IRISH PHARMACY UNION

The voice of community pharmacy

ANNUAL REPORT

OF IPU EXECUTIVE COMMITTEE

2015 AGM IPU AND AGM IPU SERVICES LTD

Friday 24 and Sunday 26 April 2015
(confined to paid up members of the IPU)

Chairperson: Ms Kathy Maher, President

AGENDA

FRIDAY 24 APRIL

17.45	1.	**Welcome**
	2.	**One minute's silence in memory of pharmacists who died since the 2014 AGM**
	3.	**Minutes of 2014 AGM**
	4.	**Financial Report and Accounts 2014**
		a. Adoption of Audited Statement of Accounts
		b. Appointment of Auditors
	5.	**IPU Services Ltd, AGM**
		Minutes of 2014 AGM
		Financial Statements 2014
		a. Adoption of Directors' Report
		b. Adoption of Audited Statement of Accounts
		c. Remuneration of Auditors
	6.	**IPU Secretariat Report**
	7.	**Group Reports / Open Forum: Introduction and Update**
		a. Pharmacy Contractors' Committee Report
		b. Community Pharmacy Committee Report
		c. Employee Pharmacists' Committee Report
		d. Communications Report
		e. International Pharmacy Matters
	8.	**Open Forum**
19.00		**End of First Session**

SUNDAY 26 APRIL

12.30	9.	**Report on Motions from 2014 AGM**
	10.	**2015 AGM Motions**
	11.	**Open Forum**
14.00		**Closing of Conference by IPU President, Kathy Maher**

MESSAGE FROM THE PRESIDENT

I am delighted to welcome you to the Kingdom of Kerry for the annual IPU National Pharmacy Conference. The conference has gone from strength to strength over the past five years and is a fantastic event for pharmacists to attend, participate in, network at, and enjoy.

As usual, the wide and varied choice of therapeutic and business learning and development events are delivered by esteemed speakers and experts. This event is such a success due to the unending dedication of a small team and I thank them most sincerely.

It is appropriate that we are in such majestic surroundings, considering our theme this year is 'Reaching Pharmacy's Peak'. Pharmacists are very resilient professionals and this has been proven over the past number of years. We have been faced with challenge after challenge and community pharmacists have met these challenges and overcome them. We have had to deal with cuts in payments and tough economic business environments and, as a profession, we have stayed united and strong.

In the face of continued adversity, we can reach pharmacy's peak.

We have supported the Government's healthcare strategy *'Future Health: A Strategic Framework for Reform of the Health Service 2012-2015'*, which sets out an integrated model of care aiming to treat patients at the lowest level of complexity. Pharmacists are ideally placed to play an increased role in healthcare

Daragh Connolly
Vice-President, IPU

Bernard Duggan
Honorary Treasurer, IPU

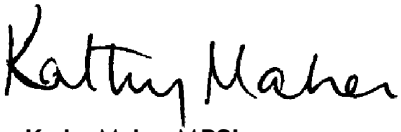
and can deliver additional services such as a minor ailment scheme, new medicines service, chronic disease management, health screening, medicine use reviews and a greater range of medicines available through pharmacy without prescription. The public has shown their willingness to engage with new services, with the seasonal flu vaccination service more than doubling every year since introduction. Evidence demonstrates that pharmacists offer positive patient outcomes, patient satisfaction and efficiency when treating minor ailments. In other countries, when access to primary care was limited and under pressure, governments created additional capacity by expanding the range of services available from pharmacists. The IPU has been unstinting in its efforts to promote the community pharmacy sector to all relevant stakeholders, but now is the time for this government to create this capacity in Ireland. Irish patients deserve equal access to timely, safe and efficient treatment close to their home.

The IPU continues to seek out new services to offer members which will benefit your business and professional activities. As you know, Health Market Research (hmR) is a new business intelligence service launched by the IPU. This will help you learn how your business is performing, and it will help you make informed business decisions. Pharmacy Watch – the name of this unique new service – will allow participating pharmacies to see trends or changes in products as well as transaction values across the sector and within their own businesses. The service will provide participants with access to accurate and up-to-date information to assist them in running their business more efficiently and in benchmarking performance against the local and national pharmacy market. The data will be completely anonymised and aggregated and the reports will not allow individual pharmacies to be identified. This will be a game changer in pharmacy businesses. To the extent that this venture can deliver revenue to the IPU, those funds will be distributed for the benefit of participants and members.

The IPU belongs to its members. The IPU is YOUR voice. We continue to regularly communicate with members through the newsletters, monthly General Memoranda, text service and social media and now the new website has launched, which has a wealth of information to help you in every aspect of your role. I would encourage you to engage with the IPU and keep us informed of areas of concern that we can address on your behalf. Your representatives on the IPU's committees continue to apply themselves with genuine dedication and unity of purpose for the benefit of the profession.

I would like to thank the excellent staff in Butterfield House. They are tireless in their commitment, dedication and enthusiasm for you, the IPU's members.

On your behalf, I would like to take this opportunity to thank our Secretary General, Darragh O'Loughlin, for his immense work and unrelenting dedication to the IPU and its members and the community pharmacy profession and for his support, advice and guidance to me in my role as President.



Kathy Maher MPSI

2015 ANNUAL REPORT OF IPU EXECUTIVE COMMITTEE

CONTENTS

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

APPENDICES

I A list of Submissions made during the year. Most are available on www.ipu.ie.

2014

- Draft Clinical Guidelines for Opioid Substitution Treatment – HSE – May 2014
- Consultation on White Paper on Universal Health Insurance – DoH – May 2014
- Draft Guidance on the Delivery of POMs from a RPB – PSI – Jun 2014
- Presentation to Joint Oireachtas Committee on Health and Children – Jul 2014
- Draft Guidance on Data Protection for Pharmacists – PSI – Jul 2014
- Policy Framework on Temporary Absence – PSI – Jul 2014
- Pharmacy Inspection Policy – PSI – Aug 2014
- Minor Ailment Scheme – DoH – Aug 2014
- Department of Health Statement of Strategy 2015-2017 – Oct 2014

2015

- Consultation on Guide for Retail Sale of Herbal Medicinal Products – HPRA – Jan 2015
- Private Health Insurance Consultation – DoH – Jan 2015
- Draft Guidance for Pharmacists on Extemporaneous Dispensing – PSI – Feb 2015
- Transposition of Falsified Medicines Directive (Common Logo) – DoH – Feb 2015
- Presentation to Joint Oireachtas Committee on Health and Children – Mar 2015
- Expanding the Role of Community Pharmacists for the Benefit of the Healthcare System – Fianna Fáil – March 2015

II Some key letters and responses received throughout the year:

- PSI Matters
- Department of Health Communications
- PCRS
- HSE
- Health Products Regulatory Authority (HPRA)
- Health Insurance Companies
- Other Matters

III A list of Press Releases issued to the National Media during the year on various issues

EXECUTIVE COMMITTEE 2014–2016

President:	**Kathy Maher**
Vice-President:	**Daragh Connolly**
Hon Treasurer:	**Bernard Duggan**

Regional Representatives (8)

Sean Reilly – Dublin
Stephen Nolan – North East
Conan Burke – North West
Gerry Guinan – South
Daragh Connolly – South East
Peter McElwee – Midland
Joanne Hynes – West
Carmel Collins – Mid-West

Community Employee Group (3)

Bernard Duggan
David Carroll
Caitriona O'Riordan

Past President

Rory O'Donnell

Co-options

Ann Marie Horan
John MacNamara

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

FINANCIAL STATEMENTS

1. Irish Pharmacy Union

Financial Reports and Accounts for Year Ended 31 December 2014

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

The full details of the Accounts have been circulated to members with the 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 2014 and agree the election of Auditors. In this context, the following motions will be put to the meeting:

a. *"That the Executive Committee Report and Audited Statement of Accounts of the Irish Pharmacy Union for the year ended 31 December 2014 as submitted to this meeting, be and are hereby adopted."*

b. *"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."*

2. IPU Services Limited

Financial Reports and Accounts for Year Ended 31 December 2014

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 the Year Ended 31 December 2014.

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 2014 as submitted to this meeting, be and are hereby adopted."

REPORT OF THE 41ST ANNUAL GENERAL MEETING OF THE IRISH PHARMACY UNION AND IPU SERVICES LTD

SLIEVE RUSSELL HOTEL, BALLYCONNELL, CO. CAVAN

Friday 9 May - AGM Reports

Present: The President, Mr Rory O'Donnell and 38 members.

In Attendance: Mr Darragh O'Loughlin, Mr Jim Curran, Ms Wendy McGlashan, Ms Roisin Molloy and Mrs Patrice O'Connor.

Apologies: Apologies were received from eight members

A full report of the 2014 AGM is available from the IPU offices.

1. The President welcomed the attendance to the 41st 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 family members who had died since the 2013 AGM.

3. Minutes of 2013 AGM

The report of the 40th Annual General Meeting was taken as read. The report is available on the members' section of www.ipu.ie. The report was proposed by Daragh Connolly, seconded by Bernard Duggan and unanimously approved by the meeting.

