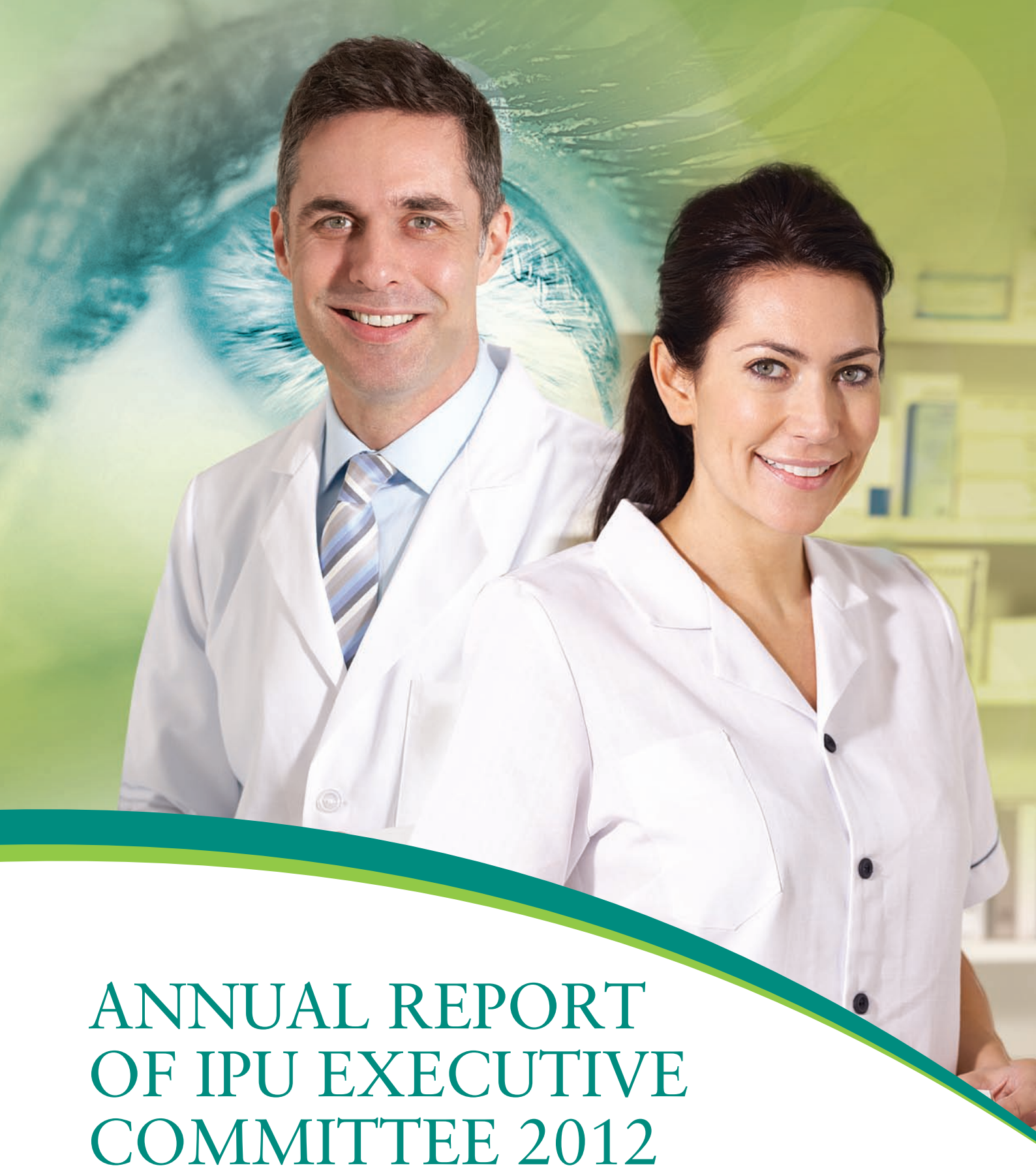

ANNUAL REPORT OF IPU EXECUTIVE COMMITTEE 2012

AGMS OF THE IPU AND IPU SERVICES LTD

IRISH PHARMACY UNION

The voice of community pharmacy

RADISSON BLU HOTEL, GALWAY

27-29 APRIL 2012

Friday 27 and Sunday 29 April 2012 (confined to paid up members of the IPU)
Chairman: Mr Darragh O'Loughlin, President

Agenda

Friday 27 April

18.15 **Registration**

18.45

1. **Welcome**
2. **One minute's silence in memory of pharmacists who died since the 2011 AGM.**
3. **Minutes of 2011 AGM**
4. **Financial Report and Accounts 2011**
   a. Adoption of Audited Statement of Accounts
   b. Appointment of Auditors
   c. Union Membership Subscriptions
5. **IPU Services Ltd, AGM**
   Minutes of 2011 AGM
   Financial Statements 2011
   a. Adoption of Directors' Report
   b. Adoption of Audited Statement of Accounts
   c. Remuneration of Auditors
6. **Union Secretariat Report (Page 9)**
7. **Group Reports / Open Forum: Introduction and Update**
   a. Pharmacy Contractors' Committee Report (Page 13)
   b. Community Pharmacy Committee Report (Page 16)
   c. Employee Pharmacists' Committee Report (Page 19)
   d. Communications Report (Page 20)
   e. International Pharmacy Matters (Page 22)
8. **Open Forum**

20.00 **End of First Session**

Sunday 29 April

10.30 **Registration**

10.45

9. **Report on Motions from 2011 AGM (Page 6)**
10. **2012 AGM Motions (Page 27)**
11. **Open Forum**

12.00 **Close of AGM**

12.00 **Pharmacy Conference resumes with Panel Discussion**

14.00 **Closing of Conference by Róisín Shortall TD, Minister of State, Department of Health with responsibility for Primary Care**

Message from the President

I am delighted to welcome you to Galway for the second annual IPU National Pharmacy Conference. Yet again, this is a superb event, providing both valuable learning opportunities and an enjoyable social occasion. A showcase for the best aspects of the community pharmacy profession in Ireland, this conference is the culmination of the extraordinary efforts of a small group of people who deserve our thanks and our congratulations for a job well done.

DARRAGH O'LOUGHLIN, President, IPU

These remain difficult times, both for pharmacists and for our wider society. The FEMPI Act remains in place, with its implicit threat of yet further cuts in our payments, and uncertainty surrounds the likely impact on pharmacists of both a new IPHA/HSE agreement and the impending introduction of Reference Pricing. Retail sales continue to decline as consumers become ever more fearful of spending and the general economic outlook shows no sign of improvement.

However, despite the dark clouds, there are some reasons to be positive as our quest to deliver a broader range of convenient, accessible and cost-effective healthcare services to our patients and the public begins to show results.

Following the successful introduction of the Emergency Contraception service in pharmacies early last year, the Minister for Health James Reilly then legislated in the autumn to allow pharmacists to provide seasonal influenza vaccination for the first time.

Notwithstanding the limited time available, the IPU worked with other stakeholders to ensure the profession would be ready: organising vaccination training, getting it accredited by Trinity College Dublin against PSI standards, and also producing protocols and SOPs for members to use in their pharmacies. The professional manner in which pharmacists delivered the vaccination service, particularly the way we dealt with the issues which arose, proved our capacity to deliver high quality and safe primary healthcare to the public.

RORY O'DONNELL, Vice-President, IPU

The IPU has no agenda other than to further the interests of its members and of the pharmacy profession. We will continue to engage constantly and constructively with Government and with the public to ensure the potential of pharmacy is realised. Ours is a worthy profession, one which is valued and appreciated by our patients. As we face up to the significant challenges ahead, the Union will seek out and seize every opportunity to secure the future of community pharmacy services.

The Union continues to communicate with members through the monthly IPU Review and General Memoranda, the weekly e-newsletters and occasional text updates. We have a very comprehensive website on which you will find an abundance of information and also a Members' Forum. I encourage you all to make the best use of the resources which the Union provides, to keep yourself informed and to participate in Union activities. Be sure to share any ideas you may have for improvement.

Your representatives on the Union's committees continue to apply themselves with genuine dedication and unity of purpose for the benefit of the profession. They are ably assisted by the excellent staff in Butterfield House, all of whom remain passionate about supporting and advocating for you, the Union's members. On your behalf, I thank all of them most sincerely for their efforts and their enthusiasm.

KATHY MAHER, Hon. Treasurer, IPU

As I hand over the chain of office, I would like to express my gratitude to our Secretary General, Séamus Feely, and to my Vice-President Rory O'Donnell and Treasurer Kathy Maher for their advice, support and friendship during my two years as IPU President, and also to my family for their fortitude and forbearance throughout that time.

I congratulate Rory and Kathy on their recent election as President and Vice-President respectively and wish them well in their new roles. I know that they, and our new Honorary Treasurer, John Gleeson, will serve us well and do us proud in the coming months and years.

Darragh O'Loughlin MPSI

Contents

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

Appendices

Executive Committee 2010 – 2012

President:	**Darragh O'Loughlin**
Vice-President:	**Rory O'Donnell**
Honorary Treasurer:	**Kathy Maher**

Regional Representatives (8)

John MacNamara	East
Kathy Maher	North East
Conan Burke	North West
Tadhg O'Leary	South
Niall Mulligan	South East
Michelle Concannon	Midland
Vacant	West
John Gleeson	Mid West

Community Employee Group (3)

David Carroll
Fearghal O'Nia
Catriona O'Riordan

Past President

Liz Hoctor

Co-Options

Ann Marie Horan
Michael Kennelly
Sean Reilly

Executive Committee 2012 – 2014

President:	**Rory O'Donnell**
Vice-President:	**Kathy Maher**
Honorary Treasurer:	**John Gleeson**

Regional Representatives (8)

Sean Reilly	East
Kathy Maher	North East
Conan Burke	North West
TBA	South
Niall Mulligan	South East
Michelle Concannon	Midland
Joanne Hynes	West
John Gleeson	Mid West

Community Employee Group (3)

David Carroll
Catriona O'Riordan

Past President

Darragh O'Loughlin

Co-Options

Ann Marie Horan
John MacNamara

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

Irish Pharmacy Union
Financial Reports and Accounts for Year Ended 31 December 2011

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 2012 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 2011 and agree the election of Auditors. In this context, the following motions will be put to the meeting:

- *"That the Executive Committee Report and Audited Statement of Accounts of the Irish Pharmacy Union for the year ended 31 December 2011 as submitted to this meeting, be and are hereby adopted."*
- *"That this meeting agrees to the election of Baker Tilly Ryan Glennon for a further year as Auditors for the IPU and IPU Services Ltd."*

Membership Subscriptions

Subscriptions have been reduced by 38% over the past two years and no further change will be made at this time.

IPU Services Limited
Financial Reports and Accounts for Year Ended 31 December 2011

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 for Year Ended 31 December 2011.

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 2011 as submitted to this meeting, be and are hereby adopted."

Report of the 38th Annual General Meeting of the Irish Pharmacy Union and IPU Services Ltd Lyrath Estate Hotel, Co Kilkenny 8 May 2011

Present: The President, Mr Darragh O'Loughlin, and 82 members.

In Attendance: Mr Seamus Feely, Ms Ciara Enright, Ms Ger Gahan, Mr Gerard Howlin, Mr Darren Kelly, Ms Pamela Logan, Ms Jill Lyons, Ms Wendy McGlashan, Ms Roisin Molloy, Ms Caroline Mulligan and Ms Aoibheann Ni Shúilleabháin.

Apologies: Apologies were received from 17 members.

[A full report of the 2011 AGM is available from the IPU offices.]

1. The President welcomed the attendance to the 38th 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 and their families, including former President Charlie Roche, and all those who had died since the 2010 AGM.

3. Financial Reports and Accounts 2010

a. Kathy Maher (Honorary Treasurer) presented the Union's Financial Report and drew members' attention to Page 31 of the Annual Report.

Following the presentation, the following motion approving the accounts was proposed by Dermot Twomey, seconded by Niall Mulligan and carried:

"That the Executive Committee Report and Audited Statement of Accounts for the Irish Pharmacy Union for the year ended 31 December 2010 as submitted to this meeting be and are hereby adopted."

b. The following motion was proposed by Mike Walsh, seconded by Peter Harty and carried.

"That this meeting agrees to the election of Baker Tilly Ryan Glennon for a further year as Auditors for the IPU and IPU Services Ltd."

c. It was announced that the Executive Committee had agreed not to change the annual subscription payable.

4. IPU Services Ltd AGM

The minutes of the 2010 AGM were taken as read.

The Honorary Treasurer presented the accounts of IPU Services Ltd. to the meeting.

On the proposal of Morgan Power, seconded by Brian Walsh, it was resolved:

"That the Directors' Report and Audited Statement of Accounts for the year ended 31 December 2010 as submitted to this meeting, be and are hereby adopted."

This motion was carried.

5. Report of 37th AGM

The report of the 37th Annual General Meeting was approved as a true and accurate record. The report had been circulated to all members prior to the meeting.

6. Report on Motions from 2010 AGM

The report on motions from the 37th Annual General Meeting was taken as read and agreed.

7. President's Address

Mr D O'Loughlin, President addressed the meeting and 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, prior to the meeting, as part of the Executive Committee report. The Secretary General, Mr Seamus Feely, introduced the Secretariat report.

9. Group Reports

a. Pharmacy Contractors Committee (PCC) Report

This report was introduced by Mr Liam Butler, Chairman of the Pharmacy Contractors' Committee.

A summary of the report was circulated in advance of the meeting and the full report published on the members' section of www.ipu.ie.

b. Community Pharmacy Committee (CPC) Report

This report was presented by Mr Stephen Nolan, Chairman of the Community Pharmacy Committee.

A summary of the report was circulated in advance of the meeting and the full report published on the members' section of www.ipu.ie.

c. Employee Pharmacists' Committee (EPC) Report

This report was delivered by Ms Louise Begley, Chairperson of the Employee Pharmacists' Committee.

A summary of the report was circulated in advance of the meeting and the full report published on the members' section of www.ipu.ie.

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. 2010 AGM Motions

The 2011 Motions and action taken on them are on Pages 6 to 8 of this report.

11. A.O.B

The Past President, Ms Liz Hoctor, commended Noeleen Harvey for her time as President in the Pharmaceutical Society of Ireland. After two terms as President, she is now stepping down.

Diarmuid O' Donovan thanked the Conference Committee, all the Union Committees and IPU Staff for all their hard work.

Richard Collis questioned the deregulation of Norlevo and suggested that any further changes should be done on a phased basis. He did not think the IMB's reaction was acceptable and believes the Union needs to take action on this. Pamela Logan explained the situation around the Patient Group Directions and the IMB's opinion. The Union wrote to the IMB to highlight their concerns about the short notice given to pharmacists when Norlevo was deregulated. The IMB has now established a Committee to review deregulation. The Union will continue to follow this matter up with the IMB to ensure this type of situation does not occur again.

The President then closed the 38th Annual General Meeting of the Irish Pharmacy Union.

2011 AGM Motions and Report on Action Taken

The following motions, proposed in accordance with Article 29 of the Constitution, were brought before the 2011 AGM for consideration:

1. Proposed: **Liam Butler**
   Seconded: **Grainne O'Leary**

   "That this AGM calls on the Minister to recognise that there is no scope for any further unilateral and arbitrary cuts to pharmacy payments and to engage substantially with the IPU, under a process similar to that set out and agreed with the Health Service Executive and the Department in April 2008, to review all existing administrative, contractual and payment arrangements."

   This motion was carried unanimously

   Action: In October 2011 the Minister announced a further FEMPI Review of the Pharmacy Payments. The IPU was invited to make a submission to the Review.

   The IPU made a submission to the Minister as part of the Review. The IPU stressed that the community pharmacy business model continues to come under serious threat due to a variety of policy, environmental and regulatory developments. In particular, the reductions in payments which have been implemented under FEMPI Act since 2009 continue to have a fundamental impact on the profitability, stability and viability of the community pharmacy sector, and therefore on the sustainability of services to patients. The IPU put forward the case that there was no scope for any further cuts. The IPU also reiterated these points to the Department during their presentation in November.

   In January 2012 the Minister confirmed that there would be no further cuts to pharmacy income at that time.

   While the IPU welcomed the decision for no further cuts it was, however, disappointed that the Review had not addressed a number of issues raised by the IPU during the consultation process - the continuing loss on fridge items to contractor, the low regressive fees and the reimbursement price of medicines. The IPU has recently written to the Minister setting out these issues again and seeking a meeting with the Minister.

2. Proposed: **Louise Begley**
   Seconded: **Bernard Duggan**

   "That the IPU welcomes the recent Irish Medicines Board decision to reclassify the emergency hormonal contraception product Norlevo from prescription to non-prescription status and calls on the IMB to reclassify other appropriate medicines in order to improve the public's access to medicines."

The following amendment was proposed by Jack Shanahan and seconded by Mary-Rose Burke.

"That the IPU welcomes the recent Irish Medicines Board decision to reclassify the emergency hormonal contraception product Norlevo from prescription to non-prescription status and calls on the IMB to reclassify other appropriate prescription-only human and veterinary medicines in order to improve the public's access to medicines from their pharmacist".

The motion, as amended, was carried unanimously.

Action: The IPU is a key stakeholder on the Switch On to Self-Care Working Group which, in October 2010, published a paper, A Self-Care Framework for Ireland, advocating that the range of medicines available to patients should be expanded through switching from prescription to non-prescription status. In February 2012, the Working Group reconvened and met with the IMB who informed us of the Consultation Panel that has been set up to review the classification of medicines, following a public consultation by the IMB in July 2011. In March 2012, the Working Group met with the Chief Pharmacist and Deputy Chief Medical Officer to discuss the recommendations outlined in the paper. It is now intended to have a public launch of the paper, hopefully supported by Minister Shortall, to highlight that patients in Ireland should have the same access to medicines as in other jurisdictions.

Following the lack of notice given to pharmacists following the reclassification of Norlevo in February 2011, the IPU wrote to the IMB on 30 March 2011, proposing that a more appropriate length of time is allowed between announcing the switching of a medicine and its availability on the market.

PGEU published a statement on the Role of Community Pharmacists in Self-Care, designed to encourage the European Medicines Agency to centrally reclassify more medicines to non-prescription status.

3. Proposed: **Caitriona O'Riordan**
   Seconded: **Fearghal O'Nia**

"That the IPU calls on the Irish Medicines Board, HSE and Department of Health to take all necessary steps, including the adoption in Ireland, as in other European countries, of a public service obligation, to ensure the uninterrupted supply of prescription medicines to patients."

The following amendment was proposed by Caitriona O'Riordan and seconded by Fearghal O'Nia and carried.

"That the IPU calls on the Irish Medicines Board, HSE and Department of Health to take all necessary steps, including the adoption in Ireland, as in other European countries, of a public service obligation, to ensure the uninterrupted supply of prescription medicines to pharmacies."

The motion, as amended, was carried by a majority vote. There was one abstention.

Action: The IPU wrote to the Department of Health, HSE and IMB on 25 February 2011 in relation to the number of medicines shortages currently being experienced in community pharmacies. Following last year's AGM, there was significant press coverage of this issue in newspapers and on the radio. The IPU met with the IMB in November 2011 to further discuss the issue. The IMB indicated that they take the issue seriously and intervened when there were supply issues with medicines supplied by Movianto.

4. Proposed: **Rory O'Donnell**
   Seconded: **Noel Stenson**

"That this AGM calls on the Minister to act on his proposition to enable pharmacists to provide a vaccination service; including for swine flu, seasonal flu, travel vaccines."

This motion was carried by a majority vote. There were two abstentions.

Action: The IPU wrote to the Department of Health on 28 March 2011 to request a meeting to discuss how pharmacists could supply and administer seasonal influenza vaccines in the autumn. On 18 July 2011, following a meeting with the IPU, the Minister for Health announced that pharmacists would be facilitated in participating in the seasonal influenza vaccination service for 2011. The legislation which gave effect to this was signed on 14 October 2011.

The IPU partnered with Hibernian Healthcare to develop a vaccination training programme. The course was accredited by the PSI and the School of Pharmacy, Trinity College Dublin. Over 1400 pharmacists completed the training in 20 venues around the country. 550 pharmacies indicated to the PSI and HSE that they were providing a vaccination service.

The IPU produced SOP templates to assist pharmacies in delivering the vaccination service. The IPU also sent weekly and monthly updates to members over September, October and November to keep them up to date on progress with the roll out of the service and to assist them in setting up the pharmacy service. The IPU produced and sent out posters and leaflets to all pharmacies to assist in promoting the service to patients.

5. Proposed: **Kathy Maher**
   Seconded: **Morgan Power**

"That the IPU calls on the Minister for Health to engage positively with the IPU to agree a time-lined series of specific steps to deliver a better and more cost-effective primary care system for patients, which must necessarily include an enhanced role for community pharmacists as the single most accessible part of Ireland's primary care network."

The motion was carried unanimously.

Action: At a meeting with the Minister for Health in July 2011, the IPU expressed its desire to work with the Government to deliver a more cost-effective system for patients. At that time the Minister had been eager that discussions on a new pharmacy contract would begin shortly.

The IPU used the IPU Submission to the Minister's FEMPI Review in November 2011 to again highlight to the Minister that community pharmacy could play an expanded role in the healthcare sector. The recent roll-out of new services had been welcomed by the profession, the Government and patients alike. The IPU stated that the greater use of community pharmacy in delivering care and treatment will give patients more choice and more access and will give Ireland a more efficient healthcare system. The IPU requested the development of an agreed framework to facilitate a fair pricing model for pharmacy services and which should form an integral part of the discussion on a new contract, which should get underway shortly. However, the IPU was informed in late 2011 that discussions on a new contract may not begin until 2013 at the earliest.

In January 2012, the IPU also met the Minister of State with responsibility for Primary Care, Roisin Shortall and highlighted its desire to work with the Government as part of the primary care network. The IPU will continue to lobby for a more enhanced role for pharmacists and inclusion in to the Primary Care System.

IPU Secretariat Report

1. INTRODUCTION

The IPU commitment is to deliver services and supports to you, our members, to assist you in your professional and business activities. The Union belongs to its members and all policy decisions are taken by members on the various national committees. It is my job, and those of my colleagues, to ensure that those policies are implemented and that your interests are well served by our actions. It is through these structures and processes that we maintain our focus in ensuring the continuing viability of your businesses and the expansion of the professional role of pharmacists. I would like to thank all my colleagues, the Officers of the Union and members for their continuing support.

Looking to the year ahead, the commercial challenge remains as you cope with the ongoing challenge of doing more for less while, at the same time, ensuring that a professional service is delivered to your patients. At the time of going to print we are awaiting the introduction of legislation to deal with generic substitution and reference pricing. Talks on the price of medicines with the pharmaceutical industry are also ongoing. These developments will have a major impact on the business and profession of pharmacy and we will keep you informed in the months ahead. Next year we will also see the first steps being taken to introduce mandatory professional development and the IPU will be taking a number of initiatives to facilitate you in complying with these requirements.

2. MEMBERSHIP & PHARMACY OWNERSHIP (AS AT 14 MARCH 2012)

(1) Membership of the IPU

Community Proprietors	877	
Industry & Wholesale	7	
Community Employees	893	
Hospital	7	
Army, Academic & Admin	3	
Associate Members	8	1795

(2) Number of Community Pharmacies

Pharmacist Owned:				
Single shops	755			
Chains	592	1347		
Non-Pharmacist Owned:				
Single shops		73		
Chains		118	191	(1538)

(3) Total Number of Chains (2 and over)

	Pharmacist	Non-Pharmacist	
Two pharmacies	114	4	236
Three	33	1	102
Four	12		48
Five	7		35
Six	5	2	42
Eight	2	1	24
Nine	2		18
Twelve		1	12
Thirteen		1	13
Fourteen	1		14
Sixteen	1		16
Seventeen	1		17
Twenty	1		20
Twenty-Five	1		25
Twenty -Six	1		26
Sixty Two		62	62
	(592)	(118)	(710)

3. PRODUCT FILE UNIT

The IPU Product File is managed by Fiona Hannigan and her team: Ger Gahan and Eilish Barrett. 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 and 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. These are based on the ATC classification system and are designed to warn pharmacists of the possibility of an interaction.

The following areas are a priority in the Product File area during 2012.

- Reference Pricing/Generic Substitution
  - Consultant engaged to assist in developing the IPU Product File
- Electronic Download of Product File
  - User Manuals printed and posted to members January 2012
  - Usernames and passwords posted to members January 2012
  - CDs ceased from 1 February 2012
- IPU Comms move to broadband
  - Brentech engaged to work with the IPU to ensure that any changes are right for our members
  - Forum with relevant stakeholders set up
  - Due to be piloted first quarter 2012 and live by end of year
- BNF Warning Codes
  - Pharmacist engaged to assist in updating IPU Product File with new BNF warning codes
- Linking IPU Product File to IMB Website
  - IPU Product File updated to distinguish PA/PPA/DRP and EU products
  - Sample fields sent to vendors for testing
- Marketing of IPU Product File
  - Flyer printed and posted to all hospitals
  - Advert placed in IPU Review and IPU Yearbook 2012

4. ADMINISTRATION UNIT

The Administration Unit has three 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 as the Union's accountant, is Secretary to the Finance Committee. She maintains books of account and advises members on a range of taxation and accountancy problems. 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 and Aoife Garrigan deal with a wide range of contractual issues. Jill Lyons is Secretary to the Pharmacy Contractors' Committee (PCC). Jill has played a key role in developing many of the key PCC initiatives throughout the year and in the resolution of problems with the Health Service Executive, Primary Care Reimbursement Service and the Department of Health. Throughout 2011 Jill Lyons was involved in preparing the submission and the oral presentation to the FEMPI Review in November 2011, working with the HSE and the Elton John AIDS Foundation on the implementation of the Needle Exchange Programme through Community Pharmacy, and preparing for the implementation of the Influenza Vaccination HSE Browser. Jill also represents the Union at the PGEU Economic Working Group. Jill and Aoife have spent much of the year participating in the Joint Consultative Group with the HSE as well as addressing contractual queries that arise. Aoife also deals with remuneration queries, compiling information on raids on pharmacies and collecting information on stolen and forged prescriptions.

