetes crisis – pharmacists urge Government to introduce screening for patients through pharmacies**

Pharmacists have today called for the introduction of a screening programme for diabetes through pharmacies across the country to counter the growing incidence of the disease in Ireland. As many as 200,000 people in Ireland now suffer from Type 2 Diabetes with tens of thousands of people not even aware that they have the disease. The treatment of Type 2 Diabetes costs the Irish health service €580 million every year and it is being described as a silent epidemic.

Liz Hoctor, IPU President, *“Early detection of a disease is naturally better for the patient and is also more cost effective for the health service. The community pharmacy network in Ireland is an under-utilised resource. Because of their extended opening hours, pharmacists are very accessible healthcare professionals, which makes the pharmacy the ideal location for the provision of screening services. This would make access to healthcare more inclusive, improve patient care and implement preventative healthcare interventions which will transform the management and treatment of chronic diseases in this country”*

The call was made today following news that there is an extremely high incidence of diabetes in Northern Ireland. Up to ten people a day are diagnosed with the condition in the North, and latest figures show over 62,000 people have the disease. Representing 1,900 pharmacists across the country, the Irish Pharmacy Union expressed deep frustration about the lack of political will to expand the role of the pharmacist to allow them to play a greater role in the management of chronic diseases like Diabetes.

Ms Hoctor continued, *“The introduction of screening for diabetes, and indeed other chronic diseases through pharmacies would make significant savings for the Exchequer by reducing the demand for services in other parts of the healthcare system, including the already over burdened A&E departments. If the Government fails to act, it is a missed opportunity, especially for patients. The time has come for the powers that be to think outside the box and recognise this is an obvious solution for improved healthcare which is practical, and with long-term benefits to patients.”*

19 May 2009

Local Pharmacists launch Free guide on Common Ailments in Babies and Young Children

■ **Guide gives practical tips on how to treat conditions such as Nappy Rash and how best to administer medicines to children**

Babies are born with some immunity from infection which lasts for about 3 months. After this time, they begin to suffer from sickness such as colds and sick tummies. When children get sick it can be a very worrying and stressful time for parents, especially first time mums or dads. A simple guide called ‘Common Ailments in Babies and Young Children’, launched by the Irish Pharmacy Union today, gives a snapshot of the most common illnesses that children get and what parents can do to treat their child. It also gives advice on how to administer medicines safely to children. The guide is available free in pharmacies nationwide.

Ailments such as colds, coughs, croup, pain and fever, teething, colic, nappy rash as well as colic and diarrhoea are covered in the guide. It lists the symptoms, the treatment, general healthcare advice and guidelines on when to see a doctor if conditions persist or don’t improve.

The advice from pharmacists in treating nappy rash is to follow the A,B,C, D method:

- A** Air the baby’s skin and allow the baby to go without a nappy when possible.
- B** Barrier, apply a protective cream to protect the baby’s skin from excess moisture at each change.
- C** Cleansing. Change nappies as often as possible and as soon as they are wet or soiled. Avoid wipes and products containing alcohol. Pat the baby’s skin dry after cleaning.
- D** Disposable. Disposable nappies are less likely to cause nappy rash.

Pharmacist Aisling Reast says, *“Babies and young children are susceptible to common infections and bugs, especially when they start mixing with other children. Most of the time the child is not in danger however, it is advisable that parents are aware of the most common conditions and some of the main symptoms and treatments related to conditions such as fever, nappy rash, teething and colds.”*

In relation to nappy rash for example, if the rash lasts more than a few days or develops blisters or spots or if you suspect the baby may have a thrush infection you should consult your pharmacist who can either help you treat the baby or advise you on whether you need to see a doctor.”

Pharmacists also give practical advice on how best to administer medicines to young patients.

- Always use the 5ml spoon or dosage syringe provided with medication don't use household spoons.
- Give liquid medicines slowly to avoid choking.
- Do not give a child any medication without first consulting a pharmacist or doctor.
- Stick to the correct dose.
- Keep medicines out of the reach of children at all times.

Ms Reast also reiterated the fact that pharmacists are available at all times to give advice on family healthcare. *"Your local pharmacist is your first port of call if you are concerned about a child and need to speak to someone in confidence,"* said Ms Reast.

28 July 2009

Pharmacists welcome commencement of outstanding sections of the Pharmacy Act 2007

The Irish Pharmacy Union (IPU), the representative body for 1,900 community pharmacists across the country, has welcomed the commencement of the outstanding Sections of the Pharmacy Act 2007, which was announced today by the Minister for Health and Children, Mary Harney, TD. Ms Liz Hoctor, President of the IPU said: *"We welcome the fact that the Pharmacy Act is now fully enacted. The Act recognises the increasingly important role played by pharmacists in health care delivery."*

The Sections of the Act commenced today provide for the introduction of a fitness to practice regime for pharmacists and pharmacy businesses. They also deal with the prohibition of certain economic relationships between pharmacists or pharmacies and medical practitioners or medical practices.

Ms Hoctor went on to say *"The development of business relationships between GPs and pharmacists has the potential to put patient safety at risk and undermine patient choice. I welcome the fact that the Minister has introduced specific provisions to deal with this issue in the Pharmacy Act."*

Ms Hoctor referred to the Sixth Shipman Report which states: *"It is now generally accepted that the involvement of a pharmacist in the process of providing medication to a patient acts as a safety check against error. It went on to state that: "where prescribing and dispensing functions are carried out by the same person or within the same commercial or professional entity, there is a potential for the loss of professional objectivity or even abuse."*

September 2009

Pharmacists recommend festival goers bring tissues and hand gel.