4. Financial Reports and Accounts 2013

a. John Gleeson (Honorary Treasurer) presented the IPU's Financial Report. He drew members' attention to Page 33 of the Annual Report and proceeded to explain changes in income and expenditure in 2013.

- The total income for the year was €4,849,799 compared to €4,766,582 in 2012, which represented a 1.7% increase in overall income for the year. This was largely due to the increase in revenue generated from the sale of the IPU Product File to non-members and the substantial increase in course income, which included revenue from IPU Academy.

- The reduction in levy income was due to the levy rebates, which were issued prior to the 2013 Conference.
- Other areas showing an increase in income included AGM Sponsorship and Bank deposit interest.
- There had been a reduction in income from both Yearbook and Review advertising, due mainly to the continuing economic conditions.
- The total expenditure for the year was €4,378,181 compared to €3,783,133 in 2012, which represented a 15% increase. The increased expenditure occurred as a result of:
  - ***Salaries***, which now included course assessors.
  - ***Printing & Stationery*** due to additional mailings during the year, which were now being produced in-house, rather than outsourced.
  - ***Travel & Meetings***.
  - ***IT:*** the IPU has invested in a new Membership and Accounts management system.
  - ***IPU Academy:*** the IPU launched the hugely successful IPU Academy in January 2013 as a CPD provider for pharmacists.
  - ***Membership Services & Support***.

This completed the Treasurer's report and questions were then invited from the floor.

Jack Shanahan queried the substantial increase in the Pensions budget for 2014. The Treasurer said he would revert when the figure had been checked. The reasons for the budgeted decrease in members' expenses and the increase in legal expenses were also clarified.

Following the presentation, the following motion approving the accounts was proposed by Michael Tierney, seconded by John MacNamara and carried unanimously:

"That the Executive Committee Report and Audited Statement of Accounts for the Irish Pharmacy Union for the year ended 31 December 2013 as submitted to this meeting be and are hereby adopted."

b. The following motion was proposed by Jack Shanahan, seconded by Bernard Duggan 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."

5. IPU Services Ltd AGM

The accounts were presented by the Treasurer and on the proposal of Daragh Connolly seconded by Ann Marie Horan it was resolved:

"That the Directors' Report and Audited Statement of Accounts for the year ended 31 December 2013 as submitted to this meeting, be and are hereby adopted."

This motion was carried.

The minutes of the 2013 AGM of IPU Services Ltd were taken as read. Their adoption was proposed by Jack Shanahan, seconded by Dermot Twomey and unanimously approved by the meeting.

6. IPU Secretariat Report

The IPU Secretariat Report was circulated to members by post in advance of the meeting and a more detailed report was published on the members' section of www.ipu.ie.

7. Group Reports

a. **Pharmacy Contractors Committee (PCC) Report**

This report was introduced by Mr Brian Walsh, Chairman of the Pharmacy Contractors' Committee.

The report was circulated to members in advance of the meeting and a more detailed report was published on the members' section of **www.ipu.ie**.

b. **Community Pharmacy Committee (CPC) Report**

This report was presented by Ms Louise Begley, Chairperson of the Community Pharmacy Committee.

The report was circulated to members in advance of the meeting and a more detailed report was published on the members' section of **www.ipu.ie**.

c. **Community Employee (EPC) Report**

This report was delivered by Ms Sarah Magner, Chairperson of the Employee Pharmacists' Committee.

The report was circulated to members in advance of the meeting and a more detailed report was published on the members' section of **www.ipu.ie**.

d. **Communications Report**

This report was available on the members' section of **www.ipu.ie** and was taken as read.

e. **International Pharmacy Matters**

This report was available on the members' section of www.ipu.ie and was taken as read.

8. President's Address

The President's Address is included with the full report of the meeting.

9. Open Forum

The President was asked for feedback from the Department of Health regarding the rollout of new services through pharmacy. He said that several meetings have taken place with the Department of Health, including Minister White and they are interested in more services being provided through pharmacy. However, rollout is a bit further away than hoped for. The Secretary General said that the IPU hosted a Seminar in January 2014 and brought a former Health Minister from Canada and a Deputy Chief Pharmacist from the Scottish Government to present real information about the benefits that accrued in their health services from introducing additional pharmacy services. He spoke with senior officials in the DoH afterwards and they were very interested in the data that was presented. However, the DoH is going through a transition and most of their energy appears to be on working within budget rather than discussing things which require new expenditure.

Padraic Staunton raised the systematic non-payment of expensive medicine and late payments for nearly everything. He gave an example of a claim for EU prescriptions, dispensed in January and submitted on time, which had been paid in April. The Secretary General said that the IPU will take advice on the best way to proceed and that the IPU will continue to arduously pursue the PCRS to get members paid in full, on time. The IPU had an 82% success rate in getting outstanding money from the PCRS and would not stop until 100% was achieved. Marie McConn asked if there had been any move from the PSI on having the number of Anapens held in pharmacies for flu vaccinations reduced from six, or if there was any move on getting Anapen 500 mcg on the market. Pamela Logan, Director of Pharmacy Services, said that the delay in getting Anapens 500 mcg was down to the manufacturer and she was unsure what the issue was although there had been a delay in getting a licence from the IMB. The number of Anapens did reduce if a pharmacist was not going to vaccinate two people within 20 minutes of each other.

Tim Doody asked why there was reticence from the PSI in tackling the proposed dispensing service by courier being offered by a recently opened pharmacy. The Secretary General said that he had been in contact with the PSI Registrar who had maintained that the pharmacist in question did not have clearance for a free courier service, as reported in the national media. The Secretary General said that the IPU will hold the PSI to account on this issue so that they are doing what they are set up to do, which is regulating the practice of pharmacy in the interests of patient safety and public welfare.

Dan Burns asked why the IPU had gone with the ANF rather than similar enterprises. The President said that the IPU had gone with ANF because the model suited the IPU and its members. It would provide up-to-date information, which had not been available to the IPU heretofore and give the IPU a stronger negotiating position. The Secretary General gave the background to the ANF model, which had been established by the Portuguese Pharmacy Federation five years previously.

Pierce Healy asked how the 10 day return policy had been arrived at when the IMB wording had been "a reasonable time period". The SG said that the European Commission issued Good Distribution Practice guidelines some years ago and had issued new guidelines in 2014, which referred to wholesale distribution of medicines. In the guidelines that came from Europe, which have to be adopted by national regulators, it said that there was to be a time limit "for example, 10 days". The IMB chose to adopt the most rigid interpretation of the 10 days that was expressed in the EU Commission GDP Guidelines. The IPU had pushed for a less rigorous interpretation and succeeded in persuading the IMB to introduce an "exceptions policy" so that medicines that have been in a pharmacy for longer than 10 days can, in exceptional circumstances, on a case-by-case basis, be returned. The wholesalers have assured the IPU that they will adopt a reasonable approach. The IMB has asked to be kept informed of how the system is working as they are anxious to ensure that pharmacists are not put at a disadvantage for holding expensive medicines in stock for individual patients.

In response to a query, the meeting was told that stoma products are governed only by the terms and conditions of supply rather than the GDP guidelines, as medical devices are not regulated in the same way as medicines. A new Medical Devices Directive is making its way through the European Commission

Liz Kerr asked if the IPU would be making a submission on the proposed Universal Health Insurance (UHI). The Secretary General informed the meeting that an in-house meeting was scheduled for the week following the AGM to discuss and a submission would be submitted in due course.

Keith O'Hourihane said that there was a serious issue in Cork with regard to getting patients approved for LTI, especially when moving from a medical card to LTI. He would forward further details to the IPU office.

Padraic Staunton said that there was a policy, particularly in the Western Health Board, of issuing medical cards to persons who did not justify it, on the basis that it was saving money for the Health Board on the LTI Scheme thereby denying pharmacists of income. He gave examples of inconsistencies in other areas also and agreed that details would be emailed to the IPU. The President said there was some way to go before the dual eligibility process was streamlined. Particular issues should be emailed to Jill Lyons or Aoife Garrigan at the IPU.

The President then adjourned the AGM until Sunday 11 May at 12.30pm.

Sunday 11 May - AGM Motions

Present: The President, Mr Rory O'Donnell and 49 members.

In Attendance: Mr Darragh O'Loughlin, Ms Wendy McGlashan, Ms Roisin Molloy and Mrs Patrice O'Connor.

Apologies: Apologies were received from eight members

The meeting commenced with a short briefing on the role of the Irish Institute of Pharmacy (IIOP) by its Executive Director, Dr Catriona Bradley.

Marie Hogan asked how the IIOP was funded. Dr Bradley said it was dually funded by the PSI and Department of Health to the tune of €1.1M over a four year period; €600K from the DoH and €500K from the PSI.

Diarmuid O'Donovan asked if the IIOP had any involvement in the training of undergraduate pharmacy students. Dr Bradley said that the role of the IIOP was for post-graduate and ongoing professional development.

10. Report on Motions from 2013 AGM

The report on motions from the 40th Annual General Meeting was taken as read.