6. POLICY AND PUBLIC AFFAIRS

Jim Curran joined the IPU on 20 February 2012 as Director of Communications and Strategy. His responsibilities include promoting the interests of the IPU and the membership through effective communications with members, media, agencies and other parties that influence the sector. He is also responsible for events, business and policy research. Over the next number of months Jim will be overseeing the introduction of a new strategy statement for the IPU, which will replace the existing Statement of Strategy 2010-2012.

7. MEDIA AND COMMUNICATIONS

Wendy McGlashan is Secretary to the Executive Committee and is responsible for IPU publications, including the production of the IPU Review, weekly e-newsletter and co-production of the IPU Yearbook.

Aoibheann Ní Shúilleabháin works on the co-ordination of all communications activities, organises events, manages the IPU website and also works on national and regional media coverage for the Union, public opinion

research and IPU advertising campaign. She is Secretary to the Organising Committee for the IPU National Pharmacy Conference and is an editorial associate of the IPU Review.

Communications

- **Market Research:** The Union undertook market research amongst the general public and the results will be presented at the IPU National Pharmacy Conference.
- **Advertising and Public Relations:** The Union ran advertising campaigns in June and October-December, which included radio ads, in-store materials and an online element. The ads aimed to promote the role of the pharmacist and encouraged people to 'ask your pharmacist first'. Public relations activities also raised the profile of pharmacists in the media, with interviews on national tv and radio, as well as in regional media, highlighting the role of the pharmacist.
- **Communications with Members:** Communications with members continues to improve with the IPU website, IPU News (the weekly e-newsletter) and @ipumail all seeing an increase in uptake from members. In the last year, new services have been launched such as an SMS Service, Members' Forum on the IPU website and a Facebook page. A booklet, *On Your Side and At Your Side*, was also sent to members highlighting the support and services that the IPU provides to members.
- **Publications**
  The IPU Review, Yearbook and a weekly e-newsletter are all produced in-house rather than through external contractors for efficiency reasons.

8. PHARMACY SERVICES

The Director of Pharmacy Services, Pamela Logan, co-ordinates all Professional, IT and Training matters within the IPU. 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 IPU at ICCPE, PGEU and FIP. Liz Hoctor joined the IPU in January this year as CPD & IT Manager to support members in their engagement with continuing professional development and to manage the development of IT systems to support members in the delivery of new pharmacy services.

9. 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 104 students graduating in March 2012. There are currently 209 students participating in Year 1 and 100 students in Year 2 of the course. In addition, 141 students completed the MCA Course in 2011 in Cork, Dublin, Galway, Killarney, Limerick, Sligo, Tullamore, and Waterford. 106 students completed the Interact course and 44 completed the Interact Plus course. The FÁS Pharmacy Sales Traineeship course was administered in Baldoyle and Loughlinstown, Dublin; Douglas, Cork; and Mervue, Galway and to Senior Colleges in Dun Laoghaire, Dublin; Monaghan Institute; Limerick College of Further Education; and St John's College, Cork. Susan also acts as Secretary to the Employee Pharmacists' Committee, co-produces the IPU Yearbook and Diary and advises members on HR issues.

10. BUSINESS SERVICES

The Business Development Manager, Darren Kelly, is responsible for business services to members. In 2011 *"Strategies for Growth"* business training was held around the country to help members understand their business and maximise their profits. A number of affinity schemes have been negotiated for members on a range of products and services and details can be found on www.ipu.ie. Members are kept up-to-date with current legislation through notices in the IPU Review, Yearbook, E-Newsletter and General Memoranda. Darren also produces Business Newsletters on specific relevant topics which are sent out to members throughout the year. Darren set up the IPU Retail Review Consultancy Service, which is available to members at a discounted rate. Details of this service can be found on www.ipu.ie and in the IPU Review. Darren also oversees the general maintenance and upkeep of Butterfield House.

11. EXTERNAL CONSULTANTS

Gordon MRM (PR Consultants); Coolamber (IT Consultants); 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.

12. 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; 2010, 38; 2011, 30.

13. MAIN COMMITTEE MEETINGS

The number of committee meetings was:

	'11	'10	'09
Executive Committee	6	6	9
Community Pharmacy Committee	5	5	6
Pharmacy Contractors' Committee	5	8	8
Finance Sub Committee	7	7	7
All Committee Meetings	0	0	3
Employee Pharmacists' Committee	4	4	3

14. UNION PUBLICATIONS

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

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

15. PENSIONS AND INSURANCE

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

16. SUBMISSIONS

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

2011

- **ESRI on Drug Distribution** – Jun 2011
- **Minister for Health Paper** – Jul 2011
- **Classification of Medicinal Products** – IMB – Jul 2011
- **Roisin Shortall Paper** – Aug11
- **Review of Integrated Discharge Planning Code of Practice** – HSE – Aug 2011
- **Budget 2012** – DoF – Oct 2011
- **FEMPI Review** – DoH – Nov 2011

2012

- **eHealth Interoperability Standards** – HIQA – Jan 2012
- **Risk Review Group on Underdosing of Seasonal Influenza Vaccine** – PSI – Jan 2012
- **Classification of Veterinary Medicines** – IMB – Jan 2012

17. IPU REVIEW

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

18. CONCLUSION

Finally, I would like to thank all the staff of the Union for their commitment and hard work on behalf of members throughout the past year.

Seamus Feely,
Secretary General.

Pharmacy Contractors' Committee (PCC) Report 2011

The Pharmacy Contractors' Committee, under the Chairmanship of Liam Butler, took office following the 2010 Annual General Meeting (AGM) in April. Morgan Power was elected Vice-Chairman. The PCC met five times in 2011 since the AGM.

In February 2012 the new Committee took office with Morgan Power elected as Chairman and Brian Walsh elected Vice-Chairman. The new Committee has met twice since the beginning of the year.

Over the past year the PCC's energies have been focussed on preparing a review under the Financial Emergency Measures in the Public Interest Act 2009 (FEMPI), the implementation of the Influenza Vaccination through pharmacy, the implementation of the Needle Exchange Programme along with many other urgent issues which have arisen during the year.

THE MAIN ITEMS ON THE COMMITTEE'S AGENDA SINCE THE LAST AGM:

Department of Health (DoH) Matters:

- Preparing the Submission and Oral Presentation in the context of the Review carried out under the FEMPI Act in November 2011;
- Communicating with members and gathering information from them in advance of the FEMPI Act review;
- Communicating with members in the aftermath of the FEMPI Act review.
- Implementation of Influenza Vaccination Service through pharmacy;
- Monitoring the implementation of the Prescription Levy;
- Monitoring progress on Reference Pricing;
- Meetings with the Minister for Health James Reilly and the Minister for State Roisin Shortall; and
- The impact of the reductions in the reimbursement price of fridge items.

Health Service Executive (HSE) Matters:

- The implementation of the Needle Exchange Programme with the HSE and Elton John AIDS Foundation;
- Participating in the Joint Consultative Group with the HSE;
- Negotiating and finalising the extension of the Incomplete Claims Protocol with the HSE and ensuring all outstanding claims were paid;
- Monitoring the recoupment of the Advance Payments;
- Monitoring all Community Drugs Schemes and all pharmacy payments;
- Monitoring and influencing changes to the Psychiatric Scheme that were implemented in 2012;
- Liaising with the HSE and DoHC to resolve issues around the Community Pharmacy Contractors' Contract;
- Ongoing HSE PCRS Administration issues; and
- Working with individual members in resolving problems with payments.

Monitoring the Cost of Medicines:

- Monitoring the reduction in the cost of medicines in 2011;
- Strongly making the case to the Department for sufficient notice of any change in the price of medicines;
- Advising members on the reductions.

FEMPI Legislation

The PCC prepared submissions and presentations for the FEMPI Review in November 2011. All developments were communicated to the membership in a timely and straightforward manner. The PCC liaised with PwC to provide a Ready Reckoner to assist members is assessing the impact of the cuts which were introduced in June 2011.

While there were cuts to pharmacy payments of the order of €36m in June 2011, the PCC achieved a successful outcome in the second FEMPI Review in November 2011. In January 2012 the Minister confirmed that there would be no further cuts to pharmacy income.

The PCC continues to follow up with the DoH and HSE on the fridge item issue and on a number of other issues that the FEMPI Review did not address.

Vaccination

The PCC worked with the HSE and DoH on the implementation of the Influenza Vaccination Service and put forward its views on the recommended remuneration for pharmacists participating in the programme. The PCC also liaised with the HSE on the implementation of the programme. However, there was insufficient interaction with the PCC by the HSE (PCRS) on the development of the HSE Browser and this gave rise to a number of problems. The PCC will pursue this matter in advance of the next vaccination campaign.

Prescription Levy

The Minister has indicated that he is not in a position to abolish the prescription levy because of the economic situation. The PCC wrote to the Minister requesting amendments to the legislation to exclude certain cohorts of patients and this is something that we will continue to pursue.

Reference Pricing

The PCC has been advocating for the introduction of generic substitution since 2003. The PCC has more recently sought to influence the manner in which generic substitution might be introduced in light of the Government's commitment to introduce legislation for the implementation of generic substitution and reference pricing. The PCC has made the case that generic substitution be introduced in advance of reference pricing. The PCC will continue to follow up on this matter in 2012. Equally, we will continue to make the case that any reference price must not jeopardise continuity of supply or further undermine the viability of pharmacy businesses.

The PCC expects legislation to be published shortly.

Meetings with the Minister

The PCC met with the Minister for Health during 2011. There was also a meeting with Minister Roisin Shortall, Minister of State at the Department of Health in early 2012.

New Pharmacy Contract

The PCC held two meetings of the PCC Sub Group on Contract Negotiations in 2011. We built on the work to date, including updating the draft contract originally drafted in 2008. The PCC sought discussions on new contract with the HSE, DoH and Minister at every opportunity during 2011. We were informed by the DoH that they did not envisage that there would be talks on a new contract until 2013 at the earliest. However, the HSE is anxious to change current contractual arrangements and the PCC will continue to advocate that these must be addressed in the context of a wider engagement on contractual arrangements.

HSE MATTERS:

Roll out of the NEX Programme

Throughout 2011 the PCC worked with the HSE and the Elton John AIDS Foundation to roll out the Needle Exchange Programme. The programme was rolled out in a number of pharmacies in November and December 2011. Due to the arguments put forward by the PCC, the fee paid to pharmacists for needle exchange is €5 and not part of the sliding scale of fees (€5, €4.50 and €3.50). The PCC is providing support to pharmacists participating in the programme through regular contact. There is also a specific area on the IPU website for comments and feedback on the programme. The PCC had been advocating for further support for pharmacists located outside the Eastern Region. In response to this request a National Pharmacy Co-ordinator for outside the Eastern Area was appointed in September 2011. This was a very successful outcome from the Union's perspective.

The extension of the Incomplete Claims Protocol

The IPU negotiated the Incomplete Claims Protocol, which ensures that pharmacists get paid for all medicines dispensed in good faith to medical card patients. This protocol continues to be monitored by the IPU and HSE at the JCG. The PCC also managed to negotiate for the extension of this Protocol into 2012. This was a very successful outcome to a long running problem for members.

Adherence to Pharmacy Contract

The PCC continued to monitor the HSE/DoH adherence to conditions of Pharmacy Contract and followed up on a number of individual member's queries throughout 2011 and 2012.

Advance Payments

The Advance Payments was withdrawn by the HSE in 2011. The PCC liaised with PCRS on this matter and ensured that members were granted an extension to recoupment period from four to five months. The PCC also sought and obtained a commitment from the PCRS that where a pharmacy was encountering hardship in paying the payment back, then they would extend the recoupment period to 12 months. There are 14 pharmacies availing of these arrangements.

Liaising with the HSE

The PCC met with the HSE as part of the Joint Consultative Group four times during 2011. In addition while working on the implementation of the needle exchange programme and the vaccination service, there were numerous meetings with HSE and DoH officials. Overall, there is good interaction between both sides and our aim is to continue to have a constructive relationship with the HSE and the DoH.

Legal Advice / Cases

The Advance Payments Case was closed in 2011. The FEMPI Appeal is being kept under review. The Mullally Case is awaiting a decision from the Hickey Case in relation to a Supreme Court appeal. The IPU liaises with solicitors from Beauchamps and Mason Hayes & Curran on all these cases to ensure that PCC Committee decisions are implemented and result in the best outcome for members, where possible.

MONITORING THE COST OF MEDICINES:

Reductions to the Cost of Medicines

There were two significant reductions in the price medicines reductions during 2011 and 2012 under IPHA and APMI agreements with the HSE/Department. The PCC sought a deferral on each implementation date by at least one month. This was not granted because of the current state of the public finances. However, we were given more notice of the reductions on the APMI medicines and members were given an opportunity to reduce their stock accordingly. The IPU communicated to members to warn them of the need to reduce stock levels in order to minimise the loss in stock value as a consequence of the current consultations between the DoH and IPHA.

Conclusion

This is a summary of some of the major issues dealt with throughout the year. However, officials of the IPU intervened in many other matters on a daily basis including individual issues for members.

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

Morgan Power,
Chairman PCC.

Community Pharmacy Committee (CPC) Annual Report 2011-12

The Community Pharmacy Committee (CPC) is chaired by Bernard Duggan, who took over from Stephen Nolan in January 2012, with Daragh Connelly as Vice-Chairman, succeeding Bernard Duggan. 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:

Professional Development Steering Group

Louise Begley, Oonagh Harnett, Ultan Molloy, Sarah Magner (replacing Ross McEntegart in March 2012), Niamh Murphy

Business Steering Group

Roy Hogan, Daragh Connelly, Elizabeth Lang, Michael Tierney, Aidan Walsh

IT Steering Group

Stephen Nolan, Rory O'Donnell, Jack Shanahan. Sean Reilly (Exec) and Michael Walsh (PCC) have also been co-opted onto ITSG.

CPC has met five times since the May 2011 AGM (June, September, October 2011 and January, March 2012). In March 2012, the Committee met to agree on a strategy for 2012-2014. The Committee has dealt with a wide variety of issues over the past year. The following is a summary of the key issues dealt with during this time.

PROFESSIONAL ISSUES

PSI Issues

The IPU has met with the PSI and written to the Department of Health, proposing amendments to the Pharmacy Act. The suggested amendments cover a range of issues such as the removal of bankruptcy as a prohibition of registration with the PSI, fees for change of ownership from sole trader to limited company, fees to change the name of Superintendent and Supervising Pharmacist, a limit to the time taken for Fitness to Practise (FTP) proceedings, award of costs against pharmacists in FTP proceedings, Garda certification of CD safes, and provision for storing invoices electronically. A further letter was sent to the PSI suggesting ways to improve the implementation of the Act. Suggestions included issues such as the FTP process, FTP costs, introduction of a mediation process, replacement of a Superintendent Pharmacist, and Standard Operating Procedures. Copies of the letters can be found on the IPU website.

Since the implementation of the FTP process, the IPU has assisted members in dealing with complaints made to the PSI or investigations instigated following PSI inspections. A number of articles have been published in the IPU Review covering these issues; they can be found on the IPU website.

The IPU has met with the PSI to discuss the work programme of the National Forum. The Forum has been set up by the PSI, as a recommendation of the Pharmacy Education and Accreditation Reviews (PEARS) project, to assist in the development and delivery of a new five-year, fully integrated programme of education, training and assessment leading to the award of a Master's degree in pharmacy.

The IPU has met with the PSI to discuss the set-up of the new Irish Institute of Pharmacy to establish and implement a CPD infrastructure for pharmacists. The Institute will be put in place in the coming months and the IPU will have a seat on the Board. We will continue to keep you updated on this matter.

CE/CPD

The IPU is in the process of setting up a Continuing Education/Continuing Professional Development platform to deliver continuing education programmes to pharmacists and to assist them in self-monitoring of their CPD. Programmes will be delivered online, by distance learning and through face-to-face courses. It is intended to have the first round of programmes ready to roll out in June this year.

IPU NET

The IPU has developed a web-based platform called IPU NET to host a suite of modules designed to support members in the delivery of new pharmacy services and to provide research for the IPU to assist us in lobbying for extended roles for pharmacists. The first module launched on IPU NET will assist pharmacists in supplying emergency hormonal contraception to patients. This will be followed by modules to support pharmacists in health screening, vaccination and self-auditing their pharmacies on PSI standards.

Extended Pharmacy Services

Vaccination

In July 2011, following a meeting with the IPU, the Minister for Health announced that pharmacists would be facilitated in participating in the seasonal influenza vaccination service for 2011. The legislation which gave effect to this was signed on 14 October 2011. The IPU partnered with Hibernian Healthcare to develop a vaccination training programme. The course was accredited by the PSI and the School of Pharmacy, Trinity College Dublin. Over 1400 pharmacists completed the training in 20 venues around the country. 550 pharmacies indicated to the PSI and HSE that they were providing a vaccination service. The IPU produced SOP templates to assist pharmacies in delivering the vaccination service. The IPU also sent weekly and monthly updates to members over

September, October and November to keep them up to date on progress with the roll out of the service and to assist them in setting up the pharmacy service. The IPU produced and sent out posters and leaflets to all pharmacies to assist in promoting the service to patients.

Needle Exchange Scheme

The IPU/HSE/Elton John AIDS Foundation pharmacy-based needle exchange scheme commenced in 65 pharmacies around the country in October 2011. Further expansion of the scheme will take place over the next three years. As part of the scheme, a National Pharmacy Coordinator for methadone has been appointed by the HSE.

Reclassification of Medicines.

The IPU is a key stakeholder on the Switch On to Self-Care Working Group which, in October 2010, published a paper, *A Self-Care Framework for Ireland*, advocating that the range of medicines available to patients should be expanded through switching from prescription to non-prescription status. In February 2012, the Working Group reconvened and met with the IMB who informed us of the Consultation Panel that has been set up to review the classification of medicines, following a public consultation by the IMB in July 2011. In March 2012, the Working Group met with the Chief Pharmacist and Deputy Chief Medical Officer to discuss the recommendations outlined in the paper. It is now intended to have a public launch of the paper, hopefully supported by Minister Shortall, to highlight that patients in Ireland should have the same access to medicines as in other jurisdictions.

Medicine Use Review Pilot

The Medicines Use Review (MUR) pilot results are currently being analysed by TCD. It is hoped that MURs will soon be rolled out nationally as part of the HSE Clinical Care programmes.

Health Promotion

Three health promotion campaigns were carried out towards the end of 2011: Diabetes – Know Your Numbers, Pharmacy Vaccination Service and Antibiotic Awareness. In January 2012, we liaised with Diabetes Ireland and Safefood to provide lifestyle advice to support RTE's *Operation Transformation*. Campaigns planned for the rest of 2012 include Depression in May, EHC in June and Antibiotic Awareness in November.

SOPs / Guidelines

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

- Dispensing Process (including a guide to SOPs);
- Prescription Collection and Delivery;
- Dispensing Errors Log;
- Dispensing EEA Prescriptions;
- Parallel Imports;
- Health Screening including Lifestyle Advice;
- Medicines Sales Protocol;
- Codeine Sales Protocol;
- alli Sales Protocol;
- Levonorgestrel Sales Protocol
- Methadone Guidelines;
- Needle Exchange;
- Sharps Disposal;
- Asthma Inhaler Technique;
- Consultation Areas;
- Nursing Home Guidelines;
- Sourcing, Storage and Disposal of Medicines;
- Pharmacy Vaccination Service.

Training

The Pharmacy Technicians' Course saw 104 students graduating in March 2012. There are currently 209 students participating in Year 1 and 100 students in Year 2 of the course. In addition, 141 students completed the MCA Course in 2011 in Cork, Dublin, Galway, Killarney, Limerick, Sligo, Tullamore, and Waterford. 106 students completed the Interact course and 44 completed the Interact Plus course. The FÁS Pharmacy Sales Traineeship course was administered in Baldoyle, Loughlinstown, Cork and Galway and to Senior Colleges in Dun Laoghaire, Monaghan, Limerick, and Cork.

Direct to Pharmacy Distribution

In the last year, a number of High Tech companies have moved the distribution of their products to direct-to-pharmacy (DTP): Janssen has moved Risperdal Consta and Eprex to Movianto; Novartis has moved all High Tech products to Movianto; and Actelion has moved Tracleer to Allphar. The IPU has written to the DoH, HSE, IMB, PSI and manufacturers, highlighting our concerns about this practice. You can read the letters on the IPU website. We would remind members to let us know if you have any difficulties sourcing these products.

BUSINESS ISSUES

Business Training

The IPU, in conjunction with Cara Healthcare, developed the Strategies for Growth business training programme for members in 2010. The programme has been updated and a range of sessions were delivered throughout 2011. This programme will continue in 2012.

Business Focus Groups

The Business Development Manager has held a number of Focus Groups throughout the regions over the past year. The purpose of the groups is to meet with members and discuss business issues affecting members. This will continue in 2012.

Accounts for Pharmacy

Following feedback from members, the IPU, in conjunction with Baker Tilly Ryan Glennon, and sponsored by Teva, produced a number of booklets on basic book keeping in pharmacy. All members received Module 1 free and can purchase Modules 2, 3 & 4 at a discounted price from the IPU.

Business Review Consultancy

The IPU now offers members a review of their retail business offering by our Business Development Manager. The aim of this service is to review your retail space with fresh retail eyes and help you get the maximum return from your front of pharmacy.

Group Affinity Schemes

The Business Development Manager negotiated a number of affinity schemes for members for a range of products and services including, Business Management and Coaching, Insurance (Business, Professional Indemnity and Travel) and Pharmacy Consumables, to help cut business costs. Further details of these and existing affinity schemes can be found in the members' only section of the IPU website.

Business Policy

The Business Development Manager has met with a number of key stakeholders including, the Minister for Small Business and the National Consumer Agency with regards to promoting and addressing a number of business issues. The Business Development Manager prepared submissions to the Department of Jobs, Enterprise & Innovation on their business agenda for 2011 -2013. He also prepared submissions for the Department of the Environment, relevant Oireachtas Committees and Local Authorities with regard to planning issues affecting the pharmacy sector. We are also working with Chambers Ireland to lobby Government Departments on business issues such as local rates and charges.

Business Advice to Members

The Business Development Manager developed a Business Review Checklist, Data Protection Policy checklist and a KPI Template for members to help monitor your business. These checklists are available on www.ipu.ie. Members were updated on business issues throughout the year through the IPU E-Newsletter and GM and through articles in the IPU Review. The Business Development Manager also gave advice to members over the phone on a range of business issues.

IT ISSUES

The CPC IT Steering Group has been working on a range of IT issues to assist members in better managing their businesses. We are in the process of implementing a number of developments to the IPU Product File so that it continues to meet the needs of members and other users. Live download of the IPU Product File has now been implemented. The IPU Product File will soon have direct links to the IMB website to facilitate access to SPCs and PILs. We are working with frontline wholesalers and system vendors to allow for broadband transmission of electronic orders. Work has commenced on updating the IPU Product File to facilitate reference pricing and generic substitution. The IT Steering Group will continue to monitor user requirements for pharmacy systems and communicate these to system vendors.

Employee Pharmacists' Committee (EPC) Report 2011

The Employee Pharmacists' Committee (EPC) represents the interests of community pharmacy employee members of the Irish Pharmacy Union. The Committee is chaired by Louise Begley with Caitriona O'Riordan as Vice-Chairperson. The mission statement of the EPC is: *"To promote the professional and economic interests of employee pharmacists and constructively engage with other Committees of the Union and other stakeholders through the Employee Pharmacists' Committee."* At present there are 892 community employee members of the IPU members which constitute 49.4% of the entire membership.

The EPC has met three times since the 2011 AGM (May, September and November 2011). The EPC also continues to have active representation on other IPU Committees, 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 expressed and heard on the other Committees of the Union, therefore enabling employee input into decisions and in the development and implementation of the policies of the IPU.

Communications

The EPC has continued to communicate through regular articles in the *IPU Review* magazine which have covered topics such as *Issues on Health and Safety at work during Pregnancy, Maternity Benefits, You're a newly qualified pharmacist – what route will you take, Advice for Interviewers, Aspects of an Economic Recession and Responsibilities of a Tutor Pharmacist*. The EPC feels that in the current climate in the community pharmacy sector, employee members must be provided with information on topical issues. The Committee is currently preparing its fifth newsletter entitled 'Guidance for Employee Members where the Business goes into Receivership, Examinership'.

Events

The EPC hosted two Employee Seminars in 2011. The first was in May in conjunction with the National Pharmacy Conference in the Lyrath Estate, Kilkenny. This seminar was designed specifically for employee members in regard to Employment Law and HR issues as they present to the employee. Topics included *Performance Management for Staff, Recruiting Safely and Effectively, Managing a Dismissal and Negotiating Terms and Conditions*. The second Seminar was a held in Hilton Hotel, Kilmainham in November. Again this Seminar was designed around relevant issues that included *Fitness to Practise, Migraine & Pain Management* and *Performance Management*.