The Irish Pharmacy Union, the representative body for 1,900 pharmacists, is strongly recommending that people going to Electric Picnic this weekend bring adequate supplies of tissues and alcohol-based hand gel as a precaution against the H1N1 virus (Swine Flu). Tissues should be placed over the nose and mouth when coughing or sneezing and disposed of in a bin straightaway. An alcohol-based hand gel should be used to clean hands frequently and especially after sneezing and using toilet facilities.

35,000 music fans will make their way to the Electric Picnic Festival this weekend. With so many fans attending the festival, the Irish Pharmacy Union (IPU), which represents 1,900 pharmacists across the country, today issued some practical tips on health issues for festival goers to consider while attending the festival.

Fearghal O'Nia, a Dublin-based pharmacist said: *"Festivals are a time for people to have fun and let their hair down. Pharmacists are giving some tips on staying healthy at the festival, especially since we are in the midst of the Pandemic H1N1."*

Precautions Against the Pandemic H1N1

- Avoid close contact with people who appear unwell and have a fever and cough.
- Clean hands regularly, especially after sneezing or coughing or using toilet facilities. Ensure that they are cleaned thoroughly with an alcohol based hand cleaner (with at least 60% alcohol) – ask your pharmacist to demonstrate the correct technique.
- Always carry tissues.
- When coughing or sneezing:
 - Turn head away from others.
 - Use a tissue to cover nose and mouth.
 - Dispose of the tissue immediately afterwards in a waste bin.
 - Clean hands after discarding tissue by using an alcohol gel for at least 15 seconds.
 - If you have no tissues immediately available, coughing or sneezing into your arm or sleeve (not into your hand) is recommended.

Prescription Medication:

- Make sure to bring along an adequate supply of any prescription medication you may be taking. Some medications lose effectiveness or may cause adverse reactions if mixed with alcohol. If in doubt consult your local pharmacist in advance. He/she can inform you of any safety risks involved. Prescribed medication should only be taken by the patient they have been prescribed for.
- Asthma sufferers should take preventative inhalers even if they are not showing any symptoms. Being outdoors and exposed to pollen and dust may cause asthma to flare up. Carry an inhaler with you at all times and make sure you have an ample supply.
- Anyone with an allergy to any prescription medicine, such as penicillin, should wear a bracelet or necklace which states this fact. In the case of an emergency, medical personnel will be made aware of your allergy and will know the correct medication to administer without putting your life in danger.

Sexual Health

- If you intend to be sexually active at the festival, take precautions and practice safe sex. Always use a condom to protect against sexually transmitted infections such as Chlamydia or HIV.
- Remember that vomiting and diarrhoea can render oral contraceptives ineffective.

Suncare

- Apply high sun protection factor (SPF). At least factor 15+ but ideally complete sunblock. Reapply regularly.
- Wear a hat and shades.
- If you suffer from cold sores, wear a lip balm with high sun protection and carry a cream to treat cold sores.

30 October 2009**The Elton John AIDS Foundation, Health Service Executive and IPU announce a partnership to provide community needle exchange services throughout Ireland**

On October 30 2009, the Health Service Executive announced a new partnership with the Elton John AIDS Foundation and the Irish Pharmacy Union to provide additional needle exchange services (NEX) through Community Pharmacies in 65 new locations across the country.

Mr John Curran T.D., Minister of State with responsibility for the National Drug Strategy 2009-2016 in welcoming the contribution of the Elton John AIDS Foundation said that *“their partnership with the Health Service Executive and the Irish Pharmacy Union will provide a significant additional dimension to the work of the existing services aimed at preventing the spread of Blood Borne Viruses. It also increases the opportunities to persuade this high-risk group of people to engage with treatment services so that their health problems can be fully addressed. It is a great example of how the Statutory sector can work with the voluntary philanthropic and the private sectors to impact in a significant way on a public health threat and fits within the overall direction of the new National Drugs Strategy”*.

The Health Service Executive is committed under Action 34 of the National Drugs Strategy [2009-2016] to extending NEX where they are required. This new partnership enables the Health Service Executive to implement this action in a targeted, discreet and safe way, which not only takes used needles out of local communities for safe disposal but facilitates injecting drug users engagement with health services in their communities and encourages them to give up substance misuse and take up treatment. This is an internationally recognised effective method to reduce heroin injecting and an effective public health intervention which considerably prevents the spread of HIV and Hepatitis C viruses.

Sir Elton John, founder of the Elton John AIDS Foundation said: *“Needle exchange programmes work. This has been documented around the world and is the reason why The Elton John AIDS Foundation in the US is a core member of the Syringe Access Fund. I'm delighted the Irish government has chosen to promote proven methods to mitigate the danger of HIV.”*

The Elton John AIDS Foundation will play a critical role in setting up this programme over the next three years, with the Health Service Executive signed up to continuing the programme after that. Anne Aslett, Director of the Elton John AIDS Foundation said: *“We know from our work in Eastern Europe that providing injecting users with NEX not only prevents*

transmission of HIV and hepatitis but also provides a critical entry point into health and rehabilitation services. We wanted to identify a programme that would have a widespread and lasting impact on the HIV epidemic in Ireland. This programme can do exactly that. Our funding can accelerate the roll out of a network that will benefit anyone in the community who has to use injecting equipment in the future."