11. 2014 AGM Motions

The following motions were proposed in accordance with Article 30 of the Constitution. All motions were debated and considered by the meeting and then passed.

a. ***Proposed:***
Brian Walsh
Seconded:
Grainne O'Leary

"That this AGM calls on the Minister for Health to extend the professional role of pharmacists in Ireland, in line with experience in other countries, to allow all patients have access to healthcare in their community and to ensure that pharmacists are appropriately remunerated for any new service that they provide on behalf of the State".

In proposing this motion Brian Walsh stated that all of us here have known for years that pharmacy-based services can improve patient health outcomes and at the same time they can reduce the State's spending on healthcare. By making savings, key resources can then be put into other areas of the healthcare sector for the benefit of everyone.

The IPU made a Pre-Budget Submission last year, which you may have seen. Many of the proposed services outlined in the submission are already available in other countries such as the minor ailments scheme in the UK and monitored dosage systems scheme operating in Denmark and Finland.

Experience in these countries shows us that pharmacy-based services **do lead** to considerable improvements in patients' health and **do result** in considerable savings to healthcare budgets. This is what we have been telling the officials in the HSE and the Department of Health in Ireland for some time now.

The ability of pharmacists in Ireland to deliver these key services is beyond doubt. The introduction of the flu vaccination service and reclassification of Emergency Hormonal Contraception has shown that pharmacy can deliver services that patients want and use. And they can

be delivered in a cost-effective way.

The number of flu vaccinations, for instance, has increased in community pharmacy year on year.

The focus of our healthcare system must be towards the creation of a patient-focused health service delivered at the lowest level of complexity. We all currently play a vital role in ensuring patient safety and wellbeing. But we are underused. Our days spent doing paperwork when we could be doing more.

We are willing and able to do more for patients. We want to engage on a change agenda and we want to expand our role for the benefit of all patients in Ireland.

This motion was carried unanimously.

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b. ***Proposed:***
Marie McConn
Seconded:
John Gleeson

"That the IPU calls on the Minister to review the Medical Card Prescription Levy and to amend its operation; firstly by reducing the ceiling for over 70s to €15; secondly by exempting all people who are registered as homeless with the HSE and / or Local Authorities and thirdly by exempting some psychiatric medicines, especially Antipsychotic / Neuroleptic agents."

In proposing this motion Marie McConn stated that prescription charges are the bane of my life; I dislike them. Initially they were at 50 cent per item with a cap of €10, people were OK with it and it really didn't create huge problems for the vast majority. Then we thought they would be abolished. Then they increased to €1.50 with a cap of €15 and now they are €2.50 with a cap of €25 and that is too much.

€25 is too much out of a non-contributory OAP. It is very easy for someone over 70 to use 10 items per month. Think about it. Two blood pressure tablets, one diuretic, a proton pump inhibitor, a painkiller, something for osteoporosis, a calcium supplement, low dose aspirin, a statin, eye drops – it can run up quite quickly.

In reality they are not going to be abolished any time soon. So what to do? When they were introduced, the IPU called for exemptions for residents of care facilities, for homeless people, for registered Methadone clients and people in palliative care or having frequent changes in medicines. I have been thinking about these areas and I think they need to be widened. So, I propose that they should be capped at €15 for over-70s. I think that is enough to ask them to pay. People who have registered as homeless with the HSE or local authority should be exempt. In Limerick, HSE and local authorities and Dept of Social Protection have an office where people go when they become, or are, homeless. This office has access to the PASS computer system, which is a countrywide system, through which they can find hostel or emergency accommodation for clients. Then they work with them to support them through the process with the end-goal of finding them permanent accommodation. Many of these clients have mental health, alcohol or other drug addiction issues. They are in severe difficulty and most of them can't or won't pay prescription charges.

My third category is antipsychotic/neuroleptic agents. We have all seen prescriptions for a benzodiazepine, a sleeping tablet and an antipsychotic. The patient tells you he will take the first two and he'll call back for the antipsychotic; the one thing that might help him. He prefers the agents that have a quick effect rather than the one that might give some longer term benefit. I know that some elderly people take these in low doses for anxiety disorders, but that's a comparatively low usage and anyway I want their charges capped. This measure would be a practical benefit for the homeless and for many people with addiction issues as well.

That is why I am proposing the motion that the IPU calls on the Minister to review the Medical Card Prescription Levy and to amend its operation; firstly by reducing the ceiling for over 70s to €15; secondly by exempting all people who are registered as homeless with the HSE and / or Local Authorities and thirdly by exempting some psychiatric medicines, especially Antipsychotic / Neuroleptic agents."
The following amendment was proposed by Daragh Connolly and seconded by Joe Britton.

"That this AGM calls on the Minister to abolish the medical card prescription levy; and pending its abolition that its operation be reviewed firstly by reducing the ceiling for over 70s to €15; secondly by exempting all people who are:

a. registered as homeless with the HSE and/or Local Authorities;

b. persons with intellectual disabilities;

c. persons in residential care facilities;
and, thirdly,
by exempting some psychiatric medicines, especially Antipsychotic/ Neuroleptic agents."

The motion, as amended, was proposed by Marie McConn, seconded by Paul Fahey and carried with one abstention.

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c. ***Proposed:***
Louise Begley
Seconded:
Aidan Walsh

"That this AGM calls on the IMB to reclassify appropriate prescription-only medicines in order to improve the public's access to medicines from their pharmacist".

In proposing this motion Louise Begley stated that 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 as 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. 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.

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.

For self-care to be fully effective, the range of medicines made available to patients should be expanded. The IMB set up a Consultative Panel to review the classification of medicines, following a public consultation in July 2011; the IPU presented to the Panel in Feb 2013. In Oct 2013, the IMB Board fully endorsed the report from the Consultative Panel and the IMB says it is now implementing a more proactive process for reclassifying medicines from prescription-only to non-prescription, also known as 'switching'. We welcome the decision by the IMB to take a proactive approach to increased self-care through switching; indeed, the IPU has called for this for a number of years. Following recent switches, for example all and levonorgestrel, the IPU has produced sales protocols and educational tools to assist pharmacists in the appropriate supply of these medicines to patients.

I therefore call on the IMB to reclassify appropriate prescription-only medicines in order to improve the public's access to medicines from their pharmacist.

The following amendment was proposed by Joe Britton and seconded by Conor Phelan.

> *"That this AGM calls on the IMB to reclassify appropriate prescription-only medicines, in a timely fashion, in order to improve the public's access to medicines from their pharmacist".*

The motion, as amended, was proposed by Louise Begley, seconded by Sean Kelly and carried unanimously.

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

> *"That this AGM calls on the Pharmacy Regulator to restrict the use of unannounced inspections to exceptional circumstances only."*

In proposing this motion Jack Shanahan stated that this is basically an

extension of an editorial I wrote a few months ago. The bottom line is that there is now a growing concern that the inspection process in pharmacies is fundamentally flawed and it opens up a genuine risk to the public. Part of the issue falls around the process of unannounced inspections and the substantial risk that it may place on dispensing medicines to the public. Most pharmacists find the inspection process quite stressful, yet they are expected to continue to provide a regular dispensing service during the routine PSI inspection process. In many cases, you are talking about a single pharmacist practice. One of the golden rules for safe dispensing is to minimise distractions. There is no greater distraction than somebody standing beside you that can potentially bring you up before a Fitness to Practise and have you struck off or put you through twelve to twenty-four months of hell. By definition, that is stress. It is distracting, whether you like it or not and that really is the key part of where I am coming from in relation to this motion. You can think of all the scenarios you want – you've opened the safe and she asks you to count the OxyContin and, suddenly, there are only 84 Oxycontin instead of 87. Those three Oxycontin are, potentially, a court case, They are potentially a Fitness to Practise and all that entails and here comes in Mrs Murphy with her regular prescription – "the bus is waiting, I need by ten items NOW – and you're there looking after Mrs Murphy and you're dispensing her methotrexate and, suddenly, you realise that they are awfully big looking methotrexate and you realise that it's metformin you have in your hand. That's the kind of level that this thing is at and it's all very well for the PSI to say that the inspectors are paying due care and attention to safeguarding the dispensing process. By definition, their very existence, standing in that dispensary or even outside the dispensary is a distraction. Bearing that in mind, there is one way that you can, potentially, mitigate this risk and that is by having somebody else doing the dispensing process while the pharmacist that is dealing with the inspector pays her full care and attention dealing with the inspection process and that is why we need to have announced inspections so that pharmacists can arrange for another pharmacist, or maybe a pharmaceutical assistance, to come in and to carry on the dispensing while the pharmacist is dealing with the inspection.

The following amendment was proposed by Jack Shanahan and seconded by Sean Reilly.

> *"That this AGM calls on the Council of the Pharmaceutical Society of Ireland to allot a place to a representative of the Irish Pharmacy Union on a committee being established to review inspection and enforcement procedures."*

The motion, as amended, was proposed by Daragh Connolly, seconded by Joe Britton and carried unanimously.