In September 2011 the EPC organised an information day for Pharmacy Interns. The day consisted of a presentation to the interns, which covered background information on the inception of the IPU, the role of the IPU and particular attention was afforded to the current challenging situation within the community pharmacy sector.

Representation & Services

The EPC is in the early stages of its third office at the AGM. The current Committee will continue to pursue its objectives with intent and to actively represent the interests of employee members. It will also ensure that the IPU continues to provide services and support to employee members within the community pharmacy sector. The future years will be demanding for all in community pharmacy. It is important now, more than ever, that employee pharmacists have a representative body which supports on their behalf. The EPC will continue to be this body and it encourages the involvement of more employees at both a regional and national level within the IPU so as to strengthen the resolve of employee pharmacists both in the IPU and the profession.

Conclusion

The EPC encourages employee members to utilise their membership to the fullest and keep themselves informed by reading the General Memoranda, *IPU Review* magazine and other information provided by the Union. In June 2010 all IPU Members were designated with an @ipumail.ie email account, the EPC would recommend employee members who have not activated their account to do so immediately. The EPC would also recommend that employee members check the ***'Employee Pharmacists'*** section of www.ipu.ie regularly.

I would like to thank all the members of the EPC for all their work over the last year and the staff of the IPU, in particular Seamus, Pamela, Jill and Darren 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 and the President, Darragh O'Loughlin, for all his guidance and support throughout the year.

Louise Begley,
Chairperson.

Communications Report

Communications activities continued to develop in the 12 months since our last AGM. Public Relations was key in communicating key messages of the Irish Pharmacy Union and its members to the media, the public, and policy-makers. Communications with patients was also a major priority for the IPU, and this was highlighted through the advertising campaign that we ran.

The Communications team during the last year consisted of Gerard Howlin, Aoibheann Ní Shúilleabháin and our external advisors, who all invested huge amounts of time, effort and resources in working with the media to brief journalists on issues affecting community pharmacy. Gerard left the Union in November of last year. Jim Curran joined the team as Director of Communications and Strategy in February.

Media Relations

The IPU continued to promote issues of concern to pharmacists and the role of the community pharmacist in the media during the last year. Some of the key issues that arose were:

- **Flu Vaccine** – following a meeting with the Minister for Health in July 2011, it was announced that pharmacists would be allowed administer flu vaccines. This was a welcomed announcement and interviews were carried in national and regional media, including RTE's *Six-One News* and *Nine News*. Media coverage continued when pharmacists announced that vaccination training had been put in place and called for the change in legislation. There was further media coverage when it was revealed that some doses of flu vaccines were too low and patients needed to be recalled. The IPU explained the situation and the confidence in pharmacists providing the vaccination remained.
- **Pharmacist's Advice** – there were many press releases issued over the past year with pharmacists offering advice on a range of issues. Pharmacists were in the media advising on the dangers of getting healthcare advice online, headlice, antibiotic awareness, how to stay healthy over Christmas, medicines for children, and much more. These releases received media coverage on both a national and regional level, including RTE and TV3 News.
- **Prescription Levy** – in the lead-up to the Budget, pharmacists continued to represent patients, calling on the Minister for Health to abolish the Prescription Levy for vulnerable patients. There was mention then that there would be an increase on the levy and an extra charge for a Medical Card. Pharmacists therefore urged caution as some patients would not be able to afford this increase.
- **Price of Medicines** – there was a media flurry over the price of medicines in October 2011 following an article in a national paper. The IPU had spokespersons on national and regional radio discussing the issue, highlighting the flaws in the article, the cuts that had been made to community pharmacy over the previous two years, and of course that pharmacists do not set the price of medicines in Ireland. The story was short-lived as the IPU's points held strong.

The ongoing media coverage could not be achieved without the work of the IPU Spokespersons, who take time out from their pharmacies to brief journalists and be interviewed for national and regional media.

Advertising Campaign – *'Ask Your Pharmacist First'*

Following on from the success of previous ad campaigns, the 2011 ad campaign kept the consistent message of '***Ask Your Pharmacist First'*** message. The campaign ran in June and October-December. There is a noticeable rise in the amount of patients who are now turning to online research to self-diagnosis. Therefore, the IPU decided to create a website to capture this market and Google Search ads and online banners were used to highlight the website, which encouraged users to *'ask your pharmacist first'.* Overall, 667, 745 people had the opportunity to see the ads, with over 12,000 hits to the website.

The online campaign was complemented with radio ads. The first burst of radio ads ran in June and the subsequent bursts of activity ran from October to mid-December. The radio ads were heard by 2.1 million listeners.

We also created an identity for *'Ask Your Pharmacist First'* in-store, with window and counter posters. This created synergy across the campaign by linking up the radio and online to the experience in-store.

Political Engagement

A delegation from the IPU met with the Minister for Health in July 2011, which led to the announcement of pharmacists providing the flu vaccination. Meetings have also taken place between the IPU and Roisin Shortall, Minister for State with responsibility for Primary Care, in August 2011 and January 2012.

Diabetes Exhibition

The IPU had a stand at the Diabetes Exhibition in Cork in November 2011. Pharmacists were on hand to give free advice to patients and to provide free blood pressure testing. There was a great turn-out at the exhibition, with pharmacists being the only healthcare provider offering blood pressure testing.

Communications to Members

Communications have developed hugely in the last two years and the uptake of these services continues to increase.

The IPU website is kept up-to-date and time spent on the site continues to increase. A Sitemap, Privacy Policy and Terms & Conditions were created for the website.

IPU News, the weekly e-newsletter, was revamped in September 2010 to include colours in line with the IPU Review branding. Separate newsletters were created for contractor and proprietor members earlier this year so that more targeted information was being sent to members.

The IPU moved into the realm of social media in December 2011 with the launch of a Facebook page. The Page is another tool for communicating with both members and the public and a *'Find us on Facebook'* button was added to the IPU website.

International Pharmacy Matters

1. PGEU REPORT

The Pharmaceutical Group of the European Union (PGEU) is the European association representing community pharmacists in 31 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. PGEU's objective is to promote the role of pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process.

The IPU is represented at PGEU by Liz Hoctor, Head of Delegation, Pamela Logan, Director of Pharmacy Services, and Jill Lyons, PCRS Contract Manager. The IPU 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.

Overview of 2011/12

2011/12 was yet another year of extraordinary activity in European pharmacy and PGEU was heavily involved in the shaping of European legislation. We saw the adoption of the Directive on Falsified Medicines and the Directive on Patient's Rights. In addition, the Directive on Information to Patients continues to be hotly debated.

Directives

PGEU actively worked on seven Directives throughout 2011/12:

- Pharmacovigilance – the creation of a new system of managing the risks of marketed medicines;
- Falsified Medicines – the creation of a system of authentication of medicines at pharmacy level and the regulation of the sale of medicines through the internet;
- Patients' Rights – the legal obligation to recognise prescriptions from another Member State;
- Information to Patients – a proposal to allow the pharmaceutical industry to provide information on medicines directly to patients;
- Professional Recognition – a revised system of recognition of the professional qualifications of pharmacists from other Member States;
- Late Payments – the creation of a legal obligation for health authorities to pay contractors on time; and
- Consumer Rights – the harmonisation of consumer rights in all EU countries.

Pharmacovigilance Directive

The Pharmacovigilance Directive was published in the Official EU Journal on 31 December 2010; Member States must implement the legislation by July 2012. PGEU succeeded in getting many of its amendments included in the final text, including the recognition of the role of the pharmacist in pharmacovigilance and pharmacists' role in reporting adverse drug reactions (ADRs), including medication errors. Pharmacists will report to the national regulatory agency, the Irish Medicines Board (IMB), who will then forward collated reports to the European Medicines Agency (EMA). The text of the Directive has suggested that these reports should be confidential, i.e. contain no personal data; however, it will be up to individual Member States to clarify the scope of the confidentiality.

Falsified Medicines Directive

The Falsified Medicines Directive was published in the Official EU Journal on 1 July 2011 and is the biggest patient safety initiative that has ever been introduced in the EU. Legislation must be transposed by January 2013; legislation on the internet by January 2014; and an authentication system must be put in place by 2017. Member States can choose whether to permit internet selling of Prescription-Only Medicines (POMs) but all must allow Non-Prescription Medicines (NPMs) to be sold by internet. The Commission will develop the technical aspects for security features and logo for websites. The authentication system will be further developed by the Delegated Acts process; this will include the selection of safety features, list of medicines bearing the safety feature (POMs and NPMs), systems to verify safety features and management of data. The Directive also establishes that a system should be put in place, by July 2013, to recall medicines directly from the patient.

Medicines Authentication
The Falsified Medicines Directive requires that a safety feature be placed on medicines open to counterfeiting and that pharmacists and wholesalers will authenticate. The European Commission is using its powers, i.e. 'Delegated Acts', gained in the Lisbon Treaty, to design the technical aspects of the Directive – the systems of verification and authentication in pharmacy. There is a reference to the need to respect the ownership of data to the pharmacist and the Directive also says that manufacturers must pay for the database to host the authentication system as well as the safety feature. The Delegated Acts process began with a consultation in November 2011.

From pharmacists' perspective, it is vital that the proposed system is practical and responsive; flexible at national level; cost effective; sensitive to the needs and rights of pharmacists; and delivers on its main aim – to protect patients.

PGEU has signed up to a Memorandum of Understanding (MoU) with a range of stakeholders in order to come to a common position to inform on discussions with the Commission during the Delegated Acts process. To date, the MoU has been signed by PGEU, EFPIA (industry), GIRP (wholesalers), EAEPC (parallel distributors), EGA (generics) and AESGP (self-medication industry). The MoU sets out proposals for a central hub (database) into which manufacturers will upload information; the hub allows for interoperability of packages crossing borders. The manufacturers must meet the cost of this database. This proposal allows national or regional systems to adopt different solutions to authentication. It is envisaged that some countries may get together to host a regional database rather than each country having their own, e.g. UK/Ireland, Nordic, Baltic, etc.

The Directive permits the use of the safety feature to be extended to include reimbursement, pharmacoepidemiology and pharmacovigilance. If Member States wish to use the safety feature for these purposes, generic medicines would need to be included.

There is no strict obligation on Member States to adopt medicines authentication, only to apply the safety feature. However, it is hard to argue not adopting authentication when all of the systems are in place to facilitate it.

Patients' Rights Directive

The Cross-border Healthcare and Patients' Rights Directive was published in the EU Official Journal on 4 April 2011 and legislation must be implemented by October 2013, although a system of recognition of prescriptions must be adopted by December 2012. The Commission is now concentrating on developing a list of non-exhaustive elements to be included in cross-border prescriptions. A number of studies have been set up to map national prescriptions and prescribing practices; to assess current practices on recognition of prescriptions; and to evaluate the impact of the Directive. These studies will influence the elements to be included on prescriptions. PGEU is working on building a common position with other stakeholders with an interest in recognition of prescriptions in the cross-border context, e.g. doctors, pharmaceutical industry.

Information to Patients Directive

The Information to Patients Directive, which proposes relaxing restrictions on industry providing information to patients, has proved most controversial. The European Parliament has voted on this Directive and made it less centred on the industry agenda and more patient-centred. Information from industry must be approved by the relevant competent authority (IMB). The Council of Ministers is concerned that the proposal may give industry an opportunity to promote medicines directly to patients. The Council therefore produced a revised proposal, published in October 2011, which places some restrictions on the role of industry as an information provider. The proposal differentiates between the information that must be provided on POMs (SPCs, PILs, latest assessment reports) and information that may be provided (environmental impact, price, pack changes, instructions for use, clinical trials, FAQs, and other information to support the proper use of the medicine). There is a concern that some of the optional information could be abused, e.g. FAQs. There is also a provision that could allow industry to link information on diseases to categories of medicines. Another concern is that information produced for a website in one Member State and approved there can automatically be reproduced in all other Member States. PGEU will continue to lobby to amend the proposal.

Professional Recognition Directive

This Directive was adopted in 2005 and is now being reviewed by the Commission. A Green Paper was published in June 2011 and a new proposal was published in December 2011 which: removed the 3 year derogation; included knowledge of languages if direct contact with patients is required; and allowed a professional care or e-certificate to be produced by competent authorities for health professionals. PGEU continues to lobby to ensure that the extended role of the pharmacist is reflected in the new proposal. The proposal advocates for a minimum level of education for pharmacists and a minimum duration of the undergraduate degree/Masters. The revised Directive will include new skills with regard to the expanded role of the pharmacist, e.g. pharmaceutical care and CPD.

Late Payments Directive

The aim of this Directive is to combat late payment in commercial transactions. It applies to payments received by pharmacies from the State. Public and private hospitals and health services will be allowed 60 days to pay their bills. Those who fail to pay in time will pay penal interest rates of at least 9% higher than the statutory rate as well as a fixed fee of €40 compensation for recovery costs. The Directive has been published in the Official Journal and will be transposed into national legislation by March 2013, although Member States may be requested to implement it sooner.

Consumer Rights Directive

This Directive has been on-going since October 2008 and is reaching conclusion. There have been a lot of disagreements in relation to the degree of harmonisation. PGEU has been successful in having pharmaceuticals removed from the 14-day time frame for returning goods when withdrawing from distance-sales contracts. The Council has also agreed to exclude health service contracts from the scope of this proposal as these require special regulations. PGEU will continue to look at the impact of this Directive on the pharmacy sector. Even though health services are out of the scope of this proposal, some provisions of the Directive, such as the ones regulating distance selling contracts and the right of withdrawal, could have an impact in the pharmacy as products other than pharmaceuticals are distributed by pharmacies.

European White Paper on Pharmacy

PGEU has produced a *Blueprint for European Community Pharmacy* to present to Ministers for Health at the FIP Ministerial Conference in October 2012. The Blueprint focuses on common challenges that patients and health systems are facing in Europe and how common solutions to those problems can be offered by community pharmacists. The Blueprint also sets out a common vision for European community pharmacy. The Blueprint doesn't compare different pharmacy systems or promote certain best practices; rather national examples are used to illustrate different approaches to certain aspects of pharmacy practice. It is important to keep in mind that local needs of populations as well as healthcare systems are different across Europe and therefore may require different ways of doing things. The main objective is to show how the contribution of pharmacists can improve overall healthcare and reduce inequalities while offering cost-effective and quality services to patients.

2. REPORT ON FIP CONGRESS, HYDERABAD, INDIA - SEPTEMBER 2011

The International Pharmaceutical Federation (FIP) Congress is the leading international event offering diverse learning opportunities for those active within all areas of pharmacy. The latest trends highlighting innovative and interesting topics are discussed under the main theme of *Compromising Quality and Safety* – a risky path. Participants are engaged in issues such as their role in ensuring patients receive quality medicines, safe medicines and increasing both the safety and cost-effectiveness of services.

The FIP 2012 Centenary in The Netherlands and FIP 2013 in Dublin were formally announced during the opening ceremony.

In her opening address, Her Excellency, the President of India, highlighted the problems of poor adherence – half of all medication is prescribed or taken inappropriately – and the importance of patient counselling. She called upon developed countries to work closely with developing countries in addressing healthcare issues and sharing expertise and experiences. India already has the third largest pharmaceutical industry by volume in the world and it is expected to grow to a $20bn industry by 2015. Indian generics have helped to bring down the cost of treatment of various diseases worldwide.

President of FIP, Michel Buchmann, stated that it is only through the pursuit of excellence that the profession can take its rightful place as a primary healthcare provider. He encouraged a collaborative approach among healthcare providers. He strongly advocated that pharmacists become politically active also. Pharmacists must always have input into the use of medicines and must add on the professional services that ensure drugs become medicines that save lives, thereby ensuring that pharmacists are no longer seen as merchants but indispensable health professionals. Dr Buchmann listed the following priorities:

- Eliminating counterfeit medicines;
- Monitoring and reporting and reducing risk of ADRs;
- Global growth of non-communicable diseases (which prompted the United Nations to convene a high level summit this month in New York);
- Build dialogue with decision makers.

Signing of a new Tuberculosis Initiative between WHO and FIP

In a landmark initiative, aimed at curbing the current TB epidemic, the WHO and FIP signed a joint statement on the role of pharmacists in TB care and control. TB is one of the world's biggest infectious killers and caused 1.7m deaths in 2009; it is also curable. Patients can be treated by completing a six month course of medicine and it is because pharmacists are often the first point of contact for people with TB symptoms that their frontline role is critical. The statement calls on TB programmes and pharmacy associations to engage pharmacists and use their untapped potential in the fight against TB by:

1. Increasing awareness of TB and referring patients with TB symptoms to facilities with quality diagnosis and treatment.
2. Providing patient centred treatment supervision to promote adherence and help prevent multidrug resistant TB.
3. Promoting the rational use of anti-TB medicines.
4. Supporting other health providers to rationalise and strengthen their TB management practices.

FIP position on Drug Shortages

This topic was debated by the Council of FIP, of which IPU President Darragh O'Loughlin was a member. Following the IPU AGM motion on drug shortages, this position was strongly supported and a position adopted. Having a strong FIP position on the problem of drug shortages means it will be prioritised and brought to the attention of the highest authorities worldwide, including the WHO and world leaders. Ultimately this can lead to national policy adoption worldwide.

Forum for Innovation

This was the second of a three-year forum. Last year in Lisbon the forum focused on which services pharmacy should aim to provide. The focus this year was on the cost of providing pharmaceutical services. All presentations will be available on www.fip.org in December. Three case studies were presented:

- Kaiser Permanente's Dennis Helling discussed the

financial return his company receives by ensuring patients in their care receive appropriate medical management. This is in addition to the lives saved through MURs, chronic disease management, screening and anticoagulant services. Quote *"quality pays big bucks"*.

- Arantxa from Nadal's pharmacy in northern Spain provided a detailed breakdown of costs associated with providing monitored dose systems. The key message was to choose a service which differentiates you from the *"discounters"* and help to isolate the business from government cuts, cost out the service accurately; market it; involve all staff. There is no VAT on professional pharmacy services in Spain.
- Raj Patel of the NPA discussed a recent PwC survey carried out on behalf of the UK government to ascertain what it would cost to *"replace every pharmacy in England, if they all closed in the morning."* This study revealed that the true cost per item dispensed is significantly less in independent pharmacies than large multiples or supermarket pharmacies. He stated that an agreement is now in place, following this report, which recognises and protects the pharmacist's right to make a purchase profit and a fair return on investment, applying a weighted average cost of capital model. He also discussed the forthcoming New Medicines Service (NMS) in the UK, where the pharmacist dispenses up to 14 days' supply of a new medicine under four categories: Asthma; Diabetes; Hypertension; and Hypercholesterolaemia. The patient is then contacted to check adherence before the next supply is made. The pharmacist is paid a professional fee for this service.

A workshop then discussed the various services and funding models around the world. The Swiss receive 40% of any saving made by generic substitution, and a fee per MUR. The Danes receive a fee for demonstrating inhaler technique. The Germans, through one of their health insurers, are paid to monitor blood glucose. The Spanish have funded screening for Bowel Cancer.

Later in the workshop, an Australian study, presented by an accountant, demonstrated the costs associated with setting up and delivering a diabetes screening and asthma service, covering the cost of installing a consulting area, rent of that space, staffing costs, IT costs and marketing. The quote was *"Customer engagement beats the discounters"*.

President Elect of PGEU, Isobel Adenot, gave a presentation which covered a system of electronic health records in France, known as Dossier Pharmaceutique. This covers almost all French pharmacies now. It is an Internet based system which is activated by smart card. It records medicines dispensed, including OTC, and is of benefit in alerting potential ADRs. It is used by hospital doctors and anaesthetists, is used in efficient batch recalls and has further potential for detecting healthcare trends, vaccination records and improving pharmacovigilance.

Symposium on Development of New Services and Innovation

This symposium, aimed at representative organisations, recognised that:

1. Customers' needs change.
2. New technologies emerge.
3. The structure of the industry changes continuously.

Who will be patients' trusted partner in healthcare in the future? The aim is to ensure pharmacy is that partner.

There are 17,000 healthcare apps available today which compete with pharmacists' advice; therefore, pharmacists always need a **Unique Selling Proposition**. Innovation drives growth and can provide shelter against eroding margins.

Several case studies covered innovation from around the world.

Vaccinations

A number of presentations focused on the aims of vaccination as well as past, present and future routes of administration. A new nanotechnology system is on the horizon which uses a series of tiny needles arranged in a grid about the size of a postage stamp. The system is some way off but is expected to be pain free, more targeted than an IM injection for immunity and will not require refrigeration. This will be of particular benefit in developing countries where cold chain issues often render a large percentage of vaccines inactive.

The pharmacist's role in improving vaccination rates was seen to fall into the categories of education, administration and advocacy. Dr Betty B Chaar of Australia quoted vaccines as the most important medical advance of the nineteenth century. She outlined the damage to vaccination programmes arising from discredited claims surrounding Thiomersal and the important role of pharmacists in allaying fears among the public.

Tom Menighan, CEO of the American Pharmacists Association (APA), made a presentation covering the American experience of pharmacist led vaccination services. The APA sees the following as the three main roles for pharmacy:

1. Advocacy
2. Facilitator, e.g. get nurse in to vaccinate or refer to GP
3. As a vaccinator

20% of all flu vaccines in the USA for 2010 season were given through pharmacies. The American Society of Internal Medicine, largely composed of consultant physicians, support pharmacist vaccination on the basis that this improves vaccination rates and increases awareness. From customer experience, patients prefer a drop in service rather than set times for vaccination clinics in pharmacies.

A lot of states allow pharmacists to immunize from age three upwards.

FIP provides delegates with a host of information. In addition to the various lectures and workshops, posters are on display covering all aspects of pharmacy research.

Meeting colleagues from around the world and discussing matters of mutual interest is an integral part of FIP. Delegates typically include community, hospital and industrial pharmacists and pharmaceutical scientists as well as members of professional, representative and regulatory bodies worldwide.

2012 AGM Motions

The following motions, proposed in accordance with Article 30 of the IPU Constitution, are brought before the meeting for consideration:

1. *Proposed:* **Morgan Power**
   Seconded: **Brian Walsh**

"That this AGM calls on the Minister to:

- *Reverse the decision to reduce the reimbursable price of fridge items;*
- *Increase the low level dispensing fees currently paid to contractors;*
- *Review the reimbursement price of medicines to pharmacists;*
- *Review the current level of remuneration for new Services; and*
- *Put a proper negotiation system in place to review such matters."*

2. *Proposed:* **Liam Butler**
   Seconded: **Dermot Twomey**

"That this AGM calls on the HSE PCRS to agree to an HSE-IPU Pharmacy Customer Charter which would set out a transparent, equitable and fair process in which the HSE should interact with pharmacy contractors on all queries."

3. *Proposed:* **Bernard Duggan**
   Seconded: **Daragh Connolly**

"That this AGM calls on the Department of Health and HSE to further expand the role of the community pharmacist by developing a community-pharmacist-led national cardiovascular screening service, which incorporates accredited standards and training for the service and identifies a number of different funding options for provision of the service."

4. *Proposed:* **Caitriona O'Riordan**
   Seconded: **Sarah Magner**

"That this AGM calls on the Irish Institute of Pharmacy to ensure that, in its role as a management and accreditation body, the funding agreed between the IPU and the Department of Health, as part of the 1996 Community Pharmacy Contractor Agreement, will be be ring-fenced within the Institute to fund continuing education initiatives for community pharmacists, who make up the largest portion of the PSI register."

5. *Proposed:* **Jack Shanahan**
   Seconded: **Sean Reilly**

"That this AGM calls on the HSE PCRS and Department of Health to work with the IPU's IT Steering Group, initially to ensure a smooth roll out of both generic substitution and reference pricing, and any other issues that require a pharmacy IT change."

Extract of Submission by the IPU to Economic and Social Research Institute on *"A Roadmap to Reform the Delivering of Drugs to Consumers in Ireland"*

30 June 2011

EXECUTIVE SUMMARY

The following is a summary of the main points made in this submission.

Current Delivery Model

The current delivery model of manufacturer to wholesaler to pharmacy works well for patients, delivers excellent health outcomes and encompasses key strengths that are conspicuously lacking in many other models abroad. What is in principle, and very largely in practice, a good model does, however, have issues with medicines shortages and unlicensed medicines and these need to be addressed. Indecon Economic Consultants, when asked by the HSE to do an examination of the pharmaceutical wholesale sector, recommended caution in adjusting margins or prices in this area as any sudden or dramatic reduction in wholesaler margins would have broad negative economic effects both in the pharmacy sector and beyond. Market disruption would involve a reduction in service levels including the availability and quality of pharmacy services countrywide.

The existing model, while it can and should be strengthened, should remain as it works well and serves patients best in accessing medicines. The key change required going forward is a binding public service obligation to prevent medicines shortages and unnecessary controls on supplies by manufacturers. The IPU supports the system which operates in Germany with regard to ensuring the continuity of supply of medicines. Under German Drug Law [Section 52b], there is a Public Service Obligation (PSO) on manufacturers and wholesalers to supply medicines. The legislation also includes the right of wholesalers to be supplied by manufacturers. It is the combination of these two aspects of legislation which ensures the uninterrupted supply of medicines to the patient.