The Irish Pharmacy Union has been involved in the development of this work and their members will provide a discreet and safe needle exchange service in local communities. The involvement of key frontline health professionals in this manner will help not only to address the exchange of needles but will also provide expert clinical advice and support to substance misusers on their health risks and health needs. Pamela Logan, Director of Pharmacy Services said: *"Pharmacists are very supportive of this initiative, which will help people, who live in the local community and have a drug addiction problem, to access healthcare and improve their health. Ultimately, this will be a first step towards helping these people on the path to recovery. Pharmacists in the UK and other countries are already providing this service. We look forward to discussing and agreeing this programme with the Health Service Executive."*

Tony Geoghegan of Merchants Quay said: *"I am totally supportive of the Health Service Executive's plan to roll out a national pharmacy based needle exchange and health promotion programme."*

16 November 2009 **Pharmacists urge caution on introducing prescription charge.**

The Irish Pharmacy Union has today urged caution in regard to any attempt to introduce a prescription charge. The idea of a prescription charge was raised by the Minister for Health and Children yesterday. According to the IPU, full consideration must be given to various issues, such as whether certain patient groups or those suffering from particularly medical conditions would be exempted from this charge, before any changes could be implemented. The IPU called on the Minister to work with key stakeholders including doctors and pharmacists on any initiative of this nature.

The IPU also said that the Minister should immediately implement previous proposals made by the Union to maximise the rational and cost-effective use of medicines, which have the potential to generate more savings than the introduction of a prescription charge.

Since 2002, the IPU has made repeated proposals to reduce overuse and wastage of medicines and to achieve better value for money for Government and for patients.

These proposals, which were never implemented, include the introduction of **Medicines Use Reviews** to make sure the patients were getting the full benefit from the medicines and to ensure patients were taking only those medicines which were clearly necessary for their treatment.

The IPU has also long called for increased use of cheaper **generic medicines**. Pharmacists have sought to be permitted to offer patients the choice of a cheaper generic medicine, where it is safe to do so. This change, which has the potential to save tens of millions of euro on the state drugs bill, could be introduced overnight by the Minister and the state would begin to make savings immediately.

The IPU believes that the current financial pressures make these changes more urgent and called on the Minister to introduce the necessary legislative changes immediately.

Pharmacists have also argued for more medicines which have long established safety profiles to be made available without prescription for the treatment of minor conditions, as is the case in many other countries. This would allow patients to obtain safe and effective treatments for a number of minor conditions, such as conjunctivitis, thrush, heartburn and impetigo, directly from their pharmacist, and would relieve some of the pressure on overworked GPs and on hospital A&E Departments.

These proposals, which are already in place in other jurisdictions, would reduce costs and ensure patients continued to have access to essential medicines. The proposals would reduce wastage and ensure patients were taking their medicines correctly, thereby saving money on hospital care. They would also instantly afford patients access to cheaper medicines.

9 December 2009 **Pharmacists respond to Budget Announcement**

The Irish Pharmacy Union (IPU), the representative body for 1,800 pharmacists, has today warned that the introduction of prescription charges for medical card holders could lead to certain patients no longer taking essential medicines and, as a result, requiring hospitalisation.

IPU President, Liz Hoctor, said: *"It is ironic that when prescription charges are being phased out in other jurisdictions, Ireland is introducing them. Pharmacists understand the need to tackle medicines wastage, however, there are better ways to deal with this issue, which the Union has been advocating for years. These alternative proposals would not place patients' health at risk."*

Calling on the Minister for Health and Children to discuss the concerns around the implementation of prescription charges with key stakeholders, Ms Hoctor asked: *“Has consideration been given to what happens when a patient is unable to pay these charges? What happens when a patient with a serious health condition refuses to pay these charges, but clearly needs their medication? Will certain patients be exempt from the charges? Who is going to collect these charges and what is the cost of collecting them.”*

The IPU had proposed alternative measures to reduce the overuse and wastage of medicines. The proposals, which are already in place in other jurisdictions, include the introduction of Medicines Use Reviews to make sure patients were getting the full benefit from the medicines and to ensure patients were taking only those medicines which were clearly necessary for their treatment.

Responding to an announcement in the budget that the Government planned to enter into an agreement with the pharmaceutical manufacturers and also introduce a system of referencing pricing, Ms Hoctor said that in order to ensure continuity in the supply of medicines, the implementation of all changes must be discussed and agreed with the Irish Pharmacy Union.

In relation to the proposal to impose further reductions on the fees paid to health professionals, Ms Hoctor said: *“Pharmacists have already suffered a massive and disproportionate 34% cut in payments from the State this year. These cuts are already damaging patient services and pharmacists cannot withstand further cuts.”*

21 December 2009 **IPU welcomes PSI Guidelines on Codeine Medicines**

The Irish Pharmacy Union (IPU), which represents 1,800 pharmacists, today welcomed the announcement by the Pharmaceutical Society of Ireland (PSI) that it had published draft guidance for pharmacists on the safe supply of non-prescription medicinal products containing codeine. The announcement comes a few weeks after the IPU and the Irish Pharmaceutical Healthcare Association (IPHA) jointly produced a protocol to assist pharmacists in the sale of codeine-containing medicines.

The IPU and IPHA ran a public awareness initiative in August 2007 highlighting the safe use of pain relievers and the problems associated with their overuse or abuse. In particular, people were advised to speak to their pharmacist on the appropriate use of codeine, which is contained in a wide range of pain relievers and available from pharmacies without a prescription. The campaign recommended that people always follow the instructions which accompany the medicines and not use them for longer than stated on the pack, unless advised to do so by their doctor.