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e. ***Proposed:***
Roy Hogan
Seconded:
Michael Tierney

> *"That this AGM calls on the PSI to publish costs and timescales associated with Committees of Inquiry and Mediation and furthermore calls on the PSI to publish criteria used by the Preliminary Proceedings Committee to decide whether to recommend that a complaint should be forwarded to a Committee of Inquiry or Mediation."*

In proposing this motion Roy Hogan stated that on the point of inspection and enforcement the PSI's remit is to protect the public and safeguard their interests. To that end, the PSI does, rightly, have a role in inspections. But, given that power they must use it appropriately and treat people with the openness, honesty and integrity that they deserve. Pharmacists are working hard and doing their best and, of course, there are pharmacists that will end up in conflict with the PSI through errors, indiscretions and I would like to consider then what happens once a pharmacist is brought to the Preliminary Proceedings Committee, to consider what happens to the pharmacist at that point. The PSI has a range of options open to them under Section 40 of the Act. Option A allows for mediation and option B is twofold and allows for the Professional Conduct Committee to come on board. To my knowledge, the mediation process has only been used once so, essentially, everyone ends up in front of the Preliminary Proceedings Committee then going forward to the Professional Conduct Committee. To my mind, the most favourable outcome is that the issue is addressed as speedily and easily as possible to deliver the required result to protect the public. Mediation activity takes three months and doesn't involve unnecessary hardship on the pharmacist. The Professional Conduct Committee, to my knowledge, ranges from fifteen months to twenty-four months plus in terms of being back and forth to various hearings in Fenian Street in a process akin to court proceedings and, indeed, a number of pharmacists have ended up in front of the District Court on more than one occasion revisiting the same offences or related offences. Often these protracted and painful experiences really serve no purpose except in exceptional circumstances. I see no reason why the great majority of cases should not be addressed through mediation. It achieves the most speedy outcome; it should be open, fair and transparent and it should deliver the public health interest in addressing the challenge as speedily as possible. Except in exceptional circumstances, I see no reason to justify running up legal costs.

With that in mind I would like to propose "That this AGM calls on the PSI to publish costs and timescales associated with Committees of Inquiry and Mediation and furthermore calls on the PSI to publish criteria used by the Preliminary Proceedings Committee to decide whether to recommend that a complaint should be forwarded to a Committee of Inquiry or Mediation."

This motion was carried unanimously.

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f. ***Proposed:***
Michael Tierney
Seconded:
Roy Hogan

"That this AGM calls on the PSI to reduce fees to pharmacists and pharmacies to bring the fees into line with those of other jurisdictions."

In proposing this motion Michael Tierney stated that the current registration fee is €400 €570 on first registration). For a building it's €2,250 (€3,500 on first registration). I am calling on the PSI to bring these costs more into line with other jurisdictions. In Northern Ireland registration is approximately €372, €330 in the UK, New Zealand €326, Australia €248. Building registration is €2,250 here, €190 in Northern Ireland, UK €273, New Zealand around €680 plus tax and in Australia €407. Huge differences. Over the border, registration of the building is eleven times cheaper than down here. The Government action plan states "licensing bodies and authorities need to examine and seek to reduce licensing fees in the sectors where fees are considered to be most onerous. Fees in this category include the annual registration fees for pharmacies and pharmacists." Whilst we heard yesterday that they are going to make a derisory 5% reduction in those, we are calling for a substantial reduction. A GP pays an annual registration fee of €510 for himself and pays nothing for his building. The PSI in its last set of accounts had a surplus of €2M and a reserve of nearly €11M. There are 36 staff – one for every 50 pharmacies in the country so a clear direction from the Minister's office would have fees reduced and I am calling on the IPU to step up its campaign to get those fees reduced.

This motion was carried unanimously.

12.Open Forum

James Collins asked if there was any move regarding the situation whereby a pharmacist adjudged an undischarged bankrupt by the court, by default cannot register as a pharmacist. The Secretary General said that it was an issue that the IPU had consistently raised with the PSI and Department of Health. There was no disagreement, in principle, that the Pharmacy Act be amended to remove an archaic and onerous clause. Alex White has spoken publicly on the issue in the Oireachtas and he had committed in the Oireachtas to amending that part of the Pharmacy Act in conjunction with other amendments that are being considered. The IPU will keep the pressure on to have the amendment put in place.

Marie McConn asked for an update on rumours that there had been resignations from the Council of the PSI. The SG said that he believed that the rumours were fact and that the matter would be made public when the resignations had gone to the Minister.

Joe Britton said that he was having problems getting remuneration from the PCRS for anticoagulants. The SG said there was an issue with the approval process and that a meeting was due with the PCRS. He asked Joe to send the specifics of his problems to Jill Lyons at the IPU. Brian Walsh undertook to call Joe the following week to discuss the issue.

Pamela Logan drew the meeting's attention to an item on NOACs, which had been published in the IPU Review.

The President thanked the organisers of the Conference, IPU staff, Committee members and colleagues for their support during his two-year Presidency. He wished the incoming President, Kathy Maher, all the best for the next two years and officially passed the chain of office to the new President of the IPU.

Kathy Maher briefly addressed the meeting (included with the full report of the meeting) and then closed the 41st Annual General Meeting of the Irish Pharmacy Union.

2014 AGM MOTIONS AND REPORT ON ACTION TAKEN

The following motions, proposed in accordance with Article 30 of the Constitution, were brought before the 2014 AGM for consideration:

1. ***Proposed***:
   Brian Walsh

   Seconded:
   Grainne O'Leary

   "That this AGM calls on the Minister for Health to extend the professional role of pharmacists in Ireland, in line with experience in other countries, to allow all patients have access to healthcare in their community and to ensure that pharmacists are appropriately remunerated for any new service that they provide on behalf of the State".

Action:
In July 2014, we made a submission to the Joint Oireachtas Committee on Health and Children to outline the merits of extending the role of the pharmacist and proposed the introduction of a Minor Ailment Scheme. This proposal was reiterated as part of a suggested 'To-Do List' for the new Minister for Health.

In October 2014, we made a submission to the Department of Health on its Statement of Strategy 2015-2017, in which we highlighted various ways in which the role of the pharmacist could be extended; proposing the introduction of a number of services including a Minor Ailments Scheme, New Medicines Service and extended vaccinations services. All of these services would support the Department in promoting and achieving a healthier Ireland, in line with the goals of the Department as set out in Healthy Ireland.
In November 2014, we met with MfH Leo Varadkar. We highlighted the success of the flu vaccination service in pharmacies as evidence of the benefits of extending the role of the pharmacist and proposed that the service be extended to cover other vaccines, such as pneumococcal and shingles. We also set out in great detail the gains that could be made from further extending the role of the pharmacist and specific additional services were discussed in detail with the Minister.
In January 2015, we held our Annual Seminar, at which a number of eminent speakers attended, including Professor Colin Bradley, Head of Department of General Practice, University College Cork. Professor Bradley declared that pharmacists hold the key to relieving mounting pressures in GP surgeries and called for the role of the pharmacist to be expanded.

In March 2015, we met with John Hennessy, HSE Director of Primary Care, who had attended the IPU Annual Seminar, in order to impress upon him the benefits of extending pharmacy-based services, which can offer better patient outcomes at a lower cost. Mr Hennessy declared that the infrastructure of more than 1700 pharmacies across the country represented a significant opportunity. Mr Hennessy expressed a genuine interest in working with the IPU to put a pilot of the New Medicines Service and the Minor Ailment Scheme together.

Lastly, in a presentation to the Oireachtas Joint Committee on Health and Children on the issue of medicine prices in March 2015, we stated that the objective of any review of expenditure on medicines must be to maximise value for money and to ensure best possible health outcomes for patients. We emphasised that patient care is fundamental to an efficient and effective healthcare system, stating that years of short-sighted cuts in pharmacy payments have undermined the profession's capacity to deliver the badly-needed pharmacy-based services, which have been shown elsewhere to improve patient health outcomes

and, simultaneously, reduce spending on healthcare and concluding that it is time now for the government to engage with the IPU on a positive agenda for change, to deliver convenient, accessible and cost-effective healthcare through a currently under-resourced and under-utilised pharmacy profession.

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2. ***Proposed:***
   Marie McConn
   Seconded:
   Paul Fahey

   "That this AGM calls on the Minister to abolish the medical card prescription levy; and pending its abolition that its operation be reviewed firstly by reducing the ceiling for over 70s to €15; secondly by exempting all people who are:

   a. registered as homeless with the HSE and / or Local Authorities;

   b. persons with intellectual disabilities;

   c. persons in residential care facilities; and, thirdly, by exempting some psychiatric medicines, especially Antipsychotic / Neuroleptic agents."

Action:
In May 2014, we issued a press release setting out our concerns regarding the adverse impact on medicine usage of the budget hike in the prescription levy from €1.50 to €2.50. We conducted a survey, which demonstrated that 38% of medical card patients "think twice" about filling prescriptions because they will have to pay a levy of €2.50 for each medicine prescribed. It was highlighted that this was causing some patients to "ration" their use of medicines, with potentially harmful consequences and we again called on the Government to, at a minimum, exempt vulnerable groups such as homeless people and those with intellectual disabilities.

In July, we again raised the issue of the prescription levy. In a 'To-Do List' aimed at the newly appointed Minister we identified four changes which could have a significant impact on the delivery of healthcare in this country, which included exempting vulnerable groups from paying the medical card prescription levy.