A Highly Competitive Sector

Ireland's community pharmacy sector is highly competitive by objective and measurable international standards. Ireland has the most liberal and competitive pharmacy market in the EU. There is a higher proportion of pharmacies per head of population in Ireland than almost any other EU country. This is hardly surprising as we are one of the few countries where there are no restrictions on who can establish or operate a pharmacy; in the majority of EU States only pharmacists can own a pharmacy and there are population or geographical criteria restricting the opening of new pharmacies. We are one of the few counties where there are no restrictions on who can establish or operate a pharmacy.

Patients are the Key Criteria

Community pharmacy plays an important part in primary care and is an essential part of patient safety. Medicines are an essential part of treatment, and professional advice and oversight is an essential and lifesaving part of dispensing. The professional obligation on pharmacists is understandably high and onerous and is covered by regulation and is also an integral part of an individual pharmacist's contract with the HSE.

Section 9 of Regulation of Retail Pharmacy Businesses Regulations 2008 and Clause 9 of the pharmacy contract properly place onerous obligations on the community pharmacist.

The very high professional standards of community pharmacy have a significant positive impact on public health. For example, many adverse drug reactions have been prevented where, for example, patients on warfarin have been prescribed potentially fatal doses of interacting drugs. Compliance problems have been recognised and dealt with, such as asthma sufferers not using their preventative inhalers properly or at all, and patients being prescribed inappropriate medicines, e.g. a person working outdoors being prescribed medicine likely to cause skin photosensitivity.

Patients' health outcomes would also be enhanced by the introduction of a structured Medicines Use Review (MUR) particularly for patients on complex medicine regimes. Real value is only achieved when patients take the right medicines and take them correctly. This is critical for patient care, patient safety and for the Exchequer. In addition the movement of medicines from prescription only to pharmacy only and an enhanced role for pharmacists in areas including vaccinations and chronic disease management will improve health outcomes for patients and deliver efficiencies and savings for the Exchequer.

Generic Substitution and Reference Pricing

In an era of ageing populations and rising healthcare costs, generic medicines allow patients to access safe, effective, high-quality medicines at lower prices. In this way, generic medicines support the sustainability of healthcare provision and contribute to controlling pharmaceutical expenditure. The development of a generics medicines market needs to be actively sustained by a generic medicines policy and requires both supply-side measures relating to pricing and reimbursement, and demand-side incentives for pharmacists.

Different policy measures need to reinforce each other and be part of a coherent generic medicines policy.

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 poorly thought out policies.

The introduction of reference pricing therefore 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 reduced number of suppliers, as some players exit the market. In this context, the initial reference price should not be substantially reduced overnight but on a gradual basis over time. It is imperative not to set too low a price or players will leave the market resulting in medicines shortages and an increase in high cost unlicensed medicines.

Approved Treatment Protocols

Doctor Barry White, Clinical Care Director of the HSE, has set up a number of clinical care programmes which will develop clinical care pathways and treatment protocols for patients with chronic conditions. These have the potential to also contribute to the sustainability of healthcare

Direct to Pharmacy Distribution (DTP)

Direct to Pharmacy distribution (DTP) cuts out the wholesaler intermediary in the supply chain. The pharmaceutical manufacturer sells the medicines directly to the pharmacy. The traditional distribution model enables the pharmacist to source the full range of products from a single wholesaler, or from a combination of wholesalers. Typically, the pharmacist will receive regular single deliveries comprising all medicines for which there is a demand. Some medicines which are prescribed less often and may be out of stock can be ordered for the next scheduled delivery. If DTP were to be adopted by more pharmaceutical manufacturers, wholesaling in its current form could become unviable. This will lead to the scope for competition between intermediary suppliers becoming significantly reduced. Pharmacists will lose the right to choose between competing wholesalers. The savings generated by such competition are an important factor in overall expenditure control.

DTP has led to very significant problems in the UK including lack of supply, reduced choice and increased administration. Its introduction would be even more damaging in a small market like Ireland.

Internet pharmacy

It is essential that medicines are carefully monitored and that a patient sees a healthcare professional before receiving any medication. In the US, where internet pharmacy is common, there are huge problems with regard to counterfeit medicines. In Ireland the sale of medicines is highly regulated to protect the patient including the manufacture, licensing, advertising, wholesaling and supply of medicinal products is highly regulated. Internet pharmacy does not provide these kinds of quality guarantees to the patient.

Value for Money

The community pharmacy sector has contributed all it can; further cuts will undermine the capacity of sector to deliver effectively for primary care. The consequences of a sustained series of severe cuts on the community pharmacy sector have been hard. Jobs have been lost, skilled and talented people have been put on the dole, services have been reduced and pharmacies are opening for fewer hours. Community pharmacies are now leaner, reduced enterprises and some are now loss-making. The cost base of community pharmacy has been reduced as income has been cut. The capacity of highly trained professionals to provide a level of service that is animated by a spirit of care rather than just an observance of regulation is being seriously undermined by cumulative cuts to pharmacy income. Since July 2009, cuts averaging €123,740 for every pharmacy in the country have been implemented. The most recent cut on 20 June 2011 represented a further loss to the sector of €36m in a full year and an average loss of €22,500 per pharmacy.

Community Pharmacy and Public Planning

It is important for public health and for public policy that all patient catchment areas (including less populated small towns and rural areas) are uniformly served by community pharmacy. There are many patients who do not have their own transport and accordingly locating a retail pharmacy business in an area which is not easily accessible either on foot or via public transport is undesirable. It is also very important for patients to enjoy freedom of choice in relation to the pharmacist with whom they deal.

The Pharmaceutical Society of Ireland (PSI) Memorandum of February 2011 usefully provides clarity in relation to the role of pharmacy in the context of wider changes in the delivery of primary healthcare in recent years. In particular, it provides assistance in terms of understanding the role of pharmacy in the Government strategy - *"Primary Care – A New Direction"* (2001).

The 2001 Government Strategy supported the development and roll out of "*Primary Care Teams"* located on the same site comprising GPs, nurses, midwives, physiotherapists, occupational therapists and social workers, etc. Essentially, the PSI supports the position that a pharmacy or retail pharmacy business, being part of the *"Primary Care Network",* does not need to be co-located with the medical general practices and the *"Primary Care Team"* based on planning-related and commercial considerations. In order to ensure that patients have a real choice between community pharmacies and to ensure a sustainable model of competition it is undesirable that pharmacies be co-located with primary care centres.

Roadmap – Time for a New Approach

Pharmacists are already engaged in a number of important patient and public health pilot programmes – including Health Screening, Medicine Use Reviews and Asthma Management. Pharmacies have stepped up to the mark in

a whole range of different ways. We have the professional capacity to play a greatly enhanced role in delivering a much better system of primary care.

The IPU recognises that it is timely to review existing arrangements in light of the rising demand for medicines resulting from population increase, population aging and public health trends. The current model works well for patients and it is critically important going forward that it is enhanced and not undermined. The introduction of a public service obligation, generic substitution, Medicines Use Reviews, health screening, vaccinations and other services delivered through pharmacy, i.e. at the lowest level of complexity, can make a very significant contribution to the delivery of an enhanced and more cost-effective model of primary care. Delivery will require partnership and real engagement with stakeholders including the IPU.

Extract of Paper for the Minister for Health, Dr James Reilly TD
18 July 2011

Executive Summary - The Time for A New Approach is now

This Government is the first in the history of the State that is committed to developing a universal, single-tier health service, which guarantees access to medical care based on need, not income.

PROGRAMME FOR GOVERNMENT 2011

1. INTRODUCTION

Pharmacists are healthcare professionals who provide a vital service to patients. They are committed to delivering a quality, accessible personal and professional service that puts patients first and has as its primary goal the optimisation of the health and well-being of society. Pharmacists are accountable for their professional conduct and strive to maintain the confidence and respect of their patients, customers, the State and other professionals in the healthcare field.

2. CURRENT ENVIRONMENT

Pharmacists have first-hand experience of this on a daily basis through the decline in non-dispensary sales, the very visible increase in the numbers of unemployed, the increased number of patients with medical cards and the difficulties in arranging finance with banks. Pharmacists recognise the reality of the current economic environment in which we are all now operating. Pharmacists have seen their payments cut substantially in the past two years, most recently in June of this year.

3. TIME FOR DIRECT ENGAGEMENT

The Resource Allocation report highlights the need for a fully-integrated, coherent healthcare system, which brings together primary care, community/continuing care and acute hospital services, which are recognised internationally as optimal in terms of both safety and cost. Pharmacists can deliver on such an agenda and the potential of the profession to contribute more has also been addressed by the Oireachtas Committee on Health and Children and more recently by the ESRI.

In a submission to the then Minister for Health in January of this year, the IPU proposed that the time is now opportune for the Minister to engage substantially with the IPU on a change agenda within a defined time period to review all existing administrative, contractual and payment arrangements with a view to identifying the scope for pharmacists to assist with the delivery of Government health policies and the realisation of system-wide efficiencies and savings for both the HSE and pharmacists. This could be carried out through discussions and negotiations or through a process, led by an independent chairman, similar to the one agreed with the Health Service Executive (HSE) and Department of Health & Children (DoHC) in April 2008 [Appendix I].

4. IPU PROPOSAL

Pharmacy is part of a continuum of care that is an essential part of the fabric of our health service.

The IPU has proposed a **5 Point Plan** to assist Government on delivering national health policy and, ultimately, to deliver a better Health service for patients. The plan proposes:

1. **Open Door Policy** to deliver better healthcare for patients who require access to Chronic Disease Management;
2. **Generic Substitution** to deliver cost savings to the State;
3. Provision of a **Vaccination Service** to deliver vaccines such as the flu vaccine through their local pharmacy;
4. **Medicines Use Review** to deliver improved patient compliance and reduced costs; and
5. **Health Promotions** through pharmacies to deliver services including smoking cessation, weight management, diabetes and cholesterol screening to keep people healthy.

These proposals should be incorporated into discussions on a new contract in the context of national health policies and the efficient use of scarce resources. The following section expands further on our proposals.

5. CONCLUSIONS – TIME FOR A NEW APPROACH

Government health policy has as its central aim the delivery of health services in the community and creating capacity in other areas of the health service at the lowest level of complexity. Pharmacists can deliver these services. In that context, discussion between the DoH and the IPU should now take place with a view to facilitating these developments. There is also a need to review all existing administrative, contractual and payment arrangements. The HSE has highlighted a number of areas they wish to address in any new pharmacy contract and pharmacists would also like to reduce the level of administrative burden currently placed on them to enable them to spend more time treating their patients.

Future savings and efficiencies can be achieved by adopting the proposed holistic approach to all issues of concern to all stakeholders. Now is the time for a new approach.

The IPU looks forward to engaging on this agenda for change with the Minister on this healthcare agenda.

Extract of IPU Submission to the Irish Medicines Board on the Legal Supply Classification of Medicinal Products
31 July 2011

1. THE GROWING INTEREST IN SELF CARE

Healthcare in Ireland is going through a period of significant change – an ever increasing ageing population, evolving health structures, greater private sector involvement in the health arena, a growing incidence of chronic diseases, ever increasing public expectations of the health service and the development of new treatments. The financial challenge to the State to manage this is compounded further given the current state of the public finances and the requirement to control healthcare expenditure. Patients are also feeling economic challenges and they try to access cost-effective healthcare in the current stagnant economy.

Patients are no longer passive recipients of healthcare and advice. Greater health literacy and greater access to information, combined with increased individual interest in personal health and personal choice, is leading to more and more patients actively looking after themselves. In addition, public awareness has increased the importance of certain lifestyle factors, such as avoidance of smoking and keeping a well-balanced diet, in maintaining health and preventing illness. Irish patients see health education and advice from the pharmacist as key ways to help them take care of their health and minor ailments.

In this context, self-care can be seen as the most common form of healthcare. As pressure grows on the Irish healthcare system, self-care will be seen as a means of controlling and rationalising healthcare and medication costs. Recent research in Australia showed that if minor ailments such as coughs, colds and others were dealt with in community pharmacies, it would free up one thousand full time GPs to treat more serious health problems. If we are to successfully confront the demands on our health system as the population ages, we need to ensure that our citizens stay fit and healthy for as long as possible. In both health and fiscal terms, prevention is better than cure.

2. PHARMACISTS AND SELF CARE

Self-care can be defined as the care taken by individuals of their own health and well-being at the lowest level of complexity with advice from a healthcare professional. It is important to note that self-care is not 'no care'. Although by definition, self-care can take place without the need to visit a healthcare professional, effective and safe self-care is best undertaken with the benefit of professional advice. Pharmacists have the skills and training to ensure that patients have an open source of professional expertise in self-care matters.

Non-prescription medicines are an important part of healthcare and, from the point of view of patient safety, must be treated in the same way as prescription-only medicines. They are not, and should not, be perceived as ordinary commodities. Taken inappropriately, non-prescription medicines can present a serious threat and imply severe risks for patients. There can be no doubt therefore that a responsible public health policy needs to understand and appreciate the potential risks posed by non-prescription medicines.

The pharmacist has a key role in providing advice on appropriate self-medication, including the provision of product information, advice on product selection, advice on side effects and interactions and crucially, advice on the appropriateness of beginning or continuing self-care; this is sometimes referred to as the 'sign-posting' function of the pharmacist – advising patients to seek specialist treatment in cases where self-care may be ineffective or inappropriate. The best way to help ensure patient safety for non-prescription medicines is to ensure they are dispensed under a pharmacist's supervision within a pharmacy.

3. EXPANDING SELF MEDICATION

For self-care to be fully effective, the range of medicines made available to patients should be expanded. The IPU welcomes the decision by the IMB to take a proactive approach to increased self-care through reclassifying medicines from prescription-only to non-prescription, also known as 'switching'; indeed, the IPU has called for this for a number of years. Following recent switches, for example alli and Norlevo, the IPU has produced sales protocols and educational tools to assist pharmacists in the appropriate supply of these medicines to patients.

4. CONCLUSION

The importance of self-care is growing, driven by more health literate and demanding patients and supported by Government policy. Self-care can help to resolve some of the future health system challenges such as aging population and growing health expenditure. Community pharmacy is the key to the successful development of a self-care policy and its evolution in the future due to: the availability and accessibility of pharmacies with no prior appointment; the provision of professional advice to ensure effective and safe self-care; and the pharmacist's in-depth knowledge on a broad range of health matters to support patients in self-care. The need to manage quality, safety and efficacy of medicines should be balanced by the positive health benefits to society of the increased availability of non-prescription medicines. However, from the point of view of patient safety, non-prescription medicines must be treated in the same way as prescription-only medicines, i.e. dispensed under the supervision of a pharmacist from within a pharmacy.

Paper for the Minister for State with responsibility for Primary Care, Ms Roisin Shortall TD

16 August 2011

1. CURRENT ENVIRONMENT

Pharmacists have first-hand experience of this on a daily basis through the decline in non-dispensary sales, the very visible increase in the numbers of unemployed, the increased number of patients with medical cards and the difficulties in arranging finance with banks. Pharmacists recognise the reality of the current economic environment in which we are all now operating. Pharmacists have seen their payments cut substantially in the past two years, most recently in June of this year.

2. TIME FOR DIRECT ENGAGEMENT

The Resource Allocation report highlights the need for a fully-integrated, coherent healthcare system, which brings together primary care, community/continuing care and acute hospital services, which is recognised internationally as optimal in terms of both safety and cost. Pharmacists can deliver on such an agenda and the potential of the profession to contribute more has also been addressed by the Oireachtas Committee on Health and Children and more recently by the ESRI.

In a submission to the then Minister for Health in January of this year, the Irish Pharmacy Union (IPU) proposed that the time is now opportune for the Minister to engage substantially with the IPU on a change agenda within a defined time period to review all existing administrative, contractual and payment arrangements with a view to identifying the scope for pharmacists to assist with the delivery of Government health policies and the realisation of system-wide efficiencies and savings for both the HSE and pharmacists. This could be carried out through discussions and negotiations or through a process, led by an independent chairman, similar to the one agreed with the Health Service Executive (HSE) and Department of Health (DoH) in April 2008.

3. PHARMACY'S 5 POINT PLAN

a. Open Door Policy to deliver better healthcare for patients who require access to Chronic Disease Management.

Pharmacists are already engaged in a number of important patient and public health pilot programmes – including Health Screening, Medicine Use Reviews and Asthma Management. There are pharmacies in every community across the country that can do more for patients and do more with their skills. Pharmacies are the most accessible part of Ireland's health service and deliver for patients consistently, effectively and cost – effectively.

Doctor Barry White, Clinical Care Director of the HSE, has set up twenty six clinical care programmes which are developing clinical care pathways and treatment protocols for patients with chronic conditions. These have the potential to contribute to the sustainability of healthcare. It is vitally important that the HSE takes a holistic approach to these programmes and outcomes to ensure there is consistency in their implementation.

In addition, the movement of medicines from prescription only to pharmacy only and an enhanced role for pharmacists in areas including vaccinations and chronic disease management will improve health outcomes for patients as access improves at the lowest level of complexity and deliver efficiencies and savings for the Exchequer.

b. Generic Substitution to deliver cost savings to the State.

In an era of ageing populations and rising healthcare costs, generic medicines allow patients to access safe, effective, high-quality medicines at lower prices. In this way, generic medicines support the sustainability of healthcare provision and contribute to controlling pharmaceutical expenditure.

The development of a generics medicines market needs to be actively sustained by a generic medicines policy and requires both supply-side measures relating to pricing and reimbursement, and demand-side incentives for pharmacists.

c. Provision of a Vaccination Service to deliver vaccines such as the flu vaccine through their local pharmacy.

Immunisations are one of the most important preventative health advances of the 20th century, leading to drastic reductions in the incidence of several diseases associated with substantial morbidity and mortality. An important challenge for the 21st century is providing vaccines to all people who should receive them. Pharmacists can help the HSE to meet this call by acting as vaccine educators, advocates and immunisers.

Many barriers to immunisation have been identified: apathy, lack of knowledge, inconvenience, misconceptions regarding contraindications, limited service hours, etc. Pharmacists can help to address many of these obstacles; their convenient locations

and hours of service can make vaccines accessible to a greater number of patients.

Research in the USA has found that when pharmacists provide immunisations, they add to the overall number of patients being immunised, rather than take patients away from other immunisation channels. In the majority of States, pharmacists are involved in vaccination for influenza, pneumococcal disease, meningococcal disease, diphtheria, tetanus, pertussis, hepatitis A and B, human papillomavirus and travel vaccines.

Establishing a pharmacy-based immunisation programme can substantially contribute to public health. The broadened access to vaccines provides patients with convenience and increased quality of care.

To help meet the healthcare needs of the 21st century, pharmacists can play an increasing role in the prevention of disease and providing vaccination services is an important part of these efforts.

In 2009, in the shadow of the H1N1 pandemic, over 800 pharmacists were trained in administering vaccinations. Pharmacists are ready to participate in the national immunisation effort, subject to the DoH and the HSE implementing such a scheme.

Following the meeting with the Minister for Health, Dr Reilly, on 18 July, the IPU met with the HSE PCRS on 11 August to discuss the implementation of a pharmacist-led seasonal influenza vaccination service. The PCRS confirmed that the service will commence in the last week of September and that they will write to pharmacies within the next couple of weeks, asking if they want to participate in the vaccination service. The IPU is now preparing to put in place appropriate training for pharmacists. The IPU is scheduled to meet with the PSI on 16 August to discuss appropriate standards for the vaccination service to ensure patient safety.

d. Medicines Use Review to deliver improved patient compliance and reduced costs.

Pharmacists are already engaged in a number of important patient and public health pilot programmes – including Medicine Use Reviews (MUR). The introduction of a structured Medicines Use Review, particularly for patients on complex medicine regimes, would enhance patients' health outcomes and generate savings in the long term. Real value is only achieved when patients take the right medicines and take them correctly. This is critical for patient care, patient safety and for the Exchequer.

This vision is not revolutionary. To the contrary, it is tried and trusted in several jurisdictions across the European Union. In the Netherlands, for example, Repeat Dispensing, Emergency Contraception, Diabetes Management, Hypertension Management, Homecare Services and Medicines Use Reviews are all examples of services being provided by community pharmacies in other countries.

The implementation of any initiative must be predicated upon patient safety and quality assurance and based on a shared objective of more efficient, accessible and cost effective services for patients in the community and outside of acute hospital settings.

e. Health Promotions to deliver services including smoking cessation, weight management, diabetes and cholesterol screening to keep people healthy.

Recently community pharmacist installed private consultation areas where patients can discuss their health issues in private with their pharmacist, thus enhancing their experience of using a pharmacy. Pharmacist did not receive any grants or subsidies to help with the installation of these rooms and bore the significant costs themselves.

Clearly these new consultation facilities make a whole range of patient services more feasible as well as more patient friendly. These are the ideal locations for providing diabetes and cardiovascular screening, cholesterol testing, blood pressure testing, INR testing, helping patients manage their chronic illnesses and for delivering services locally – at times and in locations that meet the diverse needs of people in the community.

4. CONCLUSIONS - TIME FOR A NEW APPROACH

Government health policy has as its central aim the delivery of health services in the community and creating capacity in other areas of the health service at the lowest level of complexity. Pharmacists can deliver these services. In that context, discussion between the DoH and the IPU should now take place with a view to facilitating these developments. There is also a need to review all existing administrative, contractual and payment arrangements. The HSE has highlighted a number of areas they wish to address in any new pharmacy contract and pharmacists would also like to reduce the level of administrative burden currently placed on them to enable them to spend more time treating their patients.

In a separate process the IPU made a submission to the Irish Medicines Board (IMB) on 31 July on the Legal Supply Classification of Medicinal Products [Appendix II]. This submission highlights the role of community pharmacists in supporting patients in what is known as self-care, which is the treatment and prevention of illness through improved lifestyle and the use where appropriate of medicines available without prescription, also known as self-medication. Patients are no longer

passive recipients of healthcare and advice. Greater health literacy and greater access to information, combined with increased individual interest in personal health and personal choice, is leading to more and more patients actively looking after themselves. In addition, public awareness has increased the importance of certain lifestyle factors, such as avoidance of smoking and keeping a well-balanced diet, in maintaining health and preventing illness. Irish patients see health education and advice from the pharmacist as key ways to help them take care of their health and minor ailments. In this context, self-care can be seen as the most common form of healthcare. As pressure grows on the Irish healthcare system, self-care will be seen as a means of controlling and rationalising healthcare and medication costs.

Better patient care as well as future savings and efficiencies can be achieved by adopting an integrated and holistic approach to all issues of concern to all stakeholders. Now is the time for a new approach.

IPU Submission to the Department of Finance on Budget 2012
21 October 2011

1. COMMUNITY PHARMACISTS

Members of the IPU aim to provide the best possible professional pharmacy service to all members of the public. They are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has as its primary goal the optimisation of the health and wellbeing of society. Pharmacists are accountable for their professional conduct and strive to maintain the confidence and respect of their patients, customers, the State and other professionals in the healthcare field.

2. PHARMACIES – OPEN DOORS

Community pharmacists know the difficulties our patients face. As citizens we know the difficulty our country is in. Our challenge, the challenge that the IPU is prepared for, is to make community pharmacy the open door to Ireland's entire continuum of health care. And every pharmacy is an open door. **We are Ireland's most accessible health care professionals**. We see our patients from early till late and often seven days a week. We are **best placed to offer a wide range of additional treatments and services that Irish patients need**. In a country in real difficulty and a health system facing hard choices, utilising the professional skills of pharmacists and utilising the open door access of pharmacies is not an option, it is a must-do.

3. IPU'S 5 POINT PLAN

Our agenda is clear. It is constructive and specific. **Pharmacists this year are**, for the first time, **delivering Emergency Hormonal Contraception and Seasonal Flu Vaccinations** all over Ireland. Because of change that we have advocated and led a better primary health service is being delivered for patients.

We advocate and we are ready to implement generic substitution. We are qualified and ready to deliver Medicines Use Review, Repeat Dispensing, Diabetes Management, Hypertension Management and Homecare Services. These are specific next steps for community pharmacy.

The IPU's ***5 Point Plan*** to enable community pharmacy deliver a better Health service for patients has the following key elements:

1. **Open Door Policy** to deliver better healthcare for patients who require access to Chronic Disease Management.
2. **Generic Substitution** to deliver cost savings to the State.
3. **Provision of Vaccination Service** to deliver vaccines such as the flu vaccine through their local pharmacy.
4. **Medicines Use Review** to deliver improved patient safety and reduced costs.
5. **Health Promotion** to deliver services including smoking cessation, weight management, diabetes and cholesterol screening to keep people healthy. Prevention is always better and more cost effective than the cure.

In addition to the key points in the IPU ***5 Point Plan*** there are a number of specific points that Budget 2012 should address.

4. GENERIC SUBSTITUTION

A key aspect of the IPU's 5 Point Plan is the implementation of a pharmacy-led policy of generic substitution. In an era of ageing populations and rising healthcare costs, generic medicines allow patients to access safe, effective, high-quality medicines at lower prices. In this way, generic medicines support the sustainability of healthcare provision and contribute to controlling pharmaceutical expenditure.

The IPU believes that generic substitution should be implemented in advance of a reference pricing system. This would be beneficial in two ways. Firstly it would give advance notice and a sufficient lead in period to the changes for patients and, secondly, it would yield immediate savings to the State.

It had been the Department of Health's intention that reference pricing and generic substitution be implemented at the same time. However, the recently published Legislative Programme states that the Health (Pricing and Supply of Medicines) Bill, which would introduce generic substitution and reference pricing, has been delayed and is now expected to be published in 2012.