“Non-prescription pain relievers can be very effective in relieving the symptoms of headaches and other forms of pain when taken correctly,” said Keith O’Hourihane of Pharmacy First Plus, Cork and Chairman of the IPU’s Community Pharmacy Committee. *“However, taking medicines which contain codeine for longer than instructed or misusing them can lead to physical and psychological dependence and result in withdrawal symptoms, such as restlessness and irritability once the patient stops taking the medication.”*

Patients who use pain relievers which contain codeine for longer than three days at a time or exceed the recommended dosage could also experience what is called rebound headaches. Pain relievers offer quick relief for occasional headaches but incorrect use may actually contribute to headaches rather than easing them.

Pamela Logan, Director of Pharmacy Services in the IPU, advised: *“People who misuse non prescription pain relievers can become addicted to certain substances and suffer withdrawal symptoms if they do not continue to take them. The pattern of usage then becomes a vicious circle resulting in dependency. We hope that by highlighting this issue, patients will be mindful of the problems that can result from the misuse of such medications and will consult with their pharmacist who can advise them on appropriate medical care, which will minimise any potential risks to themselves or their families.”*

8 January 2010 **Quitting Smoking? Ask your Pharmacist First**

Pharmacist Kathy Maher is currently working with RTE’s The Afternoon Show to help people to give up smoking. For the next ten weeks, the Afternoon Show will track the progress of three volunteers who have decided to quit smoking. Click on the link below to see Kathy on the show.

If you would like to quit smoking, ask your local pharmacist, who is a healthcare professional and will be able to provide you with advice, encouragement and support on quitting and staying off cigarettes.

- Every 6.5 seconds someone in the world dies from tobacco use = 1.5 million people dying needlessly each year.
- Every cigarette a person smokes reduces his/her life by five and a half minutes.
- In Ireland, smoking is the leading cause of avoidable death. Nearly 7,000 people die each year from the effects of smoking and thousands of others are ill because of smoking-related diseases

Reasons for giving up:

- Better quality of life, to be fitter/ healthier.
- To improve lung function
- To reduce risk of cardiovascular complications in later life
- Financial Reasons

Health Benefits start straight away:

- Within 20 minutes circulation will improve, heart rate and blood pressure drop.
- Within 24-48 hours all the carbon monoxide will be eliminated.
- Within a few days sense of smell and taste will start to improve.
- After 72 hours breathing will improve and energy levels will increase.
- Within 1 year the chance of heart attack drops by half and within 10 years the risk drops to almost the same as a non-smoker, or having never smoked

15 January 2010

Cancer Control Programme Welcomed

The Irish Pharmacy Union, the representative body for 1,800 pharmacists, welcomes today's announcement on the roll out of colorectal cancer screening and the cervical cancer vaccine. The President of the IPU, Liz Hoctor said: *"These are very positive developments for patients and will lead to the early detection and treatment of colorectal cancer and reduce the risk of cervical cancer among women."*

31 January 2010

Pharmacists welcome deal with pharmaceutical manufacturers to lower medicine prices for drug schemes but warn of transition difficulties.

The Irish Pharmacy Union, the representative body for 1,800 community pharmacists, responded to the agreement between the pharmaceutical manufacturers and the Government to reduce the price of medicines saying that it was good news for patients, particularly those patients who do not qualify for a medical card.

Liz Hoctor, President of the IPU, said that *"Pharmacists repeatedly pointed out that the cost price of medicines in Ireland is substantially higher than in many other European countries. This agreement will bring the cost price more in line with that being charged elsewhere. This move is too long overdue and is to be welcomed for patients."*

"However, pharmacists have not been allowed to begin purchasing medicines at the new lower prices in advance of 1 February, the date on which the changes come into effect. This means that the medicines, which pharmacists stock on their shelves for patients on behalf of the HSE, will now be paid for by the HSE at the new lower rates, despite having been purchased by pharmacists at the high prices which were previously agreed between the HSE and the drug companies. This discrepancy is yet another severe financial blow for pharmacists, who have already suffered pay cuts, which were much greater than were imposed on any other group."

The Minister for Health and Children will be carrying out a review of pharmacy payments later this year and the IPU will be making a submission outlining the negative impact of the cuts on patient care and employment.

4 March 2010

Minister for Health Launches New Pharmacy Campaign to Improve Asthma Control

A new campaign to promote asthma control was launched today by Minister for Health and Children, Mary Harney TD. The campaign, a joint initiative between The Asthma Society of Ireland and the Irish Pharmacy Union, will encourage patients with asthma to visit their local pharmacist to get advice on getting the most from their inhaler. The campaign was prompted by the fact that two out of three asthma patients do not have their symptoms under control. Incorrect inhaler technique can result in poor asthma control and an increase in symptoms. The campaign is running in pharmacies across the country and asthma patients are invited to visit their local pharmacy to have their inhaler technique checked for free.

Mary Harney TD, Minister for Health and Children, said: *"I would like to congratulate the Asthma Society of Ireland and the Irish Pharmacy Union for this initiative. By spending a few minutes with a pharmacist, patients could significantly improve the management of their asthma and reduce their need to attend hospital. Simple, yet very effective initiatives such as this, improve patients quality of life. I would encourage anyone with asthma to avail of this opportunity."*

Dr Jean Holohan, CEO of the Asthma Society of Ireland, said: *"This campaign is targeting one of the*

common reasons for poor asthma control. Inhaler medication is the cornerstone of asthma management but if patients are not using inhalers correctly they are unlikely to get the full benefit from their medicine. I would encourage patients, and parents of children with asthma, to drop into their pharmacist and get advice on how to use their inhaler. It will only take a few minutes and could significantly improve their asthma control, reduce symptoms and improve quality of life”

Liz Hctor, President of the IPU, said: *“Community pharmacists are uniquely placed to advise and support patients with asthma on how to improve their inhaler technique so patients get the most from their medication. We encourage patients to visit their local pharmacist, bring along their inhaler(s) and the pharmacist will not only assess their inhaler technique but will also provide practical advice on living with asthma. As there are a number of different inhalers used to treat asthma pharmacists will provide specific instructions tailored for individual patients needs.”*

Poor asthma control is responsible for 5,000 hospital admissions and 22,000 visits to Accident and Emergency units every year. Asthma is the most common respiratory condition in Ireland and the most common chronic disease in children. The inhaler technique campaign is one of a number of projects initiated by the Asthma Society of Ireland to improve asthma management.