Following the publication of the Budget in October 2014, we issued a press-release expressing concern and disappointment at the Government's failure to adequately address the medical card prescription levy in Budget 2015 and in particular the failure to exempt vulnerable groups from the obligation to pay it.

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3. ***Proposed:***
   Louise Begley
   Seconded:
   Aidan Walsh

   "That this AGM calls on the IMB to reclassify appropriate prescription-only medicines, in a timely fashion, in order to improve the public's access to medicines from their pharmacist".

Action:
The HPRA published the first list of substances suitable for POM to P switching in July 2014. It had been their intention to publish a second list in November 2014. However, due to the poor response by the industry to the first list, the HPRA decided that, for the next group of substances identified, it was best to initially directly engage with the marketing authorisation holders to establish their interest in reclassification of the relevant products and consequently progress the application submissions. This will avoid creating an impression publicly that these products are to be imminently reclassified, when the reality is that in order for the HPRA to be able to achieve this, they have to wait for the submissions which also have to be of an appropriate standard. The HPRA has begun discussions with a number of the marketing authorisation holders and will consider the best the means of communicating any product reclassifications that may arise from this, when they have a clearer picture of what is achievable.

We held a seminar in January 2015 on The Role of the Pharmacist in Self-Care – A Prescription for Success. The purpose of the seminar was to demonstrate the importance of Self-Care and how pharmacists can play a greater role in this area, utilising their accessibility and professional capabilities to benefit the health system and the public by helping people to make informed choices about self-care, providing and interpreting information and supporting safe and appropriate self-medication. The speaker from New Zealand spoke of the success of their innovative POM to P switching strategy.

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

   "That this AGM calls on the Council of the Pharmaceutical Society of Ireland to allot a place to a representative of the Irish Pharmacy Union on the committee being established to review inspection and enforcement procedures."

Action:
We wrote to the PSI in June 2014, welcoming their decision to have a strategic review of their inspection policy. We nominated a member of CPC to sit on the Expert Group to provide technical advice and assist in the development of a new PSI inspection policy.

The PSI Council did not support this nomination as it felt that the most appropriate manner to select the three pharmacists to the Expert Group would be on the basis of applications submitted to an Expression of Interest process. Michael Tierney was subsequently appointed to the Expert Group.

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5. ***Proposed:***
   Roy Hogan
   Seconded:
   Michael Tierney

   "That this AGM calls on the PSI to publish costs and timescales associated with Committees of Inquiry and Mediation and furthermore calls on the PSI to publish criteria used by the Preliminary Proceedings Committee to decide whether to recommend that a complaint should be forwarded to a Committee of Inquiry or Mediation."

Action:
We raised these issues with the PSI at a meeting in July 2014. The PSI confirmed that mediation guidelines were in place. The IPU proposed that mediation be moved, as part of the amendments to the Pharmacy Act, to sit before consideration of the complaint by the PPC. In relation to publication of costs and timescales, the PSI said that this varied considerably from case to case. The PSI said that they intended to produce a guide to the complaints process for pharmacists; they currently only have a guide for complainants.

Further to submissions made by the IPU, the PSI updated their guidance on eligibility for recognition as a tutor pharmacist following District Court convictions or FTP sanctions. In general, the convicted/sanctioned pharmacist will not be eligible to be a tutor for a period of two years; previous guidelines had not stated the period of ineligibility. We asked the PSI to consider a similar exercise in relation to the publication of convictions or sanctions on the PSI website.

At our meeting with the PSI in March 2015, the PSI confirmed that they are in the process of developing a Sanctions Policy and a Publications Policy, both of which will be considered by Council at its May meeting. The latter policy will deal with how long findings and outcomes remain on the PSI website.

We met with the PSI in March 2015 to discuss how the Supreme Court ruling on the Corbally vs Medical Council case will affect future FTP cases. The Supreme Court upheld the High Court decision from November 2014 which ruled that, in relation to single errors, such an error must be characterised as serious before it will amount to poor professional performance.

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6. ***Proposed:***
   Roy Hogan
   Seconded:
   Michael Tierney

   "That this AGM calls on the PSI to reduce fees to pharmacists and pharmacies to bring the fees into line with those of other jurisdictions."

Action:
We made a submission to the PSI on its Draft Pharmaceutical Society of Ireland (Fees) Rules 2014 in July 2014. This was followed by a meeting with the PSI in July 2014 in which we raised this issue. The PSI clarified that their €12 million reserves included: €6 million in fees paid in advance; €2.5 million pension funds; €2.5 million in legal reserves; and funds from the sale of Shrewsbury Road which were required to be reserved for pharmacy practice development. Consequently, their actual reserves were closer to €2 million.

The PSI only received 13 submissions for their Fees Consultation, which led them to believe that most pharmacists were satisfied with the fee level. They felt that it was not fair to compare the PSI to Northern Ireland (where the Department holds the inspection function) or the UK (due to economies of scale).

The PSI clarified that they had reduced fees by 10% in 2010 and the further 5% reduction proposed for 2015 was all they could facilitate at this time as it cost €7 million to run the PSI. They said that the fees are constantly being reviewed.

During our July 2014 oral presentation to the Joint Oireachtas Committee on Health and Children, we mentioned a number of regulatory issues of concern to our members, such as PSI registration fees, FTP and bankruptcy provisions in the Pharmacy Act.

IPU SECRETARIAT REPORT

1. Introduction

While 2014 was a good year for the Irish economy, with our economic growth now the highest in the Eurozone and our unemployment rate below the EU average, unfortunately for us the overall economic improvement has not been reflected in the fortunes of pharmacy businesses. The personal debt overhang in the economy is suppressing consumer spending and reference pricing and falling medicine prices continue to erode already weak pharmacy revenues.
The Executive Committee oversees the management of the IPU and the work of the three main IPU Committees – the Community Pharmacy Committee, Employee Pharmacists' Committee and Pharmacy Contractors' Committee. During the last year, the Executive commissioned Grant Thornton to conduct an internal audit and governance review of the IPU in order to provide assurance on the adequacy and effectiveness of the internal financial controls currently in place, to review the existing Governance Framework against best practice and to make recommendations for improvements as appropriate. During the audit no material deviations from financial procedures or material errors were noted. The auditors did, however, make some recommendations to further strengthen the internal financial control framework and support the monitoring activities already performed by the Finance Sub-Committee. The audit also found that a solid governance framework, consisting of the various committees and supporting documentation of the IPU, was in place to achieve the objectives of the IPU and ensure good governance. They identified opportunities to enhance the IPU governance framework and to align it more closely with best practice. All the recommendations have been acted upon by the Executive Committee.

The members of the IPU's committees have worked hard all year to support the community pharmacy profession. There are comprehensive reports herein which illustrate the wide range of activities that the IPU engages in ensures the IPU's continued relevance and importance to practising pharmacists. The IPU exists only to serve the interests of its members. The pooling of members' ideas, efforts and resources, matched with the enthusiasm of the pharmacists who give generously of their time and enthusiasm ensures that all pharmacists benefit from IPU services in their practices and their businesses and also ensures that we are here to support, advise and assist individual members whenever you need us.

2. Membership & Pharmacy Ownership (as at 09 March 2015)

(1) Membership of the IPU

Community Proprietors	881
Industry & Wholesale	5
Community Employees	1275*
Hospital	2
Army, Academic & Admin	2
Associate Members	6
TOTAL	**2171**

**Notes on Employee Membership*

- 584 are Supervising Pharmacists availing of the free membership for additional pharmacies
- 5 are Supervising Pharmacists in non-pharmacist owned pharmacies and are covered by the sub paid by the pharmacy.
- 70 are availing of the free membership.
- 9 are joint pharmacy owners who pay a CE sub.

(2) Number of Community Pharmacies

Pharmacist Owned:		
Single shops	689	
Chains	675	
	1364	
Non-Pharmacist Owned:		
Single shops	67	
Chains	178	
	245	**(1609)**

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

	PHARMACIST	NON-PHARMACIST	
Two pharmacies	114	7	242
Three	35	0	105
Four	15	1	60
Five	5	1	30
Six	7	2	54
Seven	2		7
Eight	4		32
Nine	1		9
Ten	1		10
Eleven	1		11
Thirteen	1		13
Fifteen	1		15
Sixteen	1		16
Eighteen	1		18
Twenty	1		20
Twenty-Eight	1		28
Twenty-Nine	1		29
Sixty-Five	1		65
Seventy-Eight	1		78
	(675)	**(178)**	**(853)**

3. IPU Academy

The IPU Academy has gone from strength to strength in 2014, providing members with access to high quality learning opportunities and offering them support and assistance in complying with obligations under the regime of mandatory Continuing Professional Development.

4. Product File Unit

The IPU Product File is managed by Fiona Hannigan and her team: Ger Gahan, Yemi Soile, Eilish Barrett and Ciara Browne. 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
- Medicine Shortages
- 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.