The development of a generic medicines market needs to be carefully thought out and actively sustained by a generic medicines policy and requires both supply-side measures relating to pricing and reimbursement, and demand-side incentives for pharmacists. In light of the delay to the reference pricing legislation, the IPU strongly supports the implementation of generic substitution which can yield savings immediately after further consideration and discussion with the IPU.

5. PRESCRIPTION LEVY

The introduction of the prescription levy has given rise to considerable difficulties for some patients and also imposed a significant cost burden on community pharmacists, who were handed the responsibility of collecting the charges. Pharmacists were left to inform patients about the introduction of the levy and to manage their fears and concerns.

If public policy dictates that the levy should continue, then there are a number of patients who should be exempt from the charges altogether and the cost involved is not significant. In particular, The IPU advocates that Budget 2012 exempts the following patient cohorts from prescription charges:

- Patients in nursing homes;
- Patients receiving treatment under the Methadone Treatment Scheme in respect of other medication that they may be taken;
- Patients receiving psychiatric medicines;
- Homeless patients including those in homeless shelters;
- Patients who have their medicines changed on a weekly/daily basis including palliative care patients;
- There also needs to be some restrictive provision that would allow pharmacists to exercise their discretion to dispense medicines in situations where patients refuse, or cannot afford, to pay for their medication.

It is not possible in many instances to collect levies from these patients, leaving some pharmacies in a minus situation as the levy is automatically deducted from their payments whether the levy is collected or not.

The IPU appreciates the current budgetary constraints that the Government is facing but the cost associated with these exemptions would be very small in the overall context of the yield from the charges and would be of great assistance to these most vulnerable of patients. Indeed, the cost to health expenditure is far greater every time these patients do not take their medication as a consequence of the charges.

6. FEMPI – FRIDGE ITEMS

Since the FEMPI Regulations were issued on 20 June 2011 most pharmacies that dispense a fridge item to a patient will be doing so at a loss. Unlike some other drugs supplied through pharmacy, fridge items are medicines for which pharmacists normally pay the full invoice price and are not subject to any business arrangements that may be negotiated between the pharmacist and their wholesaler.

Over the past few years, the Department and the HSE have both accepted that this is the case. In the Health Regulation 2009, fridge items were excluded on this basis. There has been no change since 2009; therefore the decision to reimburse these drugs at less than the cost to the pharmacist should be reversed immediately.

7. SELF-CARE

The IPU believes that the encouragement of responsible self-care and appropriate self-medication should be an explicit objective of public health policy and that more should be done to empower patients to take care of their own health in a safe, convenient and cost effective manner with the assistance of their pharmacist. This would entail making a much greater range of medicines available without prescription from pharmacists – particularly those with long established safety profiles, many of which are available without prescription in other jurisdictions.

Patients and consumers want to actively manage their own health and are taking greater individual responsibility for their healthcare and their health choices. This could help to reduce unnecessary cost burdens on primary and secondary care systems and would bring health, social and economic benefits for all.

8. REGULATORY RED TAPE

At present pharmacists can face inspection from many different regulatory bodies such as the PSI, HSE, HSA, Revenue, Department of Agriculture, and NERA. We very much welcome the commitment in the Programme for Government to reduce the cost of Government imposed red-tape on business, in part by streamlining regulatory enforcement activities out of a merger and rationalisation of existing structures, which will hopefully reduce the amount of regulatory paperwork that pharmacists are presently required to perform. The IPU advocates that Budget 2012 introduce specific, tangible and measurable policy changes to give effect to the Government's commitment.

9. BUSINESS COSTS

It is vital that costs to small businesses, such as pharmacies, including rates, waste and local charges are reduced in order to support and grow employment in small business generally and the pharmacy sector particularly. Our experience is of **over 1600 jobs lost** in the pharmacy sector over the last eighteen months. The pharmacy sector is experiencing a significant drop in retail sales as well as coping with very large direct and indirect reductions to their payments from the State over the same period. The CSO Retail Index for June – August 2011 shows that the retail sector as a whole declined by 2.6% in value and by 3.3% in volume. **The pharmacy sector for the same period shows a decline of 7.1% in value and 8.1% in volume.**

The IPU advocates that Budget 2012 take specific and positive steps to address difficulties that small businesses, including pharmacies, are facing just to keep their business alive and to maintain employment.

10. RENT REVIEWS

There is a consistent call from the retail sector for reform of the Upward Only rent reviews in the retail sector. The IPU advocates that Budget 2012 commit to specific measures to ensure that the **issue of rent reviews is immediately addressed**.

11. RATES

Rates are a universal issue for all retailers across the country. Rates are calculated on values that relate to value of

businesses in the centre of the boom. Income is declining but there has been no parallel reduction in local authority rates. The IPU advocates that Budget 2012 include measures that **address rates relief for small and medium enterprises especially**.

12. WITHHOLDING TAX

The application of withholding tax is causing significant cash flow problems for small businesses. The IPU is recommending **a review of this tax** with a view to reducing the amount of the tax to reflect falling revenues and profits.

13. CONCLUSION

The IPU believes that developing the role of the pharmacist will deliver **better patient outcomes as well as generating efficiencies and savings**. The *5 Point Plan* provides the basis to advance this agenda. However, it is vital that the capacity of the community pharmacy network is not undermined further by continuing arbitrary and ill-conceived cuts in payments. Since July 2009, pharmacists suffered direct and indirect cuts in payments of 32% or €153m. On 31 March 2011, a further cut amounting to €36 million in a full year was announced and has since being implemented. The challenge now is to ensure that community pharmacy is enabled to deliver more and this requires **a new and more strategic approach to be agreed for the delivery of community based health care. The IPU is ready for this challenge**.

Apart from the professional and healthcare role of pharmacies, they are small businesses and a key source of employment. It is estimated that employment in the sector has declined by 1600 over the past two years. It is vital that this trend does not continue. For this reason, **the IPU is calling on the Government to review and if possible reduce direct and indirect costs on small businesses** to maintain viability and employment in these difficult times.

Executive Summary of IPU Submission to FEMPI Review
4 November 2011

EXECUTIVE SUMMARY

The pharmacy profession plays a critically important role in the Irish healthcare system, being the most accessible and efficient element of the national primary healthcare network. The cost-effective nature of the pharmacy service, and the significant potential offered for the generation of additional system-wide cost savings, has been acknowledged by the Government and other agencies.

However, the community pharmacy business model has, and continues to, come under serious threat due to a variety of policy, environmental and regulatory developments. In particular, the reductions which have taken place since 2009 introduced under the FEMPI Act are having a fundamental impact on the profitability, stability, services to patients and viability of the community pharmacy sector.

The challenges facing the profession also include a difficult economic environment, a lack of credit availability, pressures on consumer spending, as reflected in a sharp decline in the value of pharmacy sales, falling retail pharmacy prices, increased regulatory compliance costs and pressure on incomes as a result of last year's cuts and reductions to the price of IPHA and APMI medicines.

Pharmacy has contributed €171 million in direct savings to the Exchequer since 2009. This represents over a 30% reduction in payments which is far in excess of the contributions made by other sectors. Indirectly, pharmacists have also contributed €30 million as a consequence of reductions to the cost of medicines through the AMPI and IPHA reductions. It is also important to note that that it has been only three months since the FEMPI cuts in June 2011, therefore the impact of that reduction cannot be fully calculated at this time.

There is no further scope for any further cuts. The IPU is calling on the Minister to:

1. eliminate the €4.50 and €3.50 fee bands, which are currently unsustainable. Pharmacists previously propped up an unsustainable dispensing business. This would go some way to introducing stability to the pharmacy sector and continuity of services in marginalised and rural areas;
2. restore the reimbursement price of fridge items to the actual cost to pharmacists as they cannot be forced to continue to supply these medicines at a loss;
3. implement generic substitution in advance of a reference pricing system. This would be beneficial in two ways. Firstly it would give advance notice and a sufficient lead in period to the changes for patients. And secondly, it would yield immediate savings to the State; and
4. engage with the IPU in discussions to ensure that a cost-effective healthcare service is delivered to patients which at the same time delivery efficiencies to all stakeholders (as discussed with the Minister last July).

IPU & Pharmachem Submission to the Irish Medicines Board on Classification of Veterinary Medicines for Companion Animals **30 January 2012**

1. BACKGROUND

In September 2010 the IMB Working Group decided that Flea Allergic Dermatitis (FAD) could manifest as a range of dermatologically different clinical presentations, that treatment and control of FAD were complex matters, and that the health and welfare needs of animals were better served by restricting all products with an FAD indication to Prescription Only Medicine (POM). Notwithstanding the IMB policy, the IPU respectfully does not agree with this decision for reasons which are outlined below and requests that you review this matter.

2. POSITION IN THE UK

We should point out that antiparasitic products for companion animals which have a claim for FAD in the UK can be supplied under the category 'NFA-VPS'. This means that the product can be supplied to the animal owner (as a product for non-food animal [NFA] by veterinary surgeons, pharmacists and Suitably Qualified Persons [SQPs], without a prescription. Such products carry the statement: *The product can be used as part of a treatment strategy for the control of Flea Allergy Dermatitis (FAD) where this has been previously diagnosed by a veterinary surgeon*. The IPU understands that, in the UK, such products continue to be safely administered by the animal owner and that the indication for FAD for such products has not resulted in any animal welfare or public health problems. In fact, the IPU believes that the IMB is alone amongst the Member States of the European Union in this regard. Respectfully, the IPU requests the IMB to reconsider whether the basis of its policy is correct.

3. CONTACT WITH PHARMACEUTICAL COMPANIES

Following the IMB decision, in order to provide for the supply of antiparasitic medicines indicated for flea control in accordance with the IMB policy, Pharmachem communicated with a number of companies. They were asked if they would consider removing FAD from the indication, thus facilitating a change of classification to POM(E).

However, this has posed too big a hurdle for the companies who felt that the change would also have to apply to their UK product (most of which have common UK/Irish labels), and which would require further agreement with the UK authority, the Veterinary Medicines Directorate (VMD). Apart from the cost factor associated with introducing a change in Ireland to remove reference to FAD, this would require significant resources and might put at risk the companies' current UK supply status. The companies concerned are unable to comprehend that, in Ireland, the claim for FAD requires the product to be categorised as a POM product, given that the same wording is deemed acceptable in the UK for the product to be supplied as a NFA-VPS product. They are concerned that a new wording, that might meet the demands of the IMB, might prove unacceptable to the UK VMD. The Irish market is not large enough to justify either committing the resources or risking the current status of a route of supply that applies in every other country in the EU. Pharmachem has spoken to six different suppliers of the relevant branded or generic products and all were interested but the previous issues kept arising.

4. POM VS POM(E)

The POM(E) classification is a vital part of the medicine market from a pharmacist's perspective. 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. POM(E) confers a level of importance to a veterinary medicine in that only a vet or a pharmacist can personally supply to the end user. Like all other POM(E) medicines, these 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 or seven days a week; therefore, we submit, the number of veterinary medicines in this classification should be further expanded.

5. POM(E) FOR SPOT-ON TREATMENTS

The major advantage of using the POM(E) route of distribution is that the pet owner will meet a vet or pharmacist on each occasion to purchase a spot-on treatment. By listening to the owner, it can be quickly assessed by a vet or pharmacist, both of whom are experts in their respective fields, whether previous applications of spot-on treatments were effective. Alarm bells will sound if the client is complaining; a pharmacist, having eliminated under-dosing, incorrect application technique, etc., will immediately suspect FAD and direct that veterinary intervention is required. If FAD is diagnosed, the vet will proceed with treatment. If FAD is absent, product failure may be the reason and the relevant adverse reaction reporting forms will be processed and submitted to the licence holder and the IMB under pharmacovigilance obligations.

The POM(E) category ensures that a balance is achieved between the availability of suitable medicines for routine use in otherwise healthy animals on the one hand, and the need to ensure professional input and advice to safeguard public and animal health on the other.

It should also be borne in mind that, in terms of the Single Market, we share a common border with the UK, where these products are available without prescription. Irish consumers

are currently purchasing spot-on treatments in the UK, Northern Ireland, on the internet, or in any other country in the EU. What safeguards, if any, can maintaining the POM classification offer to Irish pet owners and their pets?

In the opinion of the IPU, POM is the worst option as a route of distribution for spot-on treatments if animal welfare is a consideration. POM will ensure that FAD will be a routinely missed diagnosis, which is far less likely to occur if spot-on treatments are classified as POM(E). The IMB must make decisions on scientific principles, but at the same time should avoid inadvertently monopolising the sales of spot-on treatments to veterinary practices.

6. POM(E) FOR PERMETHRIN

We would also like to take the opportunity to further comment on Permethrin-containing products. As we have previously said, preparations containing Permethrin are licensed for human use (e.g. Lyclear) and are available without prescription. However, the IMB Working Group was minded to designate Permethrin-containing products as POM, as they are toxic to cats. It seems incredible that pharmacists can supply head lice treatments to human patients without a prescription yet cannot supply similar products for eradicating fleas from domestic pets. It is worth noting that the consumer of both products may be the same person.

A scenario may arise where a parent applies Lyclear to a two year old child, achieves satisfactory results, washes the itching pet dog with excellent results and then applies the remainder to the pet cat, which will kill it. The question arises as regards to who is responsible, as there is no warning on Lyclear not to use it on cats; there is a warning on the Advantix product not to apply it to cats. All medicinal products, human and veterinary, carry attendant risks and the right balance must be found between the risk and benefits to the treated animals.

The POM(E) category ensures that, at all times, a professional, vet or pharmacist, will directly supply the end user with the correct preparation, at the correct dose rate, mode of application, application time and treatment interval; this is the way to proceed in this situation. Pharmacists are healthcare professionals who provide medicines on a daily basis directly to patients and animal owners. We believe that there are no justified grounds for confining such spot-on treatments to POM status.

7. POM(E) VET REFERRAL

In relation to FAD, the points we made back in 2010 still stand. If the spot-on treatment was POM(E) and was supplied to a customer from a pharmacy and the animal had a problem afterwards, the pharmacist would refer the customer to the vet. However, as it stands, if the customer goes to the veterinary surgery, where a 'responsible person' can dispense POMs, then the customer will be supplied with the spot-on treatment and only if they return with a problem will the vet be consulted. We submit that this puts the pharmacist at a disadvantage and does not serve to maintain animal welfare standards.

Continuing with the last scenario, should the owner return, the next step in the process will then be, for example, a dog, presenting with FAD, will require examination by a vet. If the vet diagnoses FAD, a course of treatment will be initiated, involving successive applications of an appropriate spot-on treatment, supplied with or without prescription. If FAD is not present, the vet may proceed to supply an alternative spot-on treatment. Should the IMB's Advisory Committee for Veterinary Medicines (ACVM) consider that a differential diagnosis is required for FAD, then each dog must be examined and the appropriate route of distribution becomes Veterinary Practitioner Only (VPO). This has animal welfare implications, as pet owners are expected to be in a position to present their animals for examination at three-month intervals throughout the year to ensure absence of FAD. A repeat prescription, if the designation is POM, will not satisfy disease surveillance for FAD, in that it may emerge at any time after the initial examination and before the prescription is finally "**dispensed**" - up to twelve months.

The IPU submits that, in point of fact, there is not a requirement for a vet to actually see an animal before writing a prescription. The initial and all further dispensing on that prescription may be carried out by a non-qualified staff member of the practice, or a responsible person from a licensed merchant's premises. This means that a dog owner can access POM medication throughout the life of a dog, without ever presenting the dog for examination and availing of professional advice from a vet or pharmacist.

There is no requirement for a vet to even write a prescription, as a pet owner can waive his right to have a prescription under S.I. 786 (2007), Regulation 28(6)(a):

"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."

8. CONCLUSION

Pharmacists have had the supply of dog vaccines effectively removed from them by assigning them to POM, making pharmacists unable to supply them to owners and breeders. This has had consequences for the dog population, as there was a drop in sales of dog vaccines of over 20% in 2008 and a similar drop in 2009, with very little recovery in 2010. This has consequences for animal welfare and also puts greyhounds at risk of an outbreak, which would have severe consequences for them in spite of these being preventative treatments for which some minor protocols would provide adequate protection for the animals. For those valuable animals which require a certificate of vaccination, they would still have to be supplied by a vet.

We would ask the IMB to reconsider its decision on this matter. We look forward to hearing from you.

In the event that you consider it necessary to convene a new Working Group on the Supply of Antiparasitic Veterinary Medicinal Products to Companion Animals, we would ask that the Group would have community pharmacist representation and the IPU would be happy to nominate suitable candidates for consideration by you.

IPU Submission to the Department of Public Expenditure and Reform on the Regulation of Lobbyists
20 February 2012

The IPU is the representative body for community pharmacists - both pharmacist owners and employee pharmacists and, as a registered trade union, holds a negotiation licence. The sole purpose of the IPU is to represent and promote the interests of its members. It has no role outside of this. The IPU uses the resources provided by its members to work with and brief officials and politicians on matters of mutual interest as and when required. These discussions can take place at the request of either party. There are also regular and on-going discussions with public officials on a whole range of policy issues and other proposed changes. This type of collaboration and engagement is essential to safeguard the public interest.

In jurisdictions, such as Australia and New Zealand, the primary focus of the legislation is to register lobbyists who make themselves available to be hired by any party that has a particular issue or perspective that they wish to communicate to Government. The role of organisations that represents members of a particular sector or profession, such as the IPU, are clear and transparent and are generally exempt from the requirement to register as lobbyists in these two jurisdictions. The IPU believes that the same approach should be adopted in the proposed Irish legislation. There is no public benefit to be gained by requiring representative bodies, whose purpose is self-evident, to register under the proposed legislation. To introduce such a requirement would give rise to unnecessary bureaucracy and costs on all sides. In any event, should representative bodies engage the services of a professional lobbyist then this engagement will presumably be covered by the proposed legislation.

IPU Submission to the HSE PCRS Review of Medical Card Centralisation **21 February 2012**

1. INTRODUCTION

The Irish Pharmacy Union (IPU) is making this submission to the Health Service Executive (HSE) on foot of a request to participate in the HSE Review of the Medical Card Centralisation. In light of the short timeframe, we did not have time to canvass our full membership. Therefore, included in this submission is the feedback we have received from the IPU's Pharmacy Contractors' Committee, which we believe would reflect the views of patients across Ireland.

2. INCOMPLETE CLAIMS PROTOCOL

Over the past two years the IPU and the HSE have worked together as part of the Joint Consultative Group to implement the Incomplete Claims Protocol. This Protocol ensures that patients receive their medicine in a timely manner and that the pharmacist is paid for the medicine dispensed in good faith. It has also led to a significant reduction in the number of claims with an invalid or expired card with the pharmacists directing the patient to contact the PCRS when any query arises with their eligibility.

Having a Protocol such as this one has allowed pharmacists to provide medicines to those vulnerable patients in need, while at the same time helping the PCRS to clean up its database of medical cards. It allows the patient to continue to access medicines while the administrative issues around their card are being dealt with or their eligibility is being reviewed. This is a welcome development and the IPU is committed to working with the PCRS initiative.

3. PATIENT FEEDBACK

Many of the patients are elderly and/or have a chronic illness. The primary focus, therefore, must be to ensure that patients have continuing and timely access to treatment and they should not be deprived of this while application forms and reviews are being processed. Appropriate communications are critical in this regard. Some specific issues that our members hear from patients on an ongoing basis are as follows:

a. Key Impacts of Centralisation

One general complaint being made by patients is around the lack of local knowledge of the patient's circumstances / medical conditions; e.g. patients who are accessing Palliative Care. This leads to a perceived lack of understanding from the PCRS's side and is one of the downsides of the centralisation of services.

b. Customer Application Form and Processes Communications & Customer Engagement

A reminder notice should be sent to patients a few months before the expiry date of their card. This could be done by letter, email, or text or a combination of all three.

The feedback is that the customer application form is too long, too complicated and should be simplified. This needs to be addressed and the patient should be informed of the steps that will be taken in processing the application and the likely timeframe involved.

Once the application form is received the PCRS should send an acknowledgement of receipt within seven working days. The application should also be assigned a unique tracking number. By using this tracking number it should be easy for the PCRS and the patient to track what stage the application is at. This could be done online, if the patient wishes.

There appears to be a lack of communication with the patient regarding waiting time following the submission of a "properly completed" application form. The tracking number may help in this regard. Many medical card patients are vulnerable and do not have someone to assist them in looking after their affairs. They are generally elderly people living alone. There are also cases where English may not be the patient's first language. These patients struggle when filling out any type of form. They do not fully understand the application process or the importance of the process and, in many instances, their medical card is inactivated without them realising it. Perhaps this cohort of patients could be given a more interactive application process which would not rely on letter correspondence alone but would also involve telephone contact.

c. Customer Service – Experience

Again the tracking number would be helpful for both the patients and the PCRS staff dealing with calls from patients. There is a frustration that when they contact the PCRS there is a lack of knowledge of their application or it cannot be found.

Patients complain about the forms going missing and being told to ring back next week. This is a huge irritation for the patients who do not have the money to continually ring the PCRS.

d. Technology and Integration

Given the profile of many of these patients, technology and integration issues will not in themselves improve personal communication with them but may, of course, streamline internal PCRS procedures and processes, which will benefit applicants in the medium term.

4. CONCLUSION

It is vital that the administration of the medical card scheme is improved, that the application form and process are simplified and that communications to applicants are timely and appropriate to the particular patient cohort. Ultimately, patients' access to treatment or medicines must be the primary concern.

Some Key Letters and Responses Received Throughout the Year

TOPICS

- FEMPI
- Reference Pricing
- Memorandum of Understanding
- Pharmacy Act
- Temporary Absence
- Veterinary
- Psychiatric Scheme
- Transfer of Sick Pay Responsibility
- Reductions in the Cost of Medicines
- Outstanding Issues
- Supply Agreement between IPHA and the State

FEMPI

FEMPI – Letter 1

From Assistant Secretary General, Department of Health to Secretary General

[20 June 2011]

Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2011

I wish to advise that the Minister for Health made Regulations under the Financial Emergency Measures in the Public Interest Act 2009, on 20 June 2011 to reduce payments to pharmacists in respect of certain services rendered to or on behalf of the Health Service Executive under the GMS and community drug schemes. The details of the reductions are set out below.

- Reduction in wholesale mark-up on drug items from 10% to 8%.
- Reduction in wholesale mark-up on controlled drugs from 17.66% to 8%.
- Reduction in wholesale mark-up on fridge items from 17.66% to 12%.
- Reduction in retail mark-up on non-drug items from 50% to 20%
- Reduction in High Tech non-dispensing fee from €62.03 to €31.02.
- Reduction in allowance on Stock Orders from 25% to 20%.

The HSE will notify in writing each community pharmacy contractor of the revised fees and of their rights under section 9(* of the 2009 Act to withdraw their service, on the basis of the revised fee, if they so wish following 30 days written notice of their intention to do so.

FEMPI – Letter 2

From Assistant Secretary General, Department of Health to Secretary General

[23 December 2011]

I wish to inform you that the Minister for Health, in accordance with Section 9(13) of the Financial Emergency Measures in the Public Interest Act 2009, has completed his review of the operation, effectiveness and impact of the amounts and rates fixed by the Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations 2011.

The Minister has decided to make no change to the Regulations at this time.

REFERENCE PRICING

From Secretary General to Assistant Secretary General, Department of Health

[24 February 2012]

I have been asked by the Pharmacy Contractors' Committee (PCC) to write to you on this matter. We understand that the legislation to implement a Reference Pricing system is at an advance stage and will be brought to Government over the coming months.

The objective of reference pricing is to reduce ingredient costs, while preserving the highest possible level of patient care. Such a system needs to be introduced cautiously as it has the potential to lead to further short supply of medicines for patients. It will also place a significant additional cost on pharmacists in ensuring patient welfare and safety in counselling patients on the use of generic alternatives. In any system, pharmacists must be rewarded adequately for their professional input in ensuring that the introduction of reference pricing does not affect patient care.

The IPU has already expressed its intention to work with the Minister in introducing this initiative. It is also vitally important that we are part of the discussion on how these changes will be implemented and the time frame for doing so. In the meantime, we would welcome a discussion with officials so that we can understand the implications of such a change for our IT systems and plan accordingly.

This is imperative so that we can update our IT systems to incorporate these changes and ensure a seamless changeover for the patient.

In light of the Departments' previous assurance that further consultations with stakeholders would take place in advance of the implementation of the legislation, I wish to request that this meeting on the IT issues take place within the next few weeks.

MEMORANDUM OF UNDERSTANDING

From Secretary General to Mr A Chopra, C/o Department of Finance

[20 June 2011]

As the representative body for pharmacists in Ireland, I am writing to you in relation to a proposal in the Irish Memorandum of Understanding to: '*Ensure the recent elimination of 50 per cent mark-up paid for medicines under the State's Drugs Payment Scheme is enforced*'.

While it is not clear what the objective of this proposal is, I would like to clarify a number of issues for you.