The campaign is supported by a national radio advertising campaign. People with asthma are also encouraged to visit www.asthmasociety.ie for further information on asthma and videos on inhaler technique.



Appendix XII

A SELECTION OF LETTERS PUBLISHED IN NEWSPAPERS

IRISH EXAMINER AND IRISH INDEPENDENT 3 JULY 2009

Health Minister Mary Harney has once again demonstrated her ignorance and lack of understanding of her own healthcare system. Instead she has again bulldozed through half-thought-out legislation and cuts without a single consideration for those left to pick up the pieces — no consideration as to how these cuts filter down the line or how they will affect the patient.

Last week Ms Harney announced that she would cut fees by 35% to pharmacies with less than two weeks' notice. Since then, neither she nor her department has been in touch with the pharmacy contractors to advise them of the cuts.

Instead, they must rely on what they read in the press and attempt to rustle up contingency plans to save their businesses while maintaining their responsibility to care for their valued patients. In no way does this foster the vital multidisciplinary teamwork and communication which our health service so badly lacks.

When one examines Minister Harney's performance as health minister, it's clear she does not believe in teamwork. Negotiation is never an option. It seems communication isn't even an option. She tells no one of her plans, her reasoning or her justification. Instead jobs are lost, services are compromised and patients suffer with very little (if any) savings to the HSE.

Now, more than ever before in this crisis, we all need to get the best minds together, sit around the table and work out a way to save money, sustain jobs and services and, most importantly, put the patient first.

This is called working as a team, Mary. Maybe you should try it sometime.

Padraig McGuinness, Pharmacist, Kinlough, Co Leitrim

Irish Times 7 July 2009

Ian O'Mara (July 3rd) castigates pharmacists for deciding to end our involvement in the medical card scheme after August 1st. He packs a lot of outrage into a short letter but completely avoids the obvious question of what he would have us do instead. Mary Harney has imposed a 3 per cent cut on our State income. She has done this using her powers under the Financial Emergency Measures in the Public Interest Act 2009 which allows her to ignore any

existing contracts between us and the State; and offer whatever rate of remuneration she considers "fair and reasonable".

The stark choice we get under this legislation is to accept the new rates or to withdraw our services. There is no appeal process open to us.

This 34 per cent cut will force the closure of up to 300 pharmacies. This figure is not based on spin, hype or hyperbole but on hard, audited fact. Our decision to withdraw from all State schemes, not just the medical card scheme, has not been taken lightly. It is intended to get us into talks to protect these pharmacies, their workers and the long-term interests of the patients they serve, by achieving a negotiated settlement. We would obviously prefer to resolve this issue now if we were allowed to do so, rather than against a backdrop of disruption in August. However, given that negotiation is not currently on offer to us, if Mr O'Mara has a better idea for how we should proceed then I for one would love to hear it. – Yours, etc,

Fintan Moore, MPSI, Templeogue, D6W.

Mary Harney's idea to establish a "tendering process for the distribution of subsidised drugs by pharmacist" ("TDs told of EUR1bn in health budget cuts", July 3rd) shows the fallacy of having an individual with no knowledge of health matters in charge of our health system.

It also shows that she still believes in the type of economics that led us into the bubble.

Pharmacists exist as an essential second check in the process of providing patients with the medications (effectively, controlled poisons) that they may need. Without that second check patients are not adequately protected.

Centralising the distribution of medications in the manner suggested would create the type of dispensing factory that might sound plausible, but the need for patient safety would require the employment of such a large number of pharmacists that it would in fact cost much more.

If not, the cost of litigation when things go wrong with such a system would be unimaginable.

As a pharmacist, although not employed in the community sector, I do think that this part of our health service can be improved and, as a result,

millions saved. However, this will be achieved by applying knowhow from front line health care professionals and not by cutting corners. – Is mise,

Oisín O Halmhain, MPSI, Viking Harbour, Usher's Island, Dublin 8.

I am an independent pharmacist who would like to comment on our current dispute with our paymasters, the HSE.

Minister Mary Harney has imposed, without discussion, a reduction of my HSE fee income (the bulk of my business) of 42% per cent a year, effective from July 1st.

To put this in context, GPs, dentists etc have suffered an 8 per cent fee reduction (the pharmacist average is 35 per cent). I fully accept that changes to the current model of our remuneration are necessary (and require reduction), but I would have thought that these changes could be arrived at through negotiation or talks, as opposed to diktat.

Maybe I am being unreasonable but I believe that negotiation is a democratic right.

All I ask, is that the Minister and her officials negotiate with the IPU and we will find a resolution without any negative impact on our customers. Talk to us. We are reasonable people. – Yours, etc,

Emmet Feerick, Feerick's Pharmacy, Leixlip, Co Kildare.

Irish Times 9 July 2009

Your editorial (July 6th) states that all groups must be seen to pull their weight and take their share of the pain. Of all people in society, pharmacists understand the seriousness of the country's economic situation.

My colleagues and I see patients coming into our pharmacies with a medical card, who never before needed a medical card.