IPU Product File Update 2014

- ***Reference Pricing/ Generic Substitution.***
  - There were 40 molecules deemed interchangeable during 2014 and of these 30 were reference priced.
  - Meetings with system vendors to discuss any issues arising from the implementation of Reference Pricing/ Generic Substitution.
  - Standardisation of fields on IPU Product File ongoing.
  - Changes made to IPU Product File structure and outputs.
- ***IPU Product File link to HPRA Website.***
  - IPU Product File updated to distinguish PA/PPA/DRP and EU products.
  - HPRA File tested for mapping to IPU Product File.
  - Sample fields sent to vendors for testing.
  - It is hoped to go live with the link April 2015.

5. Administration Unit

The Administration Unit has three staff members:

- Patrice O'Connor looks after membership support and assists in the day-to-day running of the office;
- Ciara Enright, who works part-time as the IPU's accountant, is Secretary to the Finance Committee. She maintains books of account and advises members on a range of taxation and accountancy issues.
- Roisín Molloy is responsible for all aspects of membership and the management of the Secretary General's office.

6. Contractual and other Related Issues

Catherine Day joined the IPU in September 2014, replacing Jill Lyons as Contract Manager and Secretary to the Pharmacy Contractors' Committee (PCC).

The PCC Secretary plays a key role in developing and promoting PCC initiatives and in the resolution of problems with the Health Service Executive, Primary Care Reimbursement Service and the Department of Health. Throughout 2014, the Secretary worked with the HSE and the Elton John AIDS Foundation on the continued success of the Needle Exchange Programme through Community Pharmacy. The Secretary met with the HSE PCRS on a regular basis as part of an IPU delegation assigned to on progress the Pharmacy Interface Project. The Secretary also met with the PCRS as part of the Joint Consultative Group on a number of occasions to highlight administrative issues faced by pharmacists in respect of the various community drug schemes and propose and discuss solutions to those issues.

The Contract Unit spent much of the year liaising with the HSE PCRS in an effort to resolve the numerous contractual queries and payment issues that arose. We successfully resolved a significant number of individual members' queries throughout 2014/2015. We successfully pursued unpaid methadone grants and needle exchange retainers, secured payment for valid claims under the various schemes and responded to queries relating to the contract, handbook, circulars, legislation, reimbursable medicines and fees. We worked on making information on the HSE contract and reimbursement more accessible to members by reorganising the content of the HSE contracts section of the IPU website and preparing a booklet containing clearer categorisation for the medicines within the core lists for the Long Term Illness Scheme, both of which will be available to members in the coming months.

In addition to the above, Aoife Garrigan, the Contract Administrator is responsible for compiling information on raids on pharmacies and notifying members of trends. She also uses this information to highlight vulnerabilities in pharmacies which have been identified following robberies or raids that have occurred. The Contract Administrator is also responsible for notifying members of forged and stolen prescriptions in circulation. She took a significant number of calls relating to these the past year from the HSE, from prescribers and from members, further to which she notified members via the IPU newsletter.

7. Policy and Public Affairs

Jim Curran, as Director of Communications and Strategy, oversees the IPU's internal and external communications and is responsible for developing the IPU's 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 overseeing events, business development and policy research Jim oversaw the introduction of the new strategy statement for the IPU, which will cover the period from 2013-2016. Jim is an editorial associate of the IPU Review and is also Secretary to the Executive Committee. He also represents the IPU on external committees.

8. Media and Communications

Jim Curran oversees this area. Wendy McGlashan is Admin Secretary to the Executive Committee. She organises the annual Pharmacy Seminar and is responsible for IPU publications, including the production of the Annual Report, *IPU Review*, IPU News (the weekly e-newsletter) and co-production of the IPU Yearbook.

Aoibheann Ní Shúilleabháin is responsible for organising the annual IPU National Pharmacy Conference. She manages the IPU website and social media channels and co-ordinates IPU advertising campaigns. She works on the co-ordination of communications activities and assists with national and regional media coverage for the IPU and public opinion research. She is an editorial associate of the IPU Review.

Communications

- ***Market Research:*** The IPU undertook market research amongst the general public.
- ***Advertising Campaigns:*** The IPU continues to promote the *'Ask Your Pharmacist First'* message with national radio and television ad campaigns. The IPU TV advertising campaign ran from 13 October 2014 for four weeks. Feedback on the ad campaign has been extremely positive, with hundreds of views on the IPU's YouTube channel also. There was media coverage in the Irish Times and Evening Herald on the ad campaign. Two ads were developed and ran on RTE, TV3, 3E, Channel 4, E4 and SKY Media package. The ads also ran on Video on Demand. Highlights included the ads being shown during the RTÉ One Six-One and Nine News, the GAA All Stars, Tonight with Vincent Browne, and shows such as Xposé, Fair City, Eastenders and The Graham Norton Show. 'Ask Your Pharmacist First' patient leaflets were also sent to pharmacies to complement the campaign.
- A Christmas Radio ad campaign ran for one week, commencing on 8 December, on national and regional radio stations. The ad focused on the retail aspect of pharmacies, and posters were sent to pharmacies to complement the radio ad.
- ***Communications with Members:*** Communications with members continue to improve, with the IPU website, IPU News (the weekly e-newsletter) and the IPU's social media channels all seeing an increase in uptake from members. Regular communications are provided to keep members up-to-date with vital, current information to run an efficient pharmacy. Members are also updated, on a quarterly basis, on issues addressed by the IPU on their behalf and progress made.
- ***Publications:*** The *IPU Review*, Yearbook and weekly e-newsletter are all produced in-house rather than through external contractors for efficiency reasons.
- ***Annual Review:*** The Annual Review of the sector is part of an ongoing annual series that authoritatively tracks changes in community pharmacy. It is essential research and a reference that enables us, as a representative body, to promote members' interests based on credible facts that are measured consistently over time. The 2014 Review was carried out by Fitzgerald Power and is available on the members' section of the website.

IPU National Pharmacy Conference

The annual IPU National Pharmacy Conference has been a great success since the inaugural event in 2011. Since then, the conference has grown and expanded to facilitate the needs of members. The conference is a great opportunity for members to come together in an educational and social environment. Over the weekend, pharmacists have the opportunity to build on their Continuing Professional Development (CPD) and receive updates on the work of the IPU at the AGM. The President's Dinner is also held over the weekend of the conference. The conference provides valuable networking opportunities for pharmacists.

9. 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 PGEU and FIP. Liz Hoctor is the Professional Development and Learning Manager and has been instrumental in the setting up of IPU Academy to support members in their engagement with continuing professional development. Liz also oversees IPU NET, our online web-based platform

designed to support members in the delivery of new pharmacy services. Alan Reilly is our new ICT Program Manager, responsible for developing IPU IT strategy.

10.Training & HR Department

Susan McManus, Training & HR Manager, organises and co-ordinates a selection of training courses for pharmacy staff. Janice Burke assists Susan in this department. 124 Pharmacy Technicians graduated in March 2015. There are 185 students at present partaking in Year 1 and 175 students in Year 2 of the course. In addition, 166 students completed the Medicine Counter Assistant's (MCA) Course in 2014 in Dublin, Cork, Galway, Kilkenny, Limerick, Tralee, Tullamore and Waterford. 95 students completed the Interact course and 19 completed the Interact Plus course. The Dublin and Dun Laoghaire Education and Training Board, DDLETB Pharmacy Sales Traineeship course was administered in Baldoyle, Cork and Kerry 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 (EPC), co-produces the IPU Yearbook and Diary and Wall-Planner and advises members on Human Resource issues.

The Training Department in conjunction with the Business Development Department rolled out the Diploma in Leadership and Management in February 2013, a second cohort started in October 2013 and a third cohort in October 2014, enrolling 25 candidates. This is a highly interactive course spanning 24 months, utilising various teaching methods, including classroom workshops, on-the-job projects, individual and group exercises, case study work groups, learner forums and individual presentations. The 'face-to-face' element of this course is delivered by Susan Madden, RTCL.

Other recent additions to the Training Department's platform include the Pharmacy Retail Sales course, 10 completed in 2014. This course was originally launched in October 2013 and has been developed and tailored specifically to assist pharmacy staff in developing their retail sales skills and know-how. Delivered over eight weeks and is suitable for the seasoned employee wanting to refresh their skills or the new employee needing a structure in their approach to the retail sales process. The Medicines in Care Homes training pack has been designed to assist pharmacists in providing training on the management of medication to care staff working in residential care settings; 14 packs were purchased in 2014.

In October 2014, we launched the Medicine Counter Assistant's (MCA) ***Refresher*** Course. We recognised that all pharmacy staff should be afforded continuing profession development (CPD). This one-day course is specifically tailored to assist medicine counter assistants to revise and update their knowledge. Enrolment is open to medicine counter assistants who have been certified on the Medicine Counter Assistant's (MCA) Course or the IPU Interact Course for over two years, 12 completed in 2014 in Dublin.

Another addition to the IPU Training Department's platform is the IPU Supervisory Development Course. This course is an interactive workshop, which will be delivered over two days, one month apart. Day one will specifically focus on the development of the Supervisor in skills such as communication and delegation. Day two will focus on the skills needed by the Supervisor to maximise the performance of the individual team member. This course has been developed for practising or aspiring supervisors or managers as an introduction to the Diploma in Leadership and Management.