The Financial Emergency Measures in the Public Interest Act introduced by the Government in February 2009 states that: *'the Minister for Health and Children may, with the consent of the Minister for Finance, by regulation, reduce, whether by formula or otherwise, amount or the rate of payment to be made to health professionals, or classes of health professionals, in respect of any services that they render to* ***or on behalf of a health body****' [emphasis added]*

The Health Professionals (Reduction of Payments to Community Pharmacy Contractors) Regulations enacted in July 2009 refers to payments that are made to a community pharmacy contractor in respect of services rendered by the pharmacist on behalf of the State. Since these regulations were enacted in July 2009, the Government has reduced the mark-up paid to pharmacists under the Drugs Payment and Long Term Illness schemes from 50% to 20%. Therefore we can confirm that the proposal contained in the Memorandum has been enforced since 2009 in respect of services provided by pharmacists on behalf of the Government. It should be pointed out that 75% of the medicines are dispensed under the Medical Card Scheme, on which **no** mark-up is paid.

Apart from the services provided on behalf of Government, pharmacists also dispense medicines to private patients who do not qualify for full or part payment under Government schemes. The normal rules of competition apply to these transactions and the patients will go to the pharmacy where they achieve the best value in terms of price and service. Any attempt to interfere in these transactions would fly in the face of Competition Law, erode the capacity of small businesses to determine their own business strategies, and indeed their viability, and would not be in the interests of patients or consumers.

Turning to the structure of the Irish pharmacy sector, there has been much ill-informed comment recently about a supposed need to increase competition among Irish pharmacies. In fact, Ireland already has the most liberal and competitive pharmacy market in the EU. There are a higher proportion of pharmacies per head of population in Ireland than almost any other country in the EU with an average of 1:2,800 people compared to a European average of 1: 5,100. A restriction preventing foreign-trained pharmacists from establishing new pharmacies (which was not unique to Ireland and which remains a feature of regulation in several other EU member states, including Britain, France, Germany, Netherlands and Portugal) was abolished in 2007 with the passing of the new Pharmacy Act.

We are one of the few countries where there are no restrictions on who can establish or operate a pharmacy; in the majority of EU states only pharmacists can own a pharmacy and there are population or geographical criteria restricting the opening of new pharmacies in many jurisdictions.

In 2005, the European Free Trade Association (EFTA) completed a Europe-wide study of the regulation of professions, including pharmacists, and found that Ireland had the most de-regulated pharmacy market of all 25 EU member states. Similarly, a separate study, entitled Competition in Professional Services, published that same year by the European Commission, concluded that Ireland has the least regulated pharmacy market in Europe.

There have been substantial falls in the prices of hundreds of medicines in recent years, all of which have been passed on to patients by pharmacists who have themselves suffered dramatic cuts in their payments for providing medicines to patients on behalf of the State. The two main drivers of the increased cost of the national medicines bill are the increased number of medical cards (a by-product of soaring unemployment) and greater use of very expensive high-tech medicines, both of which schemes 0% mark-up for pharmacists.

In conclusion, the pharmacy sector in Ireland has been subject to much misinformed comment in recent months. It is one of the most competitive pharmacy sectors in Europe. Apart from the two large chains, it comprises mostly of small businesses that have seen their payments cut by Government by almost 40% over the past two years.

The IPU would welcome an opportunity to meet with you and your colleagues to discuss this matter further.

PHARMACY ACT

Pharmacy Act – Letter 1

From Director of Pharmacy Services to PSI President

[22 August 2011]

Re: Proposed Amendments to the Pharmacy Act 2007

I am writing to you on behalf of the Irish Pharmacy Union (IPU) in relation to the Pharmacy Act 2007 (the Act) and the proposed amendments to the Act which we believe to be at the initial stages of formulation at present.

Since the commencement of the Act, it has come to our attention and to that of our members that there are a number of issues of concern with regard to the procedures and system as established for the regulation, monitoring and administration of the profession.

The Act conferred particular powers on the Pharmaceutical Society of Ireland (PSI) with regard to the provision of advice to the Minister for Health in matters relating to its function. We have assumed that due to the valued position of the PSI under the Act, it will be heavily involved with the Department of Health in matters which concern any amendment to the Act.

It is on this basis, and on the basis of our constructive relationship in developing the Act, that we write to outline, in general, certain proposed amendments to the Act which we view as crucial in terms of increasing the efficiency and effectiveness of the Act and to the profession as a whole.

We have set out below a number of proposed amendments to the Act and where necessary, to relevant Regulations in order to effect the changes. Once you have reviewed our proposed amendments, we would welcome the opportunity to meet to discuss the matter in greater detail and to benefit from any insights which the PSI may have.

1st Proposed Amendment:

The current Section of the Act: Section 14(1)(f) of the Act provides that *'the Council shall register a person in the pharmacists' register if the person – is not an undischarged bankrupt.'*

The IPU's concern: This provision effectively removes the right of a person capable as registering as a pharmacist to earn a livelihood, which in turn removes his or her ability to discharge a bankruptcy. This is not a requirement for medical practitioners and it is unclear why pharmacists should be subject to this requirement, particularly as it relates to their personal financial situation.

Proposed amendment to the Act: This provision should be removed as a limitation to being registered to ensure that a pharmacist is allowed to continue to work and earn income.

Note: If this is removed, the change should follow through to the removal of Section 25 (2)(b) of the Act.

2nd Proposed Amendment:

The current Section of the Act: Section 17(4) of the Act provides that 'a change in ownership of a retail pharmacy business shall have the effect of cancelling its registration.'

The IPU's concerns: This provision may render a change in the legal structure of a pharmacy from a sole trader to a limited company as a 'change in ownership' thus requiring the pharmacy owner to pay another registration fee. A pharmacy owner pays a sum of €3,500 when he or she first registers a retail pharmacy business and pays a continuing registration fee in the sum of €2,250 thereafter. If a pharmacy changes from a sole trader to a limited company, the registration fee becomes due again, even if the fee has been paid recently. This provision is financially onerous to a pharmacy owner / pharmacy in such a position.

The Pharmaceutical Society of Ireland (Fees) Rules 2008 (the '2008 Rules') deal with the matter of pharmacy fees. Of concern is Regulation 5(1) of the 2008 Rules which provides that the registration fee payable by the pharmacist is non-refundable if the pharmacist does not open the pharmacy. There can be a period of sixty days between registration and opening and it is always possible that circumstances may change which prevents the pharmacy from opening.

Another concern in relation to fees is when a pharmacist carries out a refit on the property of the registered retail pharmacy business and moves to temporary premises. In this circumstance, the pharmacist would have to pay the registration fee for the temporary premises and again when he or she moves back to the refitted premises. This amount has been lowered from the standard registration fee for each move by virtue of the Pharmaceutical Society of Ireland (Fees) (Amendment) Rules 2010 . However, we would find it to be a prohibitive measure to discourage pharmacists from restoring or refitting premises.

Rule 23 of the 2008 Rules provides in the Schedule of Fees that a change in Superintendent Pharmacist requires payment of a fee in the sum of €85. In cases where the Superintendent Pharmacist is off on short-term leave, such as sickness leave or maternity leave, the pharmacy may potentially incur fees in the sum of €170 for two changes of staff within a short-term period which we would view as unnecessary.

Proposed amendments to the Act/Regulation: Amend this provision such that it would not apply where a change in structure from sole trader to company does not involve a change in the beneficial ownership of the pharmacy or, at the very least, provide for a pro rata payment of the registration fee in cases where the continuing registration fee has already been paid for the year.

The registration fee should be refundable if the pharmacist does not open the premises for which he or she registered.

The registration fee to move back to the refitted premises is waived if the move occurs from the temporary relocated pharmacy within one year from the date of the opening of the temporary retail pharmacy premises.

There should be no fee for change of registration of the Superintendent Pharmacist which results in the return

of a previous Superintendent Pharmacist, provided that Superintendent Pharmacist returns within one year of leaving the position and if the original reason for leaving was proposed to be temporary in nature. The rationale for the fee is the processing of the statement discussed in the following proposed amendment.

3rd Proposed Amendment:

The current Section of the Act: Section 28(a) of the Act provides that where the business is carried on by a corporate body there is a requirement for the registered pharmacist to provide the registrar with *'a statement - (i) specifying the name of the pharmacist and declaring whether he or she is a director of the corporate body or office holder in the other body referred to in section 26(1)(b), and (ii) signed by the pharmacist and on behalf of the corporate body or other body.'*

The IPU's concern: Given that it is possible to renew the annual registration of a retail pharmacy business online using secure passwords provided by the PSI, it stands to reason that the same process ought to be acceptable for the purposes of submitting the statement referred to above.

Proposed amendment to the Act: The section should be amended to provide for the acceptance of an electronic signature of this statement.

4th Proposed Amendment:

The current Section of the Act: Section 35(6) of the Act provides that *'the Council shall take all reasonable steps to ensure that a complaint is processed in a timely manner.'*

The IPU's concern: In practice this time frame is much too long. A pharmacist is currently waiting 4-5 months before the matter is referred to the Preliminary Proceedings Committee and then another 9-12 months before an inquiry is held.

Proposed amendment to the Act: This section should be amended with the addition of the following to the end of Section 35(6) of the Act, *'... and in all cases within six months of the date of the complaint, save where exceptional circumstances may apply.'*

5th Proposed Amendment:

The current Section of the Act: Section 43(1)(d) of the Act provides that *'a Committee of Inquiry shall have all the powers, rights, privileges and duties of the Court or a judge of the Court that relate to – awarding and authorising the recovery of costs.'*

The IPU's concern: This may be particularly onerous on a pharmacist in light of the fact that different fractions of the PSI will often each be represented by legal counsel. This may result in high legal costs if numerous senior and junior barristers are in attendance on each matter. Furthermore, if costs are to be recovered from the pharmacist there is less incentive on the part of the PSI to deal with the matter before it goes to a full inquiry.

Proposed amendments to the Act: Remove the ability to award costs; or

Provide that, if they are to be awarded at all, they are only to be awarded in favour of the pharmacist where he or she is found not to have breached a regulation and the Committee of Inquiry deems it appropriate; or

Provide that costs are only to be awarded in cases where one party has acted maliciously or vexatiously.

Note: If the possibility of an award of costs is removed entirely, this change must follow through to Section 43(6) of the Act. The possibility of costs should remain in Section 43(8) of the Act as this refers to the failure or refusal to comply with a request of the Committee of Inquiry or the Court.

6th Proposed Amendment:

The current Section of the Act/Regulation: Regulation 4(4) of the 2008 Regulations provides that *'the pharmacy owner shall provide and maintain a safe or cabinet that meets the requirements of Regulation 5 of the Misuse of Drugs (Safe Custody) Regulations 1982 (as amended by Regulation 26(2) of the Misuse of Drugs Regulations 1988 (SI No. 328 of 1988)) and shall ensure that the said safe or cabinet has a sufficient capacity to permit the orderly storage and safe keeping of all the relevant controlled drugs, including such veterinary medicinal products as are relevant controlled drugs, as required by the aforementioned Regulation 5.'*

The IPU's concern: Regulation 5 of the Misuse of Drugs (Safe Custody) Regulations 1982 requires safes to be compliant with the specifications set out in the standard specification (Burglar-Resistant Cabinets for the Storage of Controlled Drugs) Declaration 1985 (I.S. 267:1985). Safes or cabinets with the relevant marking for I.S. 267:1985 are no longer available to purchase in the market. Therefore, the pharmacist must obtain a signature from a member of the Garda (ranking Superintendent or higher) certifying that the safe or cabinet provides a degree of security which, in his or her opinion, in all the circumstances of the case is at least equivalent to the requirements set out in the schedule. This certification lasts for two years, meaning that every pharmacist in the country who did not purchase a safe or cabinet before the cessation of the IS marking must obtain this signature again every two years.

Proposed amendment to the Act/Regulations: The reference to the non-existent standard should be removed to avoid confusion and non-compliance. The requirement to obtain Garda certification should only be necessitated once and, thereafter, only if significant changes to the controlled drugs safe or cabinet occur. This can be indicated on the annual return form on which the pharmacist already indicates if any significant changes have been made to the premises. It would be simple enough to add another question whereby the pharmacist confirms that no significant changes have been made to the controlled drugs safe or cabinet.

7th Proposed Amendment:

The current Regulation: Regulation 12 & 13 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (the '2008' Regulations) refer to the *'keeping of records in respect of medicinal products' and the 'keeping of records, marking of*

prescriptions and other related matters in respect of veterinary medicinal products'. Regulation 12 of the 2008 Regulations refer to Regulation 10(3) of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (the '2003 Regulations') which note that medicinal prescriptions need to be kept for a period of 2 years from the relevant date. Regulation 34(b) of the European Communities (Animal Remedies) (No. 2) Regulations 2007 (the '2007 Regulations') notes that certain records as referred to need to be kept for a period of 5 years from the date of receipt, sale, supply or administration of the animal remedy.

It would appear from Regulation 10(5) of the 2003 Regulations that such medicinal records need to be kept in both electronic and physical format. It is not precisely clear as to the required format of animal remedy records however Regulation 42(1) of the 2007 Regulations would seem to suggest that the records are to be kept in physical form due to the reference that such records are to held at the 'premises' of the pharmacy.

The IPU's concern: The requirement to keep physical hard copies of invoices at the premises for such a lengthy period is, particularly in the case of a pharmacy with restricted space, quite onerous and unreasonable, and is, in any event, entirely unnecessary in light of the fact that storing or accessing invoices electronically is efficient and would allow for immediate retrieval of a hard copy if necessary.

Proposed amendment to the Regulations/Act: The Regulations should be amended to provide for the storing of such invoices in an approved electronic format.

Please feel free to contact us to arrange a meeting to discuss the proposed amendments in further detail.

Pharmacy Act – Letter 2

From Secretary General to Registrar PSI

[7 September 2011]

Re: Implementation of the Pharmacy Act 2007

Further to the letter from Pamela Logan to the President of the PSI on 22 August 2011 in relation to amendments to the Pharmacy Act 2007 (the Act), I am now writing to you on a number of issues in relation to the implementation of the Act as it currently stands.

The IPU very much supports the objectives of the Act and the role of the Pharmaceutical Society of Ireland (PSI). However, there are a number of issues of concern to our members with regard to the procedures for the regulation, monitoring and administration of the profession that we would like to have considered. Once you have reviewed this letter, we would welcome the opportunity to meet to discuss the matter in greater detail as well as the issues raised in our letter of 22 August 2011 and to benefit from any insights which the PSI may have.

FTP Process

Apart from the primary objective of protecting patient safety, it is our understanding that one of the intentions and objectives of Part 6 of the Act, relating to Fitness to Practise (FTP), was to limit the number of pharmacists who ended up in the courts. Rather than taking years and costing hundreds of thousands of euros, the FTP process would create a system for dealing with and resolving professional practice issues which would be timely and cost-effective for all parties; however, this does not appear to be the case in practice.

FTP Costs

A significant element of the cost relates to the number of legal advisors involved in FTP matters. As we understand it, there could be at least six legal advisors involved in some cases if the Registrar, Preliminary Proceedings Committee (PPC), Council, Committee of Inquiry, PSI and defendant require legal counsel. Whilst we acknowledge the requirements arising out of the Prendiville decision that there are independent legal advisors for the disciplinary tribunals, the Pharmacy Act was passed on the 21 April 2007 and the Prendiville decision was handed down on the 14 December 2007. Therefore, we would be of the view that the Oireachtas did not envisage the possibility that a pharmacist could be made liable for the costs of possibly six different legal teams when it passed the Act. While we appreciate that costs may not be awarded in every case, the mere possibility of such an award of costs is very distressing for the defendant pharmacist who is already in a highly stressful situation.

We would suggest that either the changes we proposed in our previous letter in relation to the award of costs be enacted into law or, alternatively, immediate steps be taken to limit both the number of legal advisors involved in particular cases and the circumstances when PSI costs can be awarded against pharmacists.

Mediation

One option to reduce the number of cases going into costly proceedings would be to take advantage of the mediation mechanism as provided for in Section 37 of the Act. This would provide the PPC with an option to deal with issues other than referral to a Committee of Inquiry. Mediation would provide a cost-effective and efficient way of handling complaints received by the PSI. This would ensure that the Committees of Inquiry would not get bogged down in unnecessary matters and could concentrate on matters which are particularly serious. To this end, we would welcome the use of mediation as this would be far more cost-effective for the PSI and our members.

PPC to carry out Preliminary Investigations

One aspect which might be of assistance would be to provide for the PPC to investigate the complaints on its own. For example, if a pharmacist makes a dispensing error, the PPC can send an inspector to the pharmacy who should be able to determine if the error was a once-off or if it was an error that happened because of a lack of proper procedures or generally poor professional standards in the pharmacy. This would enable the PPC to deal with matters in the most effective and efficient manner possible including mediation

in the full knowledge of the circumstances in each case. This would also cut down on the number of hearings before the Committees of Inquiry, which would save money and time. The reality is, FTP hearings can cost pharmacists at least €20,000 and take up to nine months to a year, and that is without an award of costs against them.

FTP Timescales

At a human level, the time it takes from a complaint being lodged with the PSI through to final decision is too long. To have a matter such as a complaint hanging over a pharmacist is unfair to the pharmacist, not only in terms of his or her health and well-being but also his or her business. It should be possible to streamline the process and get these matters dealt with within six months. Our proposals regarding mediation and PPC investigations above would go some way to addressing this.

Building a Precedent Library

We appreciate that the FTP process is new and there is an interest in considering a number of cases in order to build up a precedent library for use by future Committees. However, this raises concerns on two fronts. First there is a concern among members that matters are being pushed through for a full inquiry simply to create the precedent library, where a full inquiry is not necessary. Secondly, there is a concern that a precedent library will likely dictate how future, similar cases are dealt with as there will be a reluctance to change.

Replacing a Superintendent Pharmacist

Under the Act, if an owner dies, the pharmacy can continue to trade as long as there is a Superintendent Pharmacist in place. However, if a Superintendent Pharmacist dies or goes on long-term leave, a pharmacy might have difficulty staying open without violating the provisions of the Act. We would envisage that a sufficient period of time should be allowed during which a pharmacy may replace a Superintendent Pharmacist who has had to leave due to illness or maternity leave, or who has passed away, particularly where the pharmacy is owned by a sole trader.

Standard Operating Procedures

We are concerned with the number of Standard Operating Procedures (SOPs) required by the PSI. The Society has produced a number of guidelines to date, which are a great source of information and comfort to pharmacists. However, each of these guidelines may require up to twenty or thirty SOPs to be generated by a pharmacy. Realistically, in a busy working pharmacy, these SOPs will sit on a shelf in a binder and never be referenced after they have been drafted. This also runs the risk that the really important aspects of practice may be lost in a melee of paper.

Conclusion

The IPU fully supports the objectives of the Act to protect patients and is pleased that all parts of the Act are being implemented. We would hope that the Act can be improved upon and changed so it will prove to be an effective method of safeguarding patient safety and governing and regulating the profession. In particular, the punishment, processes and costs must be appropriate to the particular case under investigation and we believe this can be achieved over time.

The above comments are intended to assist in this and we look forward to discussing this, and the issues raised in our letter of the 22 August 2011, with you. Perhaps you could let us know when you will be in a position to meet with us.

Pharmacy Act – Letter 3

From Director of Pharmacy Services to Chief Pharmacist, DoH

[14 December 2011]

Re: Proposed Amendments to Pharmacy Act 2007

I am writing to you on behalf of the Irish Pharmacy Union (IPU) in relation to the Pharmacy Act 2007 (the Act) and the proposed amendments to the Act which we believe to be at the initial stages of formulation at present.

Since the commencement of the Act, it has come to our attention and to that of our members that there are a number of issues of concern with regard to the procedures and system as established for the regulation, monitoring and administration of the profession.

The Act conferred particular powers on the Pharmaceutical Society of Ireland (PSI) with regard to the provision of advice to the Minister for Health in matters relating to its function. We have assumed that due to the valued position of the PSI under the Act, it will be heavily involved with the Department of Health in matters which concern any amendment to the Act. It is on this basis, and on the basis of our constructive relationship in developing the Act, that we met with the PSI on 24 October 2011 to outline, in general, certain proposed amendments to the Act which we view as crucial in terms of increasing the efficiency and effectiveness of the Act and to the profession as a whole.

We have set out below a number of proposed amendments to the Act and, where necessary, to relevant Regulations in order to effect the changes. Once you have reviewed our proposed amendments, we would welcome the opportunity to meet to discuss the matter in greater detail.

1. Bankruptcy

Section 14(1)(f) of the Act provides that *'the Council shall register a person in the pharmacists' register if the person – is not an undischarged bankrupt.'* This provision effectively removes the right of a person capable as registering as a pharmacist to earn a livelihood, which in turn removes his or her ability to discharge a bankruptcy. This is not a requirement for medical practitioners and it is unclear why pharmacists should be subject to this requirement, particularly as it relates to their personal financial situation. The IPU proposes that this provision should be removed as a limitation to being registered to ensure that a pharmacist is allowed to continue to work and earn income.

2. Fees

Section 17(4) of the Act provides that *'a change in ownership of a retail pharmacy business shall have the effect of cancelling its registration.'* This provision may render a change in the legal structure of a pharmacy from a sole trader to a limited company as a 'change in ownership' thus requiring the pharmacy owner to pay another registration fee. A pharmacy owner pays €3,500 when he or she first registers a retail pharmacy business and pays a continuing registration fee of €2,250 thereafter. If a pharmacy changes from a sole trader to a limited company with the sole trader or traders as the only shareholders, the registration fee becomes due again, even if the fee has been paid recently. This provision is financially onerous to a pharmacy owner / pharmacy in such a position. The IPU proposes that this provision would not apply where a change in structure from sole trader to company does not involve a change in the beneficial ownership of the pharmacy.

Regulation 5(1) of the PSI (Fees) Rules 2008 provides that the registration fee payable by the pharmacist to open a new pharmacy is non-refundable if the pharmacist does not subsequently open the pharmacy. There can be a period of sixty days between registration and opening and it is always possible that circumstances may change which prevent the pharmacy from opening. The IPU proposes that the registration fee should be refundable if the pharmacist does not open the premises for whatever reason.

Another concern in relation to fees is when a pharmacist carries out a refit on the property of the registered retail pharmacy business and moves to temporary premises. In this circumstance, the pharmacist would have to pay the registration fee for the temporary premises and again when he or she moves back to the refitted premises. This amount has been lowered from the standard registration fee for each move by virtue of the PSI (Fees) (Amendment) Rules 2010. However, we would find it to be a prohibitive measure to discourage pharmacists from restoring or refitting premises. The IPU proposes that the registration fee should be waived in these circumstances if the move occurs from the temporary relocated pharmacy within one year from the date of the opening of the temporary retail pharmacy premises.

Rule 23 of the 2008 Rules provides that a change in Superintendent Pharmacist requires payment of a fee in the sum of €85. In cases where the Superintendent Pharmacist is off on short-term leave, such as sickness leave or maternity leave, the pharmacy may potentially incur fees of €170 for two changes of staff within a short-term period which we would view as unnecessary. The IPU proposes that there should be no fee for change of registration of the Superintendent Pharmacist which results in the return of a previous Superintendent Pharmacist, provided that Superintendent Pharmacist returns within one year of leaving the position.

3. Electronic Signatures

Section 28(a) of the Act provides that where the business is carried on by a corporate body there is a requirement for the registered pharmacist to provide the Registrar with *'a statement - (i) specifying the name of the pharmacist and declaring whether he or she is a director of the corporate body or office holder in the other body referred to in section 26(1)(b), and (ii) signed by the pharmacist and on behalf of the corporate body or other body.'* Given that it is possible to renew the annual registration of a retail pharmacy business online using secure passwords provided by the PSI, it stands to reason that the same process ought to be acceptable for the purposes of submitting the statement referred to above and therefore the section should be amended to provide for the acceptance of an electronic signature of this statement.

4. Complaints Procedure

Section 35(6) of the Act provides that *'the Council shall take all reasonable steps to ensure that a complaint is processed in a timely manner.'* In practice, this time frame is much too long. A pharmacist is currently waiting 4-5 months before the matter is referred to the Preliminary Proceedings Committee and then another 9-12 months before an inquiry is held. The IPU proposes that this section should be amended with the addition of the following to the end of Section 35(6) of the Act, '... and in all cases within six months of the date of the complaint, save where exceptional circumstances may apply.'

5. Awarding of Costs

Section 43(1)(d) of the Act provides that *'a Committee of Inquiry shall have all the powers, rights, privileges and duties of the Court or a judge of the Court that relate to – awarding and authorising the recovery of costs.'* This may be particularly onerous on a pharmacist in light of the fact that different fractions of the PSI will often each be represented by legal counsel. This may result in high legal costs if numerous senior and junior barristers are in attendance on each matter. Furthermore, if costs are to be recovered from the pharmacist there is less incentive on the part of the PSI to deal with the matter before it goes to a full inquiry. The IPU proposes that the ability to award costs be removed; or if they are to be awarded at all, they are only to be awarded in favour of a pharmacist where he or she is found not to have breached a regulation and the Committee of Inquiry deems it appropriate; or that costs are only to be awarded against a party who has acted maliciously or vexatiously.

6. CD Safe Requirements

Regulation 4(4) of the Regulation of Retail Pharmacy Businesses Regulations 2008 provides that *'the pharmacy owner shall provide and maintain a safe or cabinet that meets the requirements of Regulation 5 of the Misuse of Drugs (Safe Custody) Regulations 1982 (as amended by Regulation 26(2) of the Misuse of Drugs Regulations 1988 (SI No. 328 of 1988)) and shall ensure that the said safe or cabinet has a sufficient capacity to permit the orderly storage and safe keeping of all the relevant controlled drugs, including such veterinary medicinal products as are relevant controlled drugs, as required by the aforementioned Regulation 5.'* Regulation 5 of the Misuse of Drugs (Safe Custody) Regulations 1982 requires safes to be compliant with the specifications set out in the standard specification (Burglar-Resistant Cabinets for the Storage of Controlled Drugs) Declaration 1985 (I.S. 267:1985).