The editorial fails to point out that in March of this year, pharmacists offered to help the Government make savings of EUR83 million. We offered to take an 8% cut in our fees as other healthcare professionals were asked to give, in addition we also showed how EUR30 million could be saved through enabling pharmacists to offer patients the choice of a cheaper generic medicine, where it is safe to do so.

We are currently prevented from doing this through a clause in an agreement between Government and pharmaceutical manufacturers.

The Editorial accused pharmacists of targeting medical card patients in its dispute with Government on drug margins. This is simply not the case.

Historically pharmacists provide an essential service and support to their patients in their local community above and beyond mere supply of medicines.

I do this on a daily basis on Achill Island and after 18 years here still get immense personal satisfaction from contributing to our rural community.

However, the massive cut which is being proposed by the Minister is unreasonable.

This cut is four times higher than what is being imposed on other professionals and will undermine rural pharmacy services in particular.

Although I am the only pharmacist here in Achill Island, I simply cannot afford to maintain pharmacy services for the people of Achill under the cuts made by the Minister for Health and regrettably with a very heavy heart, I have served 30 days notice on the HSE of my intention to discontinue provide a services on the community drugs schemes. – Yours, etc,

Noel Stenson, Pharmacist, Achill Island, Co Mayo.

Irish Independent 15 July 2009

I wish to congratulate Shane Phelan on his report, 'HSE blows millions on overpriced medicines' (Irish Independent, July 13). For once someone is prepared to properly examine the Irish drugs bill and not just lay the blame at the door of pharmacists.

The cost price which I or my fellow professionals pay for medicines is set artificially high and is much higher than that in Spain or Greece, for example.

The penetration of cheaper generic medicines is much lower than other EU countries.

This is at least partly due to the fact that pharmacists cannot substitute more expensive medicines with a cheaper alternative when appropriate. We are one of only four countries in the EU where this is the case.

On June 18, Health Minister Mary Harney announced deep cuts in payments for pharmacy services. By her own figures the cuts are at least three times those imposed on other health care professionals or barristers or government contractors.

These cuts will decimate the service and place thousands of jobs in jeopardy.

The minister is correctly seeking value for money. But hopefully the solution will not mirror that of the banking crisis – services bled dry to save a fraction of what is being squandered elsewhere.

Des Treacy MPSI, Community Pharmacist, Ballinrobe, Co Mayo

Offaly Topic 23 July 2009

Both myself and my staff have worked hard to provide a service that is highly valued by both my patients and local health professionals. The meagre profit I had hoped on making next year will now be completely wiped out by the HSE cuts. These cuts will mean at least 30 local jobs will be lost across the nine pharmacies in Mullingar and the possible closure of some. Mullingar is quickly turning into a ghost town with businesses closing each week. The government have already looked at reducing Gardaí stations, post offices, now they are talking about closing our A&E department. If these cuts are implemented, pharmacies will be next.

Regards, John Keane MPSI Market Point Pharmacy, Market Point Medical Park, Patrick St Mullingar

Irish Independent 27 July 2009

I refuse to become embroiled in a slanging match with those responsible for trying to impose cuts in the pharmaceutical spend in the State. But I would make a suggestion to them. Seek a 10pc across-the-board cut in the “factory gate price” of drugs as set between the HSE and the drug manufacturers.

Seek a 10pc cut in fees and mark-ups paid to pharmacists, under State drug schemes.

Seek a 10pc cut in the monies paid to wholesalers by the State.

Allow pharmacist-led generic substitution. The State strategy? Fair and reasonable. The burden? Shared equally. The result? Bigger savings than proposed at present. The figure? EUR200m. Am I wrong in thinking this is still possible?

Robert Best MPSI, Tallaght, Dublin 24

Irish Times 29 July 2009

According to your report (Breaking News, July 27th) a Health Service Executive spokesperson is telling us that “people should be reassured by the fact that up to a few years ago, and for more than 30 years before that, the country was well served by around 1,100 pharmacies”. Actually it was the present Minister who deregulated pharmacies in 2001, giving rise to the opening of 300 new community pharmacies since then. Clearly the Minister believed that deregulation was necessary to allow additional new pharmacies to open in order to improve public services. Why the volte-face now? This week, the HSE tells us that the old situation was actually a very good one, and we were “well served by 1,100 pharmacies”.

Where is the consistency here? Does this administration have any strategy beyond taking the

next hill, and insulting our intelligence in the process? The truth is that the Minister and the HSE, unwilling to challenge more powerful vested interests in the pharmaceutical supply chain than independent community pharmacists, are targeting the weakest player in the most unfair manner. They could ensure that the burden of medication cost reduction is shared equally throughout the sector by a similar cut across the supply chain: 1. In the “factory gate price” of drugs as set between the HSE and the drug manufacturers. 2. In fees and mark-ups paid to pharmacists, under State drug schemes. 3. In the monies paid to wholesalers by the State. And by one additional measure already in place in most EU states – allowing pharmacists to substitute cheaper generic brands for doctors' brand-name prescriptions.

These measures would undoubtedly upset the multinational pharmaceutical industry and the medical profession. They would also involve considerable sacrifice by the community pharmacists. But they would amount to a fair and reasonable strategy that shares the burden of cost reduction evenly across the sector, between all players.

This strategy would avoid alienating the community pharmacists, whose role in patient safety has historically been hugely undervalued, if not completely unrecognised, by the Government. In addition to sharing the burden equitably among all players, this plan would yield bigger savings than proposed at present by the Minister. It would avoid the negative social consequences of hundreds of independent rural pharmacies going to the wall, as will happen if the current proposal is implemented.

Many of these pharmacies are ones that opened in the past eight years as a direct result of the decision by the same Minister to deregulate pharmacy premises.