11. Business Services

The Business Development Manager, Darren Kelly, is responsible for business services and advice to members. Along with Jim Curran, Director of Communication and Strategy, we are now represented on a number of strategic retail forums that have enabled us to provide a platform for a structured engagement between the retail sector and relevant government departments and agencies on areas such as crime prevention, upward only rent issues and town centre issues. In September 2014, we launched our third cohort of students on the IPU/ILM Diploma in Leadership & Management training programme. This course was developed to help pharmacy owners, managers and supervisors could gain the knowledge required to help them manage their pharmacies. We also ran a number of training workshops on Crime Prevention and Sales & Merchandising.

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 operates the IPU Retail Review Consultancy Service, which is available to members at a discounted rate. Over 100 pharmacies have availed of this service to date. Darren will come to your pharmacy for a full day retail review, develop a plan and implement the plan over the course of the day. The feedback from members who have availed of this service has been very positive. Details of this service can be found on www.ipu.ie and in the IPU Review. Members can contact the Business Department for advice and information on the Business Helpline 01 406 1558.
Darren also oversees the general maintenance and upkeep of Butterfield House.

12.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 IPU as requested on an ongoing basis. Leaf Environmental has been retained as consultants to the IPU on matters regarding environmental and waste management issues.

13. Main Committee Meetings

The number of committee meetings is shown in the table above.

Total Number of Committee Meetings

	2014	2013	2012	2011	2010
Executive Committee	7	5	7	6	6
Community Pharmacy Committee	4	4	4	4	5
Pharmacy Contractors' Committee	2	3	6	5	8
Finance Sub Committee	6	5	6	7	7
All Committee Meetings	0	0	1	0	0
Employee Pharmacists' Committee	5	4	4	4	4

14. IPU 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
- Quarterly Business Trends Surveys
- Training Course Updates

15.Pensions and Insurance

AIC Glennon 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. Most are available on **www.ipu.ie**.

2014

- Draft Clinical Guidelines for Opioid Substitution Treatment
  HSE – May 2014
- Consultation on White Paper on Universal Health Insurance
  DoH – May 2014
- Draft Guidance on the Delivery of POMs from a RPB
  PSI – June 2014
- Presentation to Joint Oireachtas Committee on Health and Children
  July 2014
- Draft Guidance on Data Protection for Pharmacists
  PSI – July 2014
- Policy Framework on Temporary Absence
  PSI – July 2014
- Pharmacy Inspection Policy
  PSI – August 2014
- Minor Ailment Scheme
  DoH – August 2014
- Department of Health Statement of Strategy 2015-2017
  October 2014

2015

- Consultation on Guide for Retail Sale of Herbal Medicinal Products
  HPRA – January 2015
- Private Health Insurance Consultation
  DoH – January 2015
- Draft Guidance for Pharmacists on Extemporaneous Dispensing
  PSI – February 2015
- Transposition of Falsified Medicines Directive (Common Logo)
  DoH – February 2015
- Presentation to Joint Oireachtas Committee on Health and Children
  March 2015
- Expanding the Role of Community Pharmacists for the Benefit of the Healthcare System
  Fianna Fáil – March 2015

17.IPU Review

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

18.Conclusion

The business environment for pharmacy is constantly changing and getting increasingly difficult. Pharmacies need better and faster information to run their businesses effectively and profitably. In order to ensure our members have access to the best business intelligence available, the IPU launched Health Market Research (hmR) to collate anonymised data from pharmacists' systems, aggregate the information and deliver best-in-class benchmarking and trend reports to participating members. I would encourage all of you to participate, as the benefits to all of us increase with the number of participants and the purpose of the project is solely to benefit IPU members.

I am lucky to work with a great team Butterfield House, who are fully united in their determination to represent and serve the community pharmacy profession to the best of their ability. We will continue to innovate in order to effectively assist our members in ever-changing circumstances, while working ceaselessly to represent, advocate for and defend the community pharmacy sector and the valuable work that pharmacists do. We are grateful for your ongoing support, without which we could not function, and we are always keen to receive our members' feedback, either directly or via your committee members.

Darragh J. O'Loughlin
Secretary General

PHARMACY CONTRACTORS' COMMITTEE (PCC) REPORT 2014-2015

The Pharmacy Contractors' Committee, under the Chairmanship of Brian Walsh, took office in March 2014. Brian Walsh was elected as Chairman and Grainne O'Leary elected Vice-Chairperson. The Committee held two meetings in 2014 and has had one meeting to date in 2015 and two further meetings are scheduled for this year.

Over the past year the PCC's energies have been focused on progressing developments in the Pharmacy Interface Project, dealing with the decisions of the HSE PCRS along with many other urgent issues which have arisen during the year.

The main items on the Committee's agenda since the last AGM:

Policy Matters

- Monitoring the **Reference Pricing and Generic Substitution** regime;
- Liaising with our legal advisers on the **FEMPI Appeal**;
- Meetings with Ministers on **extended new services**;
- Advocating for a pharmacy-based **Minor Ailments Scheme**;
- Advocating for payment for multiple dispensings for non-GMS patients.

HSE Contract Matters

- Monitoring the success and implementation of the **Needle Exchange Programme** with the HSE;
- Participating in the **Joint Consultative Group** with the HSE;
- Issuing the first **PCRS Claims Survey**, to collate statistics and other information on the most problematic Community Drugs Schemes in terms of claims and payment;
- Liaising with the HSE to ensure that there is more transparency and fairness in their dealings with pharmacists;
- Advocating for the streamlining of the **Long Term Illness Scheme**;
- Liaising with the HSE and pharmacists around the issuing of the 15 Automatically Approved LTI Lists;
- Ensuring the continued operation of the **Incomplete Claims Protocol** with the HSE;
- Liaising with the HSE PCRS and pharmacists to ensure that the Incomplete Claims Protocol operates correctly;
- Monitoring the claiming and payment for **New Oral Anticoagulants**;
- Advocating for improvements in the **New Oral Anticoagulant Approval System**;
- Advocating for Claims Listings to be available in PDF and Excel Format;
- Monitoring all **Community Drugs Schemes and all pharmacy payments**;
- Liaising with the HSE and DoH to resolve issues around the Community Pharmacy Contractors' Agreement and Pharmacy Contract;
- Working for resolution on ongoing HSE PCRS Administration issues;

and

- Working with individual members in resolving problems with payments.

Policy Matters

Reference Pricing & Generic Substitution

In May 14, we issued a survey to members seeking their feedback on the implementation of the new reference pricing and generic substitution regime. The results were published in July 14.

Appeal re FEMPI Legislation

The PCC continues to liaise with our legal advisers, Beauchamps Solicitors, on progressing our Supreme Court appeal against the FEMPI decision. Our legal team has prepared and filed legal submissions, and will continue to seek an early hearing date in the Court.

PCRS Claims Survey

The first PCRS Claims survey was launched by the PCC in November 2014 to collate statistics on the most problematic Community Drugs Schemes in terms of claims and payment. The response rate was very high, with one in four pharmacy contractors responding to the survey.

HSE Contract Matters

NEX Programme

Throughout 2014 the PCC worked with the HSE and the Elton John AIDS Foundation (EJAF) on the Needle Exchange Programme. The pilot has now recruited the maximum number of participating pharmacies. The feedback from pharmacists and service users has been very positive. A report assessing the success of the NEX programme commissioned by the EJAF will be launched in the coming months and drafts seen to date reflect the positive contribution of pharmacists to the programme. The Contract Manager is a member of the Review Steering Group.

The Pharmacy Interface Project

The PCC has been consulting with delegates from the IPU on the improvement of the current pharmacy interface with the PCRS. The issues raised were used to formulate our agenda for the Joint Consultative Group Meeting in February of this year.

Joint Consultative Group

The PCC has met with the HSE as part of the Joint Consultative Group (JCG) twice since the last AGM. The PCC continues to advocate for greater transparency and fairness for pharmacists in their dealings with the HSE PCRS. The following issues were on the JCG Agenda since the last AGM:

- ***Long Term Illness Scheme***
  The PCC continues to advocate for the streamlining of the LTI approvals process. In July 2014, at the request of the IPU, the HSE PCRS issued Automatically Approved List of Medicines for the 15 LTI's. The HSE PCRS has also agreed to issue a list of medicines that will not be approved under the scheme, and a list of medicines that may be approved, but only if hospital initiated. The PCC is hopeful that this has/will bring much needed clarity to the LTI Scheme.
- ***New Oral Anticoagulants***
  With regard to the difficulties with claiming and payment for the dispensing of New Oral Anticoagulants, the PCC has tirelessly advocated for clarity and increased efficiency around the NOAC approval system. Shortly, it will be possible for the consultant prescriber to issue an approval letter to the majority of patients contemporaneously with their prescription. Visibility with regard to patient approval will also be available to pharmacists via the dispensary system. The PCC is hopeful that this will reduce the delays for patients obtaining approval and the difficulties faced by pharmacists on foot of these delays.
- ***The Incomplete Claims Protocol***
  The PCC negotiated the Incomplete Claims Protocol with the JCG to ensure that pharmacists get paid for all medicines dispensed in good faith to medical card patients. This protocol will continue in 2015 and continue to be monitored by the IPU and HSE at the JCG. This continues to be a very successful outcome to a long running problem for members. In 2014 a small number of pharmacies received a letter regarding their Incomplete Claims percentage. We are

continuing to liaise with the HSE PCRS on behalf of these pharmacies.