Safes or cabinets with the relevant marking for I.S. 267:1985 are no longer available to purchase in the market. Therefore, the pharmacist must obtain a signature from a member of the Garda (ranking Superintendent or higher) certifying that the safe or cabinet provides a degree of security which, in his or her opinion, in all the circumstances of the case is at least equivalent to the requirements set out in the schedule. This certification lasts for two years, meaning that every pharmacist in the country who did not purchase a safe or cabinet before the cessation of the IS marking must obtain this signature again every two years. The IPU proposes that the reference to the non-existent standard should be removed to avoid confusion and non-compliance. The requirement to obtain Garda certification should only be necessitated once and, thereafter, only if significant changes to the controlled drugs safe or cabinet occur. This can be indicated on the annual return form on which the pharmacist already indicates if any significant changes have been made to the premises.

7. Electronic Invoices

Regulations 12 & 13 of the Regulation of Retail Pharmacy Businesses Regulations 2008 refer to the *'keeping of records in respect of medicinal products' and the 'keeping of records, marking of prescriptions and other related matters in respect of veterinary medicinal products'.* Regulation 12 of the 2008 Regulations refer to Regulation 10(3) of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 which note that medicinal prescriptions need to be kept for a period of 2 years from the relevant date. Regulation 34(b) of the European Communities (Animal Remedies) (No. 2) Regulations 2007 notes that certain records as referred to need to be kept for a period of 5 years from the date of receipt, sale, supply or administration of the animal remedy. It would appear from Regulation 10(5) of the 2003 Regulations that such medicinal records need to be kept in both electronic and physical format. It is not precisely clear as to the required format of animal remedy records however Regulation 42(1) of the 2007 Regulations would seem to suggest that the records are to be kept in physical form due to the reference that such records are to held at the 'premises' of the pharmacy. The requirement to keep physical hard copies of invoices at the premises for such a lengthy period is, particularly in the case of a pharmacy with restricted space, quite onerous and unreasonable, and is, in any event, entirely unnecessary in light of the fact that storing or accessing invoices electronically is efficient and would allow for immediate retrieval of a hard copy if necessary. The IPU proposes that the Regulations should be amended to provide for the storing of such invoices in an approved electronic format.

I look forward to hearing from you on this matter and would welcome the opportunity to meet to discuss the matter in greater detail.

TEMPORARY ABSENCE

Temporary Absence – Letter 1

From Secretary General to Registrar, PSI

[13 December 2011]

Re: Temporary Absence Cover

At our meeting of 24 October 2011, we discussed the issue of Pharmaceutical Assistants providing cover in the temporary absence of a pharmacist. When the Pharmacy Act was being drafted, we understood that the Pharmaceutical Society of Ireland (PSI) was not minded to be too prescriptive about the definition of temporary absence, as the cohort of Pharmaceutical Assistants was finite and had not given the PSI any cause for concern.

At the meeting, we raised the issue of PSI inspectors insisting that pharmacists abide by the Code of Practice drafted by the old PSI, i.e. that the Pharmaceutical Assistant must be employed for a minimum of 15 hours per week, under the supervision of a pharmacist, before they can cover in the temporary absence of the pharmacist, such as lunches, one day off per week and unscheduled short absences. You explained at the meeting that your main concern was to ensure that Pharmaceutical Assistants were not covering the pharmacy on their own for a significant period of the opening hours of the pharmacy. We put forward the view that having a Pharmaceutical Assistant working one day per week in the pharmacy every week to cover the pharmacist's day off was preferable, from a patient safety and continuity of care perspective, to a different locum being employed each week. When we left the meeting, we felt we were in agreement that it would be necessary to adopt a reasonable and flexible approach in dealing with matters of this nature.

It has since been brought to our attention that PSI inspectors are still requiring pharmacies to comply with the old Code of Practice. In one recent example, a pharmacy who has had a Pharmaceutical Assistant working one day a week every week for the past 20 years has been told that they must either increase this Pharmaceutical Assistant's hours to comply with the code or replace them with a pharmacist. It makes no sense that such long service and continuity of care should be replaced by ad hoc locums.

I would ask that you reconsider the PSI's position on this issue as a matter of urgency. I look forward to hearing from you.

Temporary Absence – Letter 2

From Registrar, PSI to Secretary General

[18 January 2012]

Re: Temporary Absence Cover

I wish to refer to your letter of 13th December last in relation to the above.

As you are aware section 30 of the Pharmacy Act 2007 provides that where a registered pharmaceutical assistant

(PA) acts on behalf of a registered pharmacist during the temporary absence of the registered pharmacist, no offence is committed under section 26 of the Act. You will note that the PA does not act hi his or her own right but acts only on behalf of the registered pharmacist who is temporarily absent. It should also be noted that a PA is not personally accountable under the Pharmacy Act 2007, in that they are not amenable to the provisions of Part 6 of the Act nor are they required under the Act to undertake continuing professional development.

While section 30(2) of the act allows the Council, with the consent of the Minister, to make rules regarding what constitutes the temporary absence of a pharmacist and to set out what may or may not be done by a registered PA when acting on behalf of a registered pharmacists, the Council have yet to exercise this function. Therefore the terms of the previous agreement as entered into by the "old" Council continue to apply.

This agreement stipulates that a PA who will be performing the professional duties of the pharmacist in his/her temporary absence shall be employed in the pharmacy concerned on a permanent basis for not less than 15 hours per week. In circumstances where the PA is so employed the agreement provides that the assistant may act on behalf of the registered pharmacist during the temporary absence of the registered pharmacist.

You suggest in your letter that it's better have a PA work one day per week to cover the pharmacist's day off than to have a different locum employed each week. I would contend that it is preferable to have the pharmacy covered by a pharmacist who is qualified and personally accountable than a person who is not qualified as a pharmacist, who cannot be held accountable for their conduct under part 6 of the Pharmacy Act and who is not required to participate in continuing professional development. Surely that is the distinction between a professional and non-professional.

The PSI is committed to extending the range of professional services offered by pharmacists and pharmacies and the recent roll-out of the flu vaccination service is a particularly good example of this. Pharmaceutical assistants were not considered eligible to participate in this service on the basis that they were not subject to the provision of Part 6 of the Act. The position is that the further provision of similar services in future can only be offered on the basis of a professional service being offered by professional staff who are amenable and fully accountable under the statutory Code of Conduct of Pharmacists, the provisions of Part 6 of the Act and who meet the requirements for continuing professional development.

I would point out that it is not the intention of the PSI to impact on the proper, appropriate and ongoing employment of PAs as employees. However, you will appreciate that the PSI must act in the interest of patient safety and public protection at all times.

VETERINARY MATTERS

From Secretary General to Minister for Agriculture, Marine and Food

[21 September 2011]

As this is the first occasion that the Irish Pharmacy Union (IPU) has communicated with you as Minister, I would like to congratulate you on your appointment and wish you every success in the position.

The issue we wish to raise with you today is the issue of veterinary medicines. You were recently quoted in the Irish Examiner expressing the view that there was a need to drive down costs in the farming sector. Your call was echoed by the President of the ICSA who also called for lower medicine prices.

As the representative body for pharmacists the IPU would like to put forward some ideas and concerns that we have about the veterinary medicines market in Ireland. Currently, many medicines are prescribed and dispensed by veterinarians, which makes it extremely difficult for other suppliers to compete in this market. While there are some medicines that can only be prescribed and administered by veterinarians, there are many other medicines where farmers and consumers should be facilitated in purchasing medicines from sources other than their vet.

The operation of the Animal Remedies Regulations has led to reduced choice and increased costs for farmers and other animal owners. Pharmacists see very few prescriptions and this makes it virtually impossible for them, and indeed other suppliers, to stay in the veterinary market. Pharmacist's share of this market has dropped from 12% to 8% over the past ten years and from 24% twenty years ago. Ultimately, farmers and animal owners pay a heavy price as more and more pharmacists exit this market. Currently, it is estimated that just twenty pharmacies account for 70% of the pharmacy share of the veterinary market. However we believe that with some changes to the regulations, this does not have to continue. Over the same period the share of the market controlled by Veterinarians has almost doubled.

The Prescription Only Medicine (Exempt) POM(E) classification is a vital part of the medicine market from a pharmacist's perspective. 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. 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. In particular, medicines that have preventative, rather than therapeutic, effects are classified as unnecessarily classified as POM. Like all other POM(E) medicines, these 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 therefore the number of medicines in

this classification should be further expanded.

The classification of some medicines as prescription only cannot be justified on either practical or scientific grounds. For example, spot-on flea treatments for dogs are prescription-only here in Ireland, unlike other jurisdictions, including the UK. As we understand it, it is up to the manufacturer to seek a particular route of supply, e.g. prescription-only, non-prescription, etc. when applying for a product authorisation. There is reluctance on the part of the pharmaceutical industry to change their approach out of loyalty perhaps to existing suppliers. This forces farmers and animal owners to unnecessarily visit their vet to obtain a prescription and in most instances they feel obliged to purchase the product directly from the vet. It seems incredible that pharmacists can supply head lice treatments to human patients without a prescription yet cannot supply similar products for eradicating fleas from domestic pets. There are many other similar examples.

In conclusion, pharmacists have the skills and competencies to play a much greater role in this market without in any way compromising public health or animal welfare. If they are facilitated in doing that, farmers and other consumers will have increased choice and consequently, there will be increased price competition. 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. In addition given the pharmacist's training and accessibility, it is vital for consumers that pharmacy retains a strong role in the distribution of veterinary medicines and vaccines and the operation and regulation of the sector needs to be reviewed.

The IPU would welcome your consideration of these issues and an opportunity to meet with you to expand further on our views.

PSYCHIATRIC SCHEME

From Secretary General to Minister of State, Department of Health

[8 November 2011]

Re: Psychiatric Scheme

I am writing to you concerning changes to the Psychiatric Scheme which operated in the greater Dublin since 1998. The scheme enabled all patients (Medical Card, Drugs Payment and Private) to present a prescription issued by one of the clinics operated by the Community Mental Health Services at a community pharmacy and subsequently obtain their medication free-of-charge. Changes to these arrangements were introduced over the past year which the IPU would like to bring to your attention because of their consequences for the patients concerned.

The main changes introduced were,

- All GMS Psychiatric Patients who attend the clinics must now go back to their GPs to have their medicines transcribed on a GMS prescription before they can get their medicines from their community pharmacy; and
- Non-GMS Patients, who up until now received their medicines free of charge, must now pay for their medicines.

These developments have negative consequences both in terms of patient safety and access to medicines.

The fact that GMS patients must now obtain a medical card prescription from their GP before they are able to obtain their medication means that patients must get a list of their medication from the clinic and then go to their GP to have the list transcribed onto a medical card prescription. This gives rise to transcribing errors. In addition the patient's GP may not be located in the same county as the clinic which leads to a potential delay in the patient receiving their medication.

To ensure patient safety it is essential that the patient's pharmacist has sight of the original list of medicines from the clinic as well as the transcribed prescription from the GP surgery.

It would also help on this regard if the current Hospital Emergency Scheme, which allows community pharmacists to dispense a seven day supply to GMS patients who have been discharged from hospital, be extended to include patients who use the service. This will give the patient time to attend their GP to have the medicines transcribed onto a medical card prescription without having to delay either the commencement or continuation of their treatment.

DPS and private patients continue to receive prescriptions as normal from the Community Mental Health Services. However, they must now pay for their medicine. This is a significant change for the patients as up until now they have obtained their medicines free of charge. In order for patients to benefit from the medicines they are prescribed it is vitally important that they adhere to their medicine treatment regime. The introduction of a charge for their medicines is placing an obstacle to recovery for some patients and can hamper their ability to manage independently in their own community.

The Report of the Commission on Patient Safety and Quality Assurance 2008 stated that *"when patients move from one care setting to another...a significant level of discrepancy between actual medication treatment and what was intended can arise."* Recent national research found that, when prescriptions issued by acute general hospitals were transcribed, 30% of medicines were transcribed incorrectly. This error rate was found to be consistent for all transcribed prescription items over a six month period. Anecdotally we have heard of a number of cases where pharmacists have picked up transcribing errors. In some instances pharmacists have reported over 50% of prescriptions contain transcribing errors.

Our proposals would also assist in the de-stigmatisation of mental illness.

I would ask you to review these arrangements.

TRANSFER OF SICK PAY RESPONSIBILITY

From Secretary General to Minister for Social Protection

[21 November 2011]

I am writing to express the concerns of our members with regard to the proposal to transfer responsibility for paying sick pay in the first month of illness from the Department to individual employers.

The IPU is the representative body for over 1600 pharmacies throughout Ireland and we are uniquely positioned as a body as we represent both employers and employees.

The IPU acknowledges the difficult financial state the country is in; however we believe this proposal would be a retrograde step for the following reasons:

- Employees will be put in a situation where they will not take necessary time off due to illness as the expense to their employers and the extra expense of replacing the lost work time from already tightly run rosters would have a negative effect on the viability of their employer's business;
- Employers will inevitably have to take account of time lost by employees and prospective employees when decisions are made about hiring and employment contracts and terms.

This proposal equates to a tax on employment. At present, employers make obligatory PRSI contributions to support social welfare provision so if this proposal were to go ahead it will be a double tax on employers. This will ultimately put employment in small businesses, such as pharmacies, at further risk of closure and put further pressure on the social welfare system.

The pharmacy sector is experiencing a significant drop in retail sales as well as coping with very large direct and indirect reductions to their payments from the State over the same period. Over 1600 jobs have already been lost in the sector. It is vital that costs to small businesses, such as pharmacies, are reduced and not added to, in order to support and grow employment in small business.

I would ask that our views be taken into account in coming to a decision on this matter.

REDUCTIONS IN COST OF MEDICINES

From HSE Contract Manager to Assistant Secretary General, Department of Health

[20 February 2012]

I wish to refer to the review of the cost of medicines covered by the Irish Pharmaceutical Healthcare Association (IPHA) Agreement 2006. We understand that consultations between the Department and IPHA are currently taking place with a view to the Department achieving further savings from the cost of medicines.

The IPU is requesting that the Department give adequate notice of any reductions to the cost of medicines. The IPU and pharmacists should be alerted well in advance of the implementation date. A minimum of 4 to 6 weeks' notice is necessary to allow sufficient time for the IPU to update our IT system and to allow pharmacists adequate time to dispense stock reimbursed at the higher price.

You will remember that pharmacy contractors experienced significant loss to the cost of their stock as a direct result of the lack of notice provided by the Department in January 2011. It is important that pharmacists are not put in this position again.

OUTSTANDING ISSUES

From Secretary General to Minister for Health

[28 February 2012]

I have been asked by the Pharmacy Contractors Committee (PCC) to write to you in relation to the recent Financial Emergency Measures in the Public Interest (FEMPI) Review.

The IPU has put forward considerable evidence to demonstrate that there is no further scope for cuts and therefore welcomes the decision not to reduce pharmacy payments further. However, we are deeply concerned that a number of issues, fundamental to the provision of pharmacy services, were not dealt with as part of the review.

We are now asking the following issues be reviewed immediately:

- **Elimination of the low level dispensing fees**

  A PricewaterhouseCooper (PwC) report for 2009, commissioned by the IPU, shows that in the calendar year 2009, when the FEMPI Regulations had been in operation for only six months, 14% of pharmacy contractors reported net losses after tax. Combined, these contractors account for 20% of the national network of pharmacies. This is clear evidence that the current dispensing fees are inadequate. Pharmacists previously propped up an unsustainable dispensing business using resources which are no longer available. The €4.50 and €3.50 fee bands are currently unsustainable and should be eliminated immediately.

The **Dorgan Report, commissioned by your predecessor, recommended that dispensing fees ranging from €6 - €7 should be paid in the sector.** It is acknowledged that this was in the context of eliminating mark up on other schemes; nevertheless the recommendation highlights the inadequacies of the current fees.

- **Reversal of the Fridge Items Decision**

  The FEMPI Regulations, of 20 June 2011, means that every pharmacist who dispenses a fridge item to a patient is doing so at a loss of 4.8%. Unlike other medicines supplied through pharmacy, fridge items are medicines for which pharmacists pay the full invoice price and are not subject to any business arrangements that may be negotiated between the pharmacist and their wholesaler. In order to provide the health care service to its patients, pharmacists are being forced to purchase medicines at a higher price than the reimbursement price. This is unfair, unreasonable and inequitable, and cannot be sustained. **The decision to reimburse these drugs at less than the cost to the pharmacist has to be corrected immediately.**

- **Review of the Reimbursement Price to Pharmacists**

  The 8.2% reduction in the reimbursement price of medicines significantly undermines the pharmacy business model. The model had been significantly dependent on the ability of pharmacists to negotiate terms with distributors to subsidise payments from Government. Over the past twelve months, there have been further pressures on the entire pharmaceutical sector, leading to a state of flux in the wholesale market. Some of the key players are experiencing considerable financial difficulties and this is seriously threatening the current level of wholesale discounts. The financial viability of many community pharmacies is now at tipping point. Many pharmacies have reached the point where they are now purchasing their medicines at a loss because they are not in a position to negotiate a level of discount that would enable them to purchase medicines at the reimbursable price. **The IPU has highlighted this issue as an area of concern in previous submissions and is now calling for an immediate review of the level of reimbursement prices.**

- **Immediate Introduction of Generic Substitution**

  The IPU believes that generic substitution should be implemented in advance of a reference pricing system. This would be beneficial in two ways: firstly, it would give advance notice of generic substitution to patients and provide a sufficient lead-in period for them to get accustomed to that change before the implementation of reference pricing and, secondly, it would yield immediate savings to the State. Reference pricing is a complex issue that will require considerable discussion with the IPU in advance of implementation. In the meantime, we would welcome an early meeting with officials to explore the implications of substitution and reference pricing for our IT systems.

- **Review of Remuneration for New Services**

Pharmacists are now delivering Emergency Hormonal Contraception, Influenza Vaccination and participating in the Needle Exchange Service. In each of the above initiatives inadequate consideration was given to the complexity of the service. This has resulted in a fee that does not reflect a sustainable model for the future. **The development of an agreed framework to facilitate a fair pricing model for pharmacy services is needed now.** The IPU is open to discussing a model based on the statement from the HSE from April 2008.

The issues outlined above need to be reviewed immediately. The IPU is open to engaging with the Minister and the Department in discussions on these issues.

SUPPLY AGREEMENT BETWEEN IPHA AND THE STATE

From Chief Executive, IPHA, to Secretary General

[15 December 2011]

As you know, the current supply agreement between IPHA and the State on the supply of innovative medicines to the Irish market is due to expire on 1 March 2012.

Although formal negotiations have yet to commence, IPHA is currently preparing its position with a view to entering such negotiations with the State early in the New Year.

Accordingly, I would like to invite the IPU, as a key stakeholder of IPHA to appraise us of any issues, timelines and administrative concerns you would like us to be cognisant of when implementing the provisions of any new Agreement that may be concluded.

A Selection of Press Releases Issued to the National Media during the Year on Various Matters

1. PROFESSIONAL MATTERS

26 June 2011

Pharmacists welcome Government proposals for bigger role for Pharmacists in health care delivery

Opens possibility of Pharmacists providing vaccinations and health screening services

People may soon be dropping in to their local pharmacist to get a vaccination according to the President of the Irish Pharmacy Union, Darragh O'Loughlin. O'Loughlin was welcoming comments by the Minister for Primary Care, Roisin Shortall TD about the Government's commitment to finding a bigger role for pharmacists in the delivery of health care in Ireland. The IPU, which represents over 1,600 pharmacists in Ireland has welcomed the statement and said that they will pursue the issue when they meet with the Minister for Health, Dr James Reilly, on the 18 July.

Speaking today, O'Loughlin said: *"This is great news. Pharmacists have the potential to deliver much greater efficiencies for the health services and we're keen to expand our role. We look forward to discussing in concrete terms how we can play a role in more efficiently rolling out these services in the community when we meet the Minister next month."*

Monday 18 July 2011

Pharmacists at first Meeting with Minister for Health

Call on Minister to implement a 5 Point Plan to deliver a better and more cost-effective primary care system for patients

The Irish Pharmacy Union (IPU) today called on the Minister for Health to implement its proposed 5 Point Plan to deliver a better health service for patients. In its first official meeting with Dr James Reilly, Minister for Health, the IPU set out proposals on ways to expand the role of pharmacists to optimise their role in the health services.

The 5 Point Plan proposals are:

1. **Open Door Policy** to deliver better healthcare for patients who require access to Chronic Disease Management (pharmacists are the most accessible part of the primary care network in Ireland).
2. **Generic Substitution** to allow patients access to safe, effective, high-quality medicines at lower prices therefore delivering cost savings to patients and the State.
3. **Provision of Vaccination Service** to act as advocates and educators to patients and deliver vaccines such as the flu vaccine through local pharmacies.
4. **Medicines Use Review** to enhance patient safety, deliver improved outcomes, and reduce downstream healthcare costs through structured medicines use reviews. Real value can only be achieved when patients take the right medicines and take them correctly.
5. **Health Promotion** to deliver services including smoking cessation, weight management and diabetes and cholesterol screening; all to keep people healthy.

President of the IPU Darragh O'Loughlin said, *"As healthcare professionals we are committed to delivering a quality, accessible, personal and professional service that puts patients first. We are open to working with the Minister to play our part in delivering on his healthcare agenda. Our 5 Point Plan clearly states how savings can be achieved by expanding our professional role within a partnership approach of all stakeholders. This we believe will deliver a better health service for patients which are at the centre of the change agenda for healthcare in this country."*

The IPU also called on the Minister for Health to appoint an independent Chairman to lead discussions and negotiations with the IPU to review all existing administrative, contractual and payment arrangements to allow pharmacists play this more centralised role in healthcare delivery.

Monday 15 August 2011

Pharmacists meeting Minister of State Róisín Shortall

- **Pharmacists Seek Expanded Role in Primary Care Delivery**

The Irish Pharmacy Union (IPU) (tomorrow Tuesday) will meet for the first time with Minister for Primary Care, Róisín Shortall, to present its views and recommendations on the role pharmacists can play in primary care and the delivery of a better health service to patients. Minister Shortall has already said she wants "to see pharmacists getting engaged more" in providing additional services.

President of the IPU, Darragh O'Loughlin, said, *"Community pharmacy is at the coalface of primary care. The availability and accessibility of pharmacists who provide expert professional healthcare advice means we can deliver a quality, accessible, personal and professional service that puts patients first. Our commitment is to do just that by delivering chronic disease management, medicine use reviews, health promotions and the provision of a vaccination service.*

Our meeting with the Minister will set out the central and expanded role that pharmacists can play in health care, in communities and in patients' lives."

Today's meeting follows on from a similar meeting with Minister for Health, Dr James Reilly, last month which resulted in the Minister announcing the provision of a flu vaccination service through local pharmacies for patients this autumn.

7 September 2011

1,000 Pharmacists sign up to Vaccination Training

Over 1,000 pharmacists around the country have signed up to vaccination training so that they will be able to offer patients the flu vaccine this autumn/winter. The training, which began this week, is being provided by the Irish Pharmacy Union (IPU) in conjunction with Hibernian Healthcare. This follows the announcement by the Minister for Health, Dr James Reilly, that he wants a pharmacist-led vaccination service for the flu vaccine this winter.

17 October 2011

Statement from the Irish Pharmacy Union

The article on pharmacy prices in today's Irish Independent is flawed because it analyses only one, relatively small, part of a pharmacist's business [the supply of medicines to private patients] and ignores the rest. It also focuses on the margins applied to low cost drugs ignoring the fact that the advice required to be delivered when dispensing prescription drugs doesn't become cheaper simply because the medicine is cheaper to buy.

The fact is that pharmacists operate on a wafer thin margin for their business as a whole with one in five pharmacists operating at a loss and the rest recording an average net profit of approximately 4% of total turnover [2009 figures – likely to have fallen further as a result of recent cuts in payments].

The article also ignores the fact that 3 out of every 4 medicines are dispensed by pharmacists on the medical card scheme on which NO mark-up is paid. In these cases, pharmacists are paid a basic dispensing fee that ranges from €3.50 to €5.00 for delivery of this scheme to patients.

The past three years have seen the State impose a series of savage cuts on pharmacists – beyond any cuts imposed on any other sector in the health services. Payments to pharmacists for delivering services on behalf of the State have been reduced by over 40% over the past two years and the State only pays pharmacists 91.8% of the invoice price of medicines dispensed as a mechanism to claw back discounts that pharmacists may be able to earn from suppliers.

In relation to international comparisons, a report previously produced for the HSE expressed the view that international comparisons of prices cannot be relied on as each market is different in terms of size, structure and regulations. Unlike Ireland for example, most EU countries restrict ownership of pharmacies to pharmacists and also have tight regulations governing new openings.

Pharmacy remains a profession under massive pressure and suffering huge Government interference and the outlook for the profession remains very challenging.

25 November 2011

Statement by the Irish Pharmacy Union

The IPU welcomes the conclusions of the interim report of the Pharmaceutical Society of Ireland that the public can have confidence in the vaccination service provided by pharmacists.

The vast majority of pharmacists who have been trained administered the vaccine correctly. Equally, the vast majority of patients were given the correct dose. Those that administered the incorrect dose followed the incorrect instructions given during a small number of training programmes. Regrettably this resulted in some patients receiving an incorrect dose. Those patients are now being recalled and will be revaccinated shortly. The error was identified and reported to the relevant authorities by pharmacists.