Why are the Minister and the HSE so resolute in their unwillingness to contemplate this scenario? Could it be that vengeance for last year's High Court decision in favour of community pharmacists – the last time the HSE tried to bully them – takes precedence over the common good?

Yours, etc, Tim Delaney, Gordon Street, Ringsend, Dublin 4.

Irish Independent 4 August 2009

The HSE spent tens of thousands of euro last week listing pharmacists who would be dispensing after August 1 and included 60 for the counties Donegal, Mayo and Kerry- They then spent tens of thousands more setting up dispensaries in these counties for which, if the list were true, there would be no need.

The HSE published the list knowing full well the disinformation would only add to the stress of patients.

The HSE mandarins may consider this a clever and cunning ploy to divide pharmacists but it's a pity they cannot focus their energies on a really clever ploy – to sit down with pharmacists and find a solution.

Yours, etc, Joanne Hynes MPSI, Cornmarket, Ballinrobe, Co Mayo.

Irish Times 5 August 2009

Our first patient on Saturday morning, the first day of the pharmacy strike, was a quiet, timid man. He had a prescription for his elderly mother. He was told that there was only one pharmacy in Waterford city which could dispense his prescription. He was totally bewildered, frightened and confused. He had never heard of Boots, and despite having lived in Waterford city all his life, didn't know where it was located. The second patient returned to us from that pharmacy. She told us they wouldn't have any of her medication for treating depression for four days. She was in tears. The next, a frail lady of over 80 years, on heart and blood pressure medication, mumbled something about trying to do without until the dispute was over. And so it went all day.

Shame on Minister for Health Mary Harney for holding the elderly, sick and vulnerable of this country to ransom. One phone call to the pharmacists, who are willing to take fair cuts and help implement savings over and above what she is seeking, would end this strike.

Yours, etc, Margaret Halley, Marlfield, Clonmel, Co Tipperary.

The HSE spent tens of thousands of euros last week listing pharmacists who would be dispensing after August 1st, and included 60 for the counties Donegal, Mayo and Kerry. The HSE then spent tens of thousands of euros more setting up dispensaries in these counties for which, if the list was true, there would be no need.

When the HSE published the list, shouldn't it have known full well that the disinformation would only add to the stress of patients? The HSE mandarins might consider this a clever and cunning ploy to divide pharmacists, but it's a pity they cannot focus their energies on the really clever ploy – to sit down with pharmacists and find a solution.

Yours, etc, Joanne Hynes MPSI, Cornmarket, Ballinrobe, Co Mayo.

There is much confusion regarding the numbers of pharmacies that have withdrawn from dispensing

medicines under the various State drugs schemes, with a huge discrepancy between the figures quoted by the HSE and the Irish Pharmacy Union. This has arisen from the HSE interpretation of what constitutes a "valid" 30 days' notice of withdrawal of service as required under Section 9(8) of the Financial Emergency Measures in the Public Interest Act 2009.

The HSE contends that pharmacists who, in letters sent to the HSE at the beginning of July, used the expressions "intend to withdraw" or "it is my intention to withdraw" have not served proper notice. As a consequence, these pharmacies have been included in the lists published in the national and local press and on the HSE website and the HSE has steadfastly refused to remove these pharmacies from their lists.

It seems to me that there are two obvious questions to be answered by the HSE – if not to serve notice then for what other reason do they believe these pharmacies wrote to them in early July, and why, rather than clarifying the position if they were in doubt, did they proceed to just include these pharmacies on their lists published last week? The upshot of their approach is that in my own county, it has listed 15 pharmacies as still participating in the schemes whereas in reality there are only eight. If this situation is replicated elsewhere in the country, then frankly the information on their website is grossly inaccurate.

I read on your front page on August 3rd about allegations that staff at the HSE contingency dispensaries have been intimidated by community pharmacists. I certainly hope these are not true. For my own part, as a community pharmacist who has withdrawn from the State schemes, I have felt intimidated by the tone and content of letters I have received from the HSE over these past weeks. I have yet to receive a formal acknowledgement of my notice to withdraw and yet I have been threatened with all forms of repercussions of my actions in their various "Dear Pharmacy Contractor" letters to me. I have not received one single letter addressed to me personally or to my company since the Minister's announcement on June 18th.

This dispute will only be resolved by dialogue. The contingency arrangements in Donegal are dangerously inadequate. Is the Minister going to wait until a patient comes to harm before she acts? I despair of her intransigence.

Yours, etc, Francis Bonner, MPSI, Main Street, Ballybofey, Co Donegal.

Irish Examiner 6 August 2009

The HSE spent tens of thousands of euro last week publishing lists of pharmacists who would be dispensing after August 1 and included 60 for counties Donegal, Mayo and Kerry. The HSE then spent tens of thousands of euro more setting up dispensaries in these counties for which, if the list was true, there would be no need. The HSE published the list knowing full well the disinformation would only add to the stress of patients.

The HSE mandarins may consider this a clever and cunning ploy to divide pharmacists but it's a pity they cannot focus their energies on the really clever ploy — to sit down with pharmacists and find a solution

Joanne Hynes MPSI, Cornmarket, Ballinrobe Co Mayo

Irish Examiner 12 August 2009

Your editorial (August 8) supports the stance of the Minister for Health who has implemented cuts to pharmacists' income far in excess of anything asked of any other sector — after seven years of refusing to talk to the representatives of community pharmacy and after herself being found in breach of contract in the High Court last year. She implemented these drastic cuts against the advice of independent financial consultants who warned her that to do this would seriously destabilise the community pharmacy system. You add insult to injury when you go on to refer to community pharmacists as “sectional interests who stand between this society and the possibility of economic recovery”. Community pharmacies have been one of the few elements of Ireland's health system that actually works. Typically open for extended hours, seven days a week, they provide prompt, efficient service to patients. They complement the overstretched and under-resourced urban GP services, providing free advice about minor ailments.