Patients can have every confidence in the skills and competencies of pharmacists to provide this service safely. The IPU and its members will continue to co-operate with all statutory authorities in taking whatever steps are necessary to ensure that an error of this nature never occurs again in any training programmes provided for healthcare professionals.

5 March 2012

Irish Pharmacy Union Graduation Day

- Pharmacy Technicians strengthen Local Pharmacy Services
- Public Health to benefit from up-skilling of Pharmacy Staff

Local pharmacy services were strengthened with the graduation of 104 pharmacy technicians who were awarded with a level-three National Vocational Qualification (NVQ) from City and Guilds at a special ceremony held in Dublin today. Pharmacy technicians provide a vital supporting role to pharmacists in the delivery of a high-quality front-line healthcare service in the community.

Presenting the graduates with their certificates, **Darragh O'Loughlin, President of the Irish Pharmacy Union**, said: *"Pharmacy technicians have always played a key role in our pharmacy teams. The future of pharmacy lies in developing the professional role of the pharmacist in areas such as medicine use reviews, health promotion, health screening and chronic disease management. In order for pharmacists to develop these new roles, it is essential that we have a professional and experienced pharmacy team to work alongside us to ensure that the highest possible standards in the dispensing process are maintained."*

"It is only in developing our professional role that we can maintain our position as an integral part of primary health care and secure the future of the essential services we provide to our patients," Mr O'Loughlin said.

The comprehensive two-year training course for pharmacy technicians is delivered and administered by the Irish Pharmacy Union in conjunction with the National Pharmacy Association in the UK and City and Guilds.

12 March 2012

Pharmacists Welcome New Dosage Instructions for Children's Liquid Paracetamol Medicines

- **Recommendations will assist parents and carers with dosage of medicines to children.**

The Irish Pharmacy Union (IPU), which represents 1,800 pharmacists in Ireland, has welcomed new recommendations by the Irish Medicines Board (IMB), announced today (Monday 12 March), to introduce new dosage instructions for liquid paracetamol medicines for children. The medicines affected include Calpol®, Panadol Baby®, Paralink® and other Paracetamol products.

The new, clearer, instructions will assist parents and carers in providing the optimal dose of liquid paracetamol to children for their age. The recommendations divide doses of paracetamol liquid for children into narrower age bands with a specific dose for each band.

Commenting today, IPU President, Darragh O'Loughlin, said, *"Today's announcement by the IMB is positive as it will make it easier for parents and carers to know exactly how much paracetamol medicine they should give their children.*

"The change in recommendations is not in response to any safety concerns. Paracetamol continues to be a safe and effective method of short-term pain and fever relief in children when used according to the patient information supplied with the medicine. However, if parents have any queries, they should ask their pharmacist for advice.

"Overall, the new measures will remove uncertainty around dosing, improve patient safety and so enhance the benefits of liquid paracetamol medicines, all of which is to be welcomed," concluded Mr O'Loughlin.

27 March 2012

Pharmacists Dispute Irish Heart Foundation's Warning against Over-the-counter Meal Replacement Products

- With the proper guidance and advice, over the counter meal replacements can work for individuals attempting to lose weight.

The IPU has strongly disputed a claim made by the Irish Heart Foundation that *"pharmacists are in danger of encouraging a cycle of failure in people attempting to manage their weight"*, by selling over-the-counter meal replacement products. The IPU, in response, has outlined that, with the proper guidance and advice, over-the-counter meal replacements can work for individuals attempting to lose weight.

According to IPU Vice-President Rory O'Donnell, *"As a healthcare professional, every pharmacist's primary concern is the wellbeing of their patients. Pharmacists are ideally placed to advise the public and to provide them with information in finding solutions to obesity. Obesity is a major problem in our society and the pharmacy sector continuously supports and promotes sensible weight loss. It is too flippant to claim that pharmacists are promoting meal replacement products without taking into account the impact on their patients."*

"The reality is that individuals have used meal replacement products as part of a sensibly controlled balanced diet, which has resulted in long lasting weight loss. It is important that individuals take advice from their pharmacist or GP before they decide to undertake a weight loss programme", concluded O' Donnell.

2. PRESCRIPTION LEVY

14 November 2011

- **Pharmacists Call for Vulnerable Patients to be excluded from Prescription Levy**

Pharmacists are calling on the Minister for Health to abolish the Prescription Levy for vulnerable patients, including homeless people and palliative care patients. Pharmacists are responsible for collecting Prescription Levy on behalf of the HSE and according to **Darragh O'Loughlin, President of the Irish Pharmacy Union (IPU)**, the levy has "given rise to considerable difficulties for some patients".

In particular, the IPU advocates the following patients be exempt from prescription charges:

- Patients in nursing homes;
- Patients with intellectual disabilities;
- Patients receiving treatment under the Methadone Treatment Scheme in respect of other medication that they may require;
- Patients receiving psychiatric medicines;

- Homeless patients including those in homeless shelters; and
- Palliative care patients and other patients who have their medicines changed on a daily/weekly basis.

Mr. O'Loughlin said, "*Quite apart from the added financial impact of the levy, it is causing unnecessary stress to certain patients. In extreme cases some patients are choosing not to take their medication at all.*

"If public policy dictates that the levy must continue, then certain patients should be exempt from the charges altogether. There needs to be some restrictive provision that allows pharmacists to exercise their discretion to dispense medicines in situations where vulnerable patients refuse, or cannot afford, to pay for their medication.

"In these circumstances, the cost to the health service is far greater every time the charge prevents these patients from taking their medication."

The IPU has highlighted their concerns to the Government in two recent submissions –Submission to the Department of Finance on Budget 2012 and Submission to the Department of Health under the FEMPI Review.

As the levy is automatically deducted from payments to pharmacists regardless of whether the levy is collected or not, it means that pharmacists don't currently have any discretion as to whether they should collect the levy or not. In comparison, the cost to the state in exempting certain vulnerable patients is minimal, according to the IPU.

23 November 2011

Pharmacists oppose increase in Prescription Levy

Pharmacists have cautioned against proposals to increase the Prescription Levy for medicines from 50 cent to €2 and to introduce a €50 charge for a Medical Card.

Darragh O'Loughlin, President of the Irish Pharmacy Union (IPU), said, "*An increase of this magnitude - effectively quadrupling the current charge - could present a significant barrier for people who are already facing real financial hardship and would lead to many of these patients simply not taking the medicines prescribed for them. Even the current 50 cent levy has given rise to difficulties for some vulnerable patients. Any increase in costs would increase the number of patients struggling to continue taking their medicines.*"

The IPU has called on the Minister for Health to introduce Medicines Use Reviews to make sure patients are getting the full benefit from their medicines and to ensure patients are taking only those medicines which are clearly necessary for their treatment. This would ensure better outcomes for patients and reduced downstream healthcare costs.

The IPU has also called for vulnerable patients to be exempt from the Levy and have highlighted their concerns to the Government in two recent submissions, including a Submission to the Department of Finance on Budget 2012.

In the submission, the IPU advocates for the following patients to be exempt from the Levy:

- Patients in residential care settings;
- Patients with intellectual disabilities;
- Patients receiving treatment under the Methadone Treatment Scheme in respect of other medication that they may require;
- Patients receiving psychiatric medicines;
- Homeless patients including those in homeless shelters; and
- Palliative care patients and other patients who have their medicines changed on a daily/weekly basis.

Last year, prescription charges were abolished in Northern Ireland and Wales.

Mr. O'Loughlin said, "*In extreme cases some patients are choosing not to take their medication at all. If people don't comply with their medicine regimes, it could end up costing the State more.*"

Pharmacists are responsible for collecting the Prescription Levy on behalf of the HSE, and, as the levy is automatically deducted from payments to pharmacists, pharmacists don't have any discretion as to whether they should collect the levy or not.

3. OTHER MATTERS

June 2011

Pharmacists to encourage customers to ask more about health

Pharmacists throughout the country are seeking to encourage more customers to ask them about health issues. The Irish Pharmacy Union is launching a major advertising campaign and members across the country will be supporting the initiative.

The 'Ask Your Pharmacist First' campaign continues to urge patients to call in for advice before heading straight to their doctor. Confidential advice can be obtained from any pharmacist, and there is generally no lengthy wait to see someone about an ailment. The guidance provided by trained health professionals is as accurate as possible and can reassure customers seeking assistance.

Speaking today the President of the IPU said that pharmacies could do much more to help alleviate queues and delays in GP surgeries and A&E departments; "we want more people to use pharmacies as a source of expertise on health related issues. We are particularly concerned at the growing trend for people using the Internet to diagnose what may be wrong with them and we want more people to drop in and ask their local pharmacist for advice."

5th July 2011

As country gears up for Oxegen Festival...Pharmacists give tips for a healthy weekend

Unprotected sex, dehydration, sunburn and diarrhoea are the top threats to the health and safety of festival goers so pharmacists have urged those heading to Oxegen this weekend to look after their health.

Speaking today Pharmacist Rory O'Donnell from Donegal [Vice President of the IPU] said festival goers should be especially cautious about the risks of unprotected sex; *"Music Festivals and sports events are generally linked to higher than normal incidents of unprotected sex and we would often note a rise in requests for the Morning After Pill after such events."*

O'Donnell also warned that normal oral contraception can become ineffective if the person is suffering from vomiting or diarrhoea. *"We're warning people to plan ahead if they believe there is any chance of an unplanned sexual encounter. Condoms are also essential to protect against Sexually Transmitted Infections."*

O'Donnell also offers advice on what other essential items you might need for the weekend. *"A few small items can help if you do become unwell such as medication for stomach upsets or diarrhoea; antiseptic cream for bites, stings or cuts. It is important to have sunscreen of SPF 15 or higher and antiseptic hand gel is always handy to have at outdoor events."*

Tuesday 16 August 2011

Getting Ahead of Head Lice

- **Pharmacists advise parents on steps to minimise the risk of getting Head Lice**

Pharmacists are advising parents to screen children routinely for head lice every week when children return to school in two weeks' time. It is estimated that one in ten children suffer from head lice at any one time with 80% of head lice infestations occurring in children between the ages of 4 and 16. *"There is no way of preventing head lice but the earlier the infection is detected, the easier it is to get rid of the lice* according to **Ann-Marie Horan, Local Pharmacist from Terenure.**

"We are advising parents to check their children's heads for head lice and nits routinely every week by wet combing the hair. Parents who perform regular checks will find that the problem is manageable. In the long run, screening saves time and distress to children, parents and other family members who will also need to be treated if an infestation occurs", Ms Horan said.

Pharmacists are also warning parents never to treat their child as a precaution. Products used to treat head lice do not prevent the infection from occurring and children should not be exposed to treatment unless it is necessary. It is also important for parents to check with their pharmacist to discuss the most appropriate treatment for their child especially where a child suffers from asthma, a pre-existing skin condition such as eczema, or allergies.

Head Lice Tips from Pharmacists

1. Screen the hair every week by wet combing it.
2. Treat hair immediately if you find nits or lice.
3. Tie up long hair in a pony-tail and avoid head-to-head contact, which is common during play at school and at home.
4. Do not share items such as hairbrushes, hair clips, combs, hats, scarves, towels etc.
5. Regularly clean things such as car/booster seats, pillows/cushions, head phones etc. if they are sharing these items with other children. Avoid using these items if they have been used recently by someone who had lice.
6. Wash bed linen and other clothes to kill eggs and lice if an outbreak has occurred.
7. Repeat the treatment after a period of a week to 10 days.
8. Inform the school, contacts and friends immediately if your child has nits or lice so everyone can check and treat their own children if necessary.
9. If you have any questions about treating head lice, ask your pharmacist first.

1 September 2011

Pharmacists warn of dangers of using internet for health advice

The Irish Pharmacy Union (IPU) has today warned of the dangers of turning to the internet for healthcare advice.

The warning comes following the findings of a study by Quinn Healthcare, which found 46% of people surveyed going online for health advice.

"The findings from the Quinn Healthcare study come as no surprise to pharmacists," said IPU Treasurer and Co Meath pharmacist Kathy Maher. *"We are concerned at the growing trend for people using the internet to self-diagnose. The information online may not always be correct and your symptoms could worsen if you are not properly diagnosed. We encourage people to drop in and ask their pharmacist first for advice."*

Community pharmacists have led the way in raising public awareness about the dangers of seeking health advice online. This year the IPU ran a nationwide campaign dealing with this issue. A website, www.watercooleradvice.ie, was set up to highlight the fact that people often go online or ask friends or relatives for health advice. The IPU also ran radio and online ads encouraging patients to Ask Your Pharmacist First for healthcare advice.

Pharmacists are the most accessible part of the health service and the first port of call within the healthcare system.

3 October 2011

One in three families affected by diabetes1 43% have never been tested for diabetes1

Figures from a new study released reveal the startling penetration of diabetes into Ireland, with 33% of people in Ireland reporting a family member with the condition. One in five people (21%) have a family member with Type 2 diabetes and overall, three in four people (77%) know someone who has diabetes.[1]

"We have been saying it for years, but these figures really bring the message home – diabetes is everywhere in Ireland. It's in urban and rural communities, in rich areas and less well-off areas. We're facing a national crisis," said Professor Seamus Sreenan, consultant endocrinologist and medical director of Diabetes Federation of Ireland.

The figures were released to coincide with a new *Know Your Numbers!* campaign, which promotes awareness of an important change to the HbA1c clinical measurement for diabetes that will come into effect on January 1, 2012. The campaign is a joint initiative between the Diabetes Federation of Ireland, healthcare company Sanofi, the Health Service Executive, and the Irish Pharmacy Union. Next year, HbA1c, which measures how well your diabetes has been controlled in the previous two to three months, will see its mode of expression come in line with the standard measurement used worldwide.

Complications

Nine out of ten (89%)2 people with diabetes say developing a complicating illness as a result of their condition is their biggest fear. But awareness of complications of diabetes among the public is low. Unprompted, 46% of people in Ireland recognise that uncontrolled diabetes can lead to blindness, but only 16% know it can cause kidney problems and just 18% know it can lead to amputation.[1] In Ireland, half of all lower limb amputations (50%) carried out between 2005-2010 were linked with diabetes3.

Risk factors & symptoms

The study showed that people in Ireland are aware of some of the risk factors for diabetes – being overweight (95%), not getting enough exercise (72%), but awareness levels fall on another risk factor – being over 45 (46%). There is good awareness about the symptoms of the condition. 80% and 74% recognise severe thirst and fatigue as a symptom of diabetes respectively.[1]

Professor Sreenan said, "In reality there are a lot of symptoms for diabetes – but in some people they may not present for years or it may be just as a thirst or repeated infections. What you have to bear in mind is that, on average, there is a 12-year period between the onset of Type 2 diabetes and its diagnosis[3]. This fact, and the wide range of symptoms, make it difficult for people to spot a problem and seek treatment early. Unfortunately, many people are only diagnosed after they have already suffered a complicating illness of diabetes such as a heart attack or stroke and often when the symptoms of diabetes are pointed out to them they recognise maybe two or more."

Susan Sunderland, Project Manager, Sanofi, said, "We are proud to support any campaign that helps people with diabetes. Sanofi focuses on diabetes all over the world, and we are very happy to maintain our partnership with the DFI and other organisations in Ireland."

Testing for diabetes

The study shows that 43% of people in Ireland say they have never been screened for diabetes, and 18% say they have been screened only once. It is estimated that one in eight Irish people over 60 years has diabetes, yet 21% say they have never been screened for diabetes and a further 17% say they have been screened only once[1]. There are approximately 30,000 people in Ireland with undiagnosed diabetes, and figures released last month suggest that 146,000 people in Ireland have undetected pre-diabetes and will have Type 2 diabetes within the next 5 years unless they take action.[4]

"Given the time it takes for the condition to develop, people – especially people over 45, or those who exhibit other risk factors for diabetes – should get tested on a more regular basis", said Professor Sreenan.

The campaign is also supported by the IPU.

"More than half of people with diabetes (52%)1 in Ireland consult their pharmacist about the management of their condition, and we are delighted to be able to expand this facility further by supporting the Know Your Numbers campaign. Pharmacists are Ireland's most accessible primary healthcare resource. We would invite people with health concerns to seek the advice of their pharmacist, just as people with diabetes do," said Darragh O'Loughlin, President of the Irish Pharmacy Union (IPU).

Know your numbers!

The *Know Your Numbers!* campaign aims to help people with diabetes minimise their risk of developing a complication related to their condition. Medical research shows that a patient who keeps good control – keeps their HbA1C – at an optimum level (48-59 mmol/mol - millimoles per mole - in the new measurement), significantly reduces their chances of developing diabetes complications.

HbA1C is the name given to a chemical reaction that causes glucose to stick to the haemoglobin in the red blood cells. The more glucose there is in the blood, the more glucose there will be attached to the haemoglobin. Measuring this glucose gives a good indication of the average glucose levels in the blood over the past 10-12 weeks and a recording in the new measure of mmol/mol in the 50's reduces the risk of diabetes complications.

"When people measure their blood glucose level – which they should still do, they only learn what their blood glucose

level is at that moment in time. The HbA1C test which is done by the healthcare team determines how well their diabetes control has been over the previous two to three months, The new units for reporting HbA1c will prevent any mix-up between glucose and HbA1c results." said Dr Ned Barrett, consultant clinical biochemist.

People with diabetes are aware of the HbA1C measurement (83%), and two thirds of them understand what it is (67%), but just one in four (27%) people with diabetes keeps their HbA1C at the optimum level2. The *Know Your Numbers!* campaign will seek to change this by highlighting the importance of good control. The campaign is supported by posters and patient cards that raise awareness in medical environments, and in pharmacies throughout Ireland. The Irish Pharmacy Union (IPU) is supporting the campaign all over the country by giving every person with diabetes a Know Your Numbers card with their monthly prescription during October and November.

Finally, the *Know Your Numbers!* campaign welcomes the support of solicitor Gerald Kean, who generously offered to help raise awareness of the issue among people with diabetes and the wider public.

"I am delighted to be a part of this campaign. The complications associated with diabetes are truly frightening, so anything that helps people with diabetes to reduce their risk of such illnesses has my full support."

References:

1. September 2011 - Nationally representative research in terms of age, gender, social class, geographical location, conducted by Behaviour & Attitudes, on behalf of the Diabetes Federation of Ireland and Sanofi
2. July 2011 – Research of people with diabetes only conducted by Behaviour & Attitudes, on behalf of the Diabetes Federation of Ireland and Sanofi
3. Diabetes Federation of Ireland: http://www.diabetesaction.ie/campaign-archives/2010/09/podiatry-campaign/10
4. Diabetes Federation of Ireland: http://www.diabetesaction.ie/diabetes-in-ireland

18 November 2011

Antibiotic Awareness Day - Pharmacists warn overuse of antibiotics is putting patients' health at risk

- **Pharmacists advise *"Antibiotics are wasted on colds and flu"***

Pharmacists are warning patients that they may be putting their health at risk through the inappropriate or incorrect use of antibiotics. Helping to launch European Antibiotic Awareness Day, which takes place today, pharmacists are advising patients not to take antibiotics for common colds and flu. Patients who are feeling unwell should visit their local pharmacist who can advise them on whether a visit to the GP is necessary.

Darragh O'Loughlin, pharmacist and **President of the Irish Pharmacy Union**, said, *"Antibiotics are used to treat infections caused by bacteria; however, they are not effective against viruses. The common cold and sore throats are generally caused by viruses and will ultimately clear up on their own. As antibiotics are not effective against viruses, they are not the correct treatment for these illnesses. Your local pharmacist can advise on appropriate medications to relieve your symptoms."*

"Taking antibiotics for the wrong reason, or taking them incorrectly, can cause bacteria to develop resistance against antibiotics. Not alone can resistance develop in the individual patient, but there is an extended risk to the effectiveness of antibiotics in the wider population in the future.

"The message is simple: 'when you have a cold or flu, antibiotics just won't do'", Mr. O'Loughlin added.

For those patients who do genuinely need to take an antibiotic, pharmacists are issuing the following advice:

1. Take the antibiotic exactly as prescribed and follow the advice given by your pharmacist about how and when to take them.
2. Complete the full course of antibiotics, even if you feel better.
3. Do not share your medication with others.
4. Know the potential side effects of antibiotics and how they might be avoided. (Side effects can include stomach upsets, diarrhoea, thrush and, occasionally, allergic reactions).

Mr O'Loughlin said, *"If medication has been prescribed for you, never give them to a sick friend or relative. As well as potentially causing unwanted side effects, some people can experience a severe allergic reaction to certain antibiotics. So never take them unless they have been specifically prescribed for you by your doctor."*

Information leaflets for patients on the correct use of antibiotics are available in pharmacies nationwide.

8 December 2011

Pharmacists give tips on how to stay healthy over Christmas

With Christmas just a couple of weeks away, pharmacists have prepared some top tips to stay healthy this Christmas.

Pharmacist Kathy Maher says *"Christmas may be a time of good cheer but it can have its own inevitable hazards. Minor ailments, as well as cold and flu, are common over the festive season, so it's wise for people to be prepared in advance. We recommend that people consult their local pharmacist to get advice on what essentials to have in the medicines cabinet in the run up to Christmas."*

Pharmacists also want to ensure patients are not left without their medicines during the Christmas period, as last year's bad weather left patients unable to visit their pharmacist.

"It is important that if you are on medication, that you have enough to last over Christmas. Some pharmacies may be closed for a few days over Christmas also. Speak to your pharmacist about what arrangements can be made, and if you should run short, contact your pharmacist," Kathy added.

- **Keep Healthy** – Christmas can be stressful on a number of fronts so make sure you exercise and get enough sleep to help boost your immune system. Multivitamins and supplements can be helpful, especially if you are feeling weak and tired. Washing your hands frequently with anti-bacterial soap reduces the chances of picking up germs.
- **Mind your Stomach** – Overindulgence in rich food over Christmas can result in heartburn and indigestion, which can be very uncomfortable, so eat small amounts regularly. Ask your pharmacist for advice on the most appropriate remedies.
- **Never Mix Medicines and Alcohol** – Over-the-counter cough and cold remedies, painkillers, antihistamines and travel sickness pills may cause drowsiness and affect concentration and co-ordination. When mixed with alcohol these effects - even when taken hours apart - are enhanced. If you are taking any medication, always check with your pharmacist to see if it is safe to drive.
- **Be Prepared** – The festive season is a good time to check medicine supplies. Some pharmacies will close for a couple of days over Christmas so stock up on medicines for common ailments in advance.

  It is useful to have medicines for stomach complaints and diarrhoea, and liquid paracetamol for children. Some form of pain relief is always useful to have. Rehydration sachets to replace lost fluids and salts are also important to have for diarrhoea.
- **Treat Cold and Flu Appropriately** - The common cold and sore throats are generally caused by viruses and will ultimately clear up on their own; antibiotics are not effective against them. Your local pharmacist can advise on appropriate medications to relieve your symptoms.

  Many different cold and flu preparations and painkillers contain paracetamol so never take more than one paracetamol-based preparation at a time.
- **Give Up Smoking** – If you are one of the many people planning to give up smoking after Christmas, why not consult with your pharmacist to get support and advice on how to kick the habit. There are over-the-counter nicotine replacement therapy products that can be helpful, especially in the initial phase of giving up.

Your pharmacist is a medicines and healthcare expert. Ask your pharmacist first.

18 January 2012

Succeeding in New Year's Health Resolutions: Ask Your Pharmacist First

As the New Year begins, healthy resolutions are made and with Operation Transformation fever hitting the nation, the Irish Pharmacy Union (IPU) is encouraging members of the public to ask their local pharmacist for advice and support on any health concerns they may have for 2012. Whether it is to lose some weight or stop smoking, pharmacists, as trained healthcare professionals, can help. Pharmacists can also offer guidance and assistance on managing particular illnesses or conditions such as diabetes, asthma, high blood pressure or cardiovascular disease.

Pharmacist Kathy Maher said, *"We are encouraging people to 'Ask Your Pharmacist First' in relation to achieving their healthcare goals for the new year.*

"For example, with a patient trying to give up smoking, we can help by providing information and advice about the different smoking cessation medications available. Managing nicotine cravings and withdrawal symptoms can be challenging and we can provide general strategies on helping people to quit.

"In relation to Type 2 diabetes, one of the main contributory factors is increasing obesity. 33% of families are now reporting a member of the family with the condition. We can provide counselling on prevention and management of this condition where a healthy diet is extremely important."

You can ask to speak to your pharmacist in private, and no appointment is required.

12 February 2012

Pharmacists Welcome Medical Card Commitment

The Irish Pharmacy Union (IPU), which represents over 1,700 pharmacists in Ireland, has welcomed the commitment from the Department of Health that patients can continue to use their out-of-date medical cards until their new cards have been issued.

IPU President Darragh O'Loughlin said, *"This will come as a relief to a significant number of patients, especially those who are worried about getting their medicines while they are waiting for their medical cards to be renewed."*

Mr O'Loughlin went on to say *"The health and wellbeing of patients is our main concern. Nobody benefits if people stop taking their medicines - in fact, it could end up costing the State even more if those patients end up becoming seriously ill or are hospitalised as a result."*

The IPU has been working with the HSE Primary Care Reimbursement Service for some time to resolve these issues in order to ensure that patients can continue to get their medicines under the medical card scheme even if there is a problem with their card.

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