Community pharmacists are not merely retailers of medicines — they provide a professional service ensuring the prescriptions written for their customers are correct and appropriate for their conditions and protecting them from the unintentional adverse effects of prescribing.

Poor access for patients, long waiting times, queues and unpleasant surroundings — the trademarks of the Irish health service — simply have never existed in the community pharmacy service.

The minister's claim that her excessive cuts are needed in the national financial interest might have some vestige of respectability had she not already squandered the entire amount she plans to take from community pharmacists on pay increases for hospital consultants.

Tim Delaney, Gordon Street, Ringsend, Dublin 4

Irish Independent 12 August 2009

I am an angry old retired pharmacist. I am angry because of the treatment meted out to the pharmacy profession which has resulted in much suffering to medical card-holders in some parts of the country. Despite all the bluster by the HSE, their efforts to replace the pharmacy service have failed miserably.

I am angry, too, because of the refusal, up to now, of the HSE, Mary Harney and the Government to talk to the Irish Pharmaceutical Union.

Pharmacists have given an excellent service to medical card-holders over the years and deserve better treatment. Pharmacists are prepared to play their part in the current economic circumstances and take a cut in their remuneration. Other health professions saw a cut of 8pc, the cut for the pharmacists was 34pc (Mary Harney says 24pc). The minister says she wants to reduce payments to the pharmacists by EUR133m.

That is an average of over EUR80,000 per pharmacy for all 1,660 pharmacists in the scheme. Pharmacists get no pension, no allowance for premises, no allowance for equipment (computers etc) and no allowance for staff. This dispute could be settled by one phone call, with a reasonable offer that would avert bankruptcy for vulnerable outlets, and save jobs. Over to you Mary.

David Boles, Dublin

Irish Times 4 February 2010

While the recent price reductions of many off-patent prescription medicines is a move which is widely to be welcomed, the manner in which it has been done is not.

Pharmacists were given 10 days' notice of exactly which products were to be reduced - 10 days to dispense everything on their shelves that they had bought at the previously higher price or dispense it at a sizeable loss after February 1st. To give one example, a pack of 30 Zofran 8mg tablets, used for post chemotherapy nausea and vomiting, cost €208.44 before February 1st. This now costs €125.06 a great reduction, but what about the pharmacists who had this product on their shelves before this magical list was released? They will be dispensing this at a loss. How many businesses are expected to sell the stock they paid for at a loss, and one of such magnitude?

It is a sorry day when pharmacists will have to make the decision either not to regularly keep items such as this in stock or to risk having the carpet pulled from under their feet again. What is the point in pharmacies opening late to facilitate people who are working, or who have just been discharged from

hospital in need of vital medicine, when they cannot afford to risk keeping any stock?

Another point which seems to have been missed by the mainstream media is that the prices on the list are the prices the wholesaler buys the drugs from the manufacturer. The wholesaler then adds its mark-up before selling them to the pharmacist. To say the list is misleading is putting it mildly.

Yours, etc, Stella Hancock MPSI, Rockfield Green, Maynooth, Co Kildare.

Irish Examiner 11 February 2010

While I'm delighted to hear the price of some medicines is coming down, this is meaningless to many patients who now have to pay more for their medicines each month because of the new taxes and charges brought in by the Minister for Health. The Minister has increased the monthly threshold on the Drugs Payment Scheme to a hefty €120. A person or family whose medicines cost more than €100 last year, now have to cough up an extra €20 a month or €240 a year.

Medical card holders won't benefit either. Before medical card holders got their medicines without a charge, they will now have to pay a new prescription tax — up to €10 a month. The new deal agreed between the pharmaceutical manufacturers only applies to approximately 300 medicines out of the thousands of medicines on the Irish market.

The manufacturers are still charging top prices for the majority of medicines. The new deal is not a good deal for the Irish public.

Liam Butler, Butler's Pharmacy, Main St, Birr, Co Offaly

Irish Examiner 15 February 2010

While I'm delighted to see that the price of some medicines is coming down, this is meaningless to many patients who now have to pay more for their medicines each month because of the new taxes and charges brought in by Health Minister Mary Harney. She has increased the monthly threshold on the Drugs Payments Scheme to a hefty €120. A person or family whose medicines cost more than €100 last year, now need to stump up an extra €20 a month or €240 a year. Medical card holders won't benefit either. Before medical card holders got their medicines without a charge, now they will now have to pay a new prescription tax which will be up to €10 a month.

The so-called savings will be largely illusions and transient.

The manufacturers are still charging top prices for the majority of medicines.

Jack Shanahan, Pharmacist, Church St, Castleisland, Co Kerry

Irish Independent 16 February 2010

Health Minister Mary Harney and the pharmaceutical manufacturers are patting themselves on the back for reducing the price of 30pc of the medicines on the Irish market. However, the taxpayer and the public are still paying over the odds for 70pc of our medicines. To make matters worse, 1.5 million medical card holders will soon have to pay up to €10 a month for their medicines, due to the new prescription levy.

Also, the minister has hiked the threshold on the Drugs Payment Scheme by 20pc, so any person or family will now have to pay an extra €240 a year if their monthly medicines bill reaches this threshold.

The majority of patients in this country will actually have to pay more for their medicines than they did last year.

Rory O'Donnell, Derrybeg, Co Donegal