- ***Claims Listings***
  The PCC has continuously sought claims listings in formats that facilitate easier reconciliation between claims lodged and payments received. The PCRS has now agreed that it will shortly be providing claims listings (archived and current) in PDF format.

Adherence to CPC Agreement & Pharmacy Contract

The PCC continued to monitor the HSE/DoH adherence to conditions of the Pharmacy Contract and the Contracts Department followed up on and successfully resolved a significant number of individual members' queries throughout 2014/2015. We have successfully pursued unpaid methadone grants and needle exchange retainers, secured payment for valid claims under the various schemes and responded to queries relating to the contract, handbook, circulars, legislation, reimbursable medicines and fees.

Conclusion

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

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.

Brian Walsh,
Chairman, PCC

COMMUNITY PHARMACY COMMITTEE (CPC) ANNUAL REPORT 2014-2015

The Community Pharmacy Committee (CPC) is chaired by Louise Begley with Aidan Walsh as Vice-Chair. 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.*

CPC is split into three sub-groups:

- ***Professional Development Steering Group***
  Anna Kelly, Elizabeth Lang, Sarah Magner, Sheila O'Loughlin, Mark Sajda
- ***Business Steering Group***
  Roy Hogan, Michael Tierney, David Gormley, John O'Connell, Aidan Walsh
- ***IT Steering Group***
  Jack Shanahan, Mary Barry, Ultan Molloy. Sean Reilly (Exec) and Michael Walsh (PCC) have been co-opted onto ITSG.

CPC has met four times since the May 2014 AGM (May, August, November and February), dealing with a wide variety of issues. At the May meeting, CPC produced a new strategy for 2014-16. The following is a summary of the key issues dealt with over the last 12 months under the headings outlined in the strategy.

Professional Issues

Promote the Role of the Pharmacist in Government and HSE Strategy

In July, we made an oral presentation to the Joint Oireachtas Committee on Health and Children on the expanding role of the pharmacist, outlining how pharmacists could better contribute to primary healthcare services. Specific mention was made of the Minor Ailment Scheme, Medicines Use Review Service and New Medicines Service. Our written presentation also mentioned Health Checks, Health Promotions, Extended Vaccinations, Chronic Disease Management, Anticoagulation Service, MDS and DUMP.

In September, for our pre-budget-2015 submission, we proposed the establishment of a pharmacy-based Minor Ailment Scheme that would allow GMS patients to access non-prescription medicines from their pharmacist and we described how such a scheme could work on a budget-neutral basis. We met with Minister Varadkar in November to discuss this proposal further.

With the reclassification of ellaOne to non-prescription, we wrote to the Department and HSE in February, asking that pharmacists be allowed to supply emergency hormonal contraception to medical card patients on a Minor Ailment Scheme.

CPC ANNUAL REPORT 2014-2015 CONTINUED

We made a submission to the HSE on their draft *Clinical Guidelines for Opioid Substitution* in May and made submissions to the Department of Health on their *Statement of Strategy* in October and on *Private Health Insurance* in January.

Work with Relevant Stakeholders to further improve Accessibility of Medicines through Switches from POM to Pharmacist/Pharmacy Only

The HPRA published the first list of substances for switching in July 2014. It had been their intention to publish a second list in November 2014. However, due to the poor response by the industry to the first list, the HPRA decided that, for the next group of substances identified, it was best to initially directly engage with the marketing authorisation holders to establish their interest in reclassification of the relevant products and consequently progress the application submissions. This will avoid creating an impression publicly that these products are to be imminently reclassified, when the reality is that in order for the HPRA to be able to achieve this, they have to wait for the submissions which also have to be of an appropriate standard. The HPRA has begun discussions with a number of the marketing authorisation holders and will consider the best the means of communicating any product reclassifications that may arise from this, when they have a clearer picture of what is achievable.

In early 2014, the IPU gave a demonstration of IPU NET to the HPRA, illustrating how IPU NET supports pharmacists in both the delivering and recording of services to patients. The HPRA suggested that IPU NET would be a valuable tool to demonstrate the continuing safe and appropriate supply of domperidone-containing medicines in pharmacy. Johnson & Johnson kindly provided a grant to support the development of the Domperidone module on IPU NET. The IPU NET Domperidone module was launched in December 2014.

We held a seminar in January 2015 on *The Role of the Pharmacist in Self-Care – A Prescription for Success*. The purpose of the seminar was to demonstrate the importance of Self-Care and how pharmacists can play a greater role in this area, utilising their accessibility and professional capabilities to benefit the health system and the public by helping people to make informed choices about self-care, providing and interpreting information and supporting safe and appropriate self-medication.

Further develop the Health Screening Role for Pharmacists

We continue to work with the Irish Heart Foundation to deliver *Cardiovascular Risk Assessment Training for Pharmacists*. This excellent course, which has been attended by over 300 pharmacists to date, gives pharmacists the knowledge and skills to facilitate setting up a pharmacy health screening service. Details of future courses can be found on the IPU website.

There was an extremely positive response to the Operation Transformation Know Your Numbers campaign at the beginning of the year. 670 pharmacies signed up to the campaign and the IPU and pharmacies received great media coverage from the event. The Operation Transformation team was extremely pleased with the success of the campaign, calling it 'one of the most important days in Operation Transformation history'. An Operation Transformation module was developed for IPU NET, which provided real time analysis of data recorded by pharmacies and BMI measurements indicated that of those measured, 39% were in the overweight range and 23% in the obese range.

Further to the publication by the PSI of *Guidance on the Provision of Testing Services in Pharmacies*, we updated our health screening SOP templates and IPU NET module to reflect the new guidance.

Pursue the Implementation of Medicine Use Reviews in Community Pharmacy

The IPU and Pfizer ran a pilot adherence service in selected pharmacies from January to August 2014 to demonstrate the value of pharmacists in ensuring that patients adhere to their medicines. The pilot demonstrated the potential of pharmacists to improve patients' health outcomes through ensuring a consistent supply of medicines for the patient and the early and proactive identification by pharmacists of any potential factors which may affect patient adherence such as tolerability, side-effects, or patients' understanding of their medicines. Patient adherence was doubled over the course of the study.

Extend the Pharmacy Vaccination Service to include other Vaccines and High Tech Injectables

We updated all the SOPs and guidance on the IPU website to facilitate pharmacists delivering a pharmacy flu vaccination service in 2014/15. In the 2014/15 season, according to IPU NET statistics, 22% of people vaccinated in pharmacy had never been vaccinated before and 94% of those were in an at-risk group.

We met with Astra Zeneca in August 2014 to discuss their intra-nasal flu vaccine for children and agreed to collaborate in lobbying for children to be included in the vaccination cohorts for 2015/16.

In our meeting with the Minister for Health in November, we proposed that vaccination be extended to cover pneumococcal and shingles vaccines.

We met with a number of pharma companies to discuss developing a high tech sub-cut injection training service whereby pharmacists would train

their patients in self-injecting high tech sub-cut medicines; this role is currently carried out by nurses in the community. At the August meeting, CPC agreed that we would work with Hibernian Healthcare on the delivery of a national sub-cut service. The service will be rolled out gradually across the country; details will be provided shortly.

Develop an Anticoagulation Service through Community Pharmacy

Dermot Twomey is working with the HSE to further expand his pharmacy anticoagulation service to other community pharmacies.

Assist Members in dealing with PSI/HSE/HPRA/ DAFM Inspections and Fitness to Practise Issues

We assisted a number of members in dealing with complaints made to the PSI or investigations instigated following PSI inspections and helped members prepare for FTP hearings and District Court appearances. We updated the Self-Audit Tool to reflect feedback from PSI inspections. We produced a range of SOP templates which members can download from the IPU website and personalise for their pharmacy.

Further to submissions made by the IPU, the PSI updated their guidance on eligibility for recognition as a tutor pharmacist following District Court convictions or FTP sanctions. In general, the convicted/ sanctioned pharmacist will not be eligible to be a tutor for a period of two years; previous guidelines had not stated the period of ineligibility. We have asked the PSI to consider a similar exercise in relation to the publication of convictions or sanctions on the PSI website. We met with the PSI in March to discuss how the Supreme Court ruling on the Corbally case will affect future FTP cases.

We met with the Department of Agriculture, Food and the Marine (DAFM) in June 2014 to discuss a number of issues in relation to DAFM veterinary medicines inspections. We are liaising with PGEU and HPRA in relation to the new EU veterinary regulations. We made a submission to the HPRA on *Herbal Medicinal Products* in January.

We made a number of submissions to the PSI throughout the year on *Draft Guidance on the Delivery of POMs*; *Draft PSI Fees 2014*; *Draft Guidance on Data Protection for Pharmacists*; *Temporary Absence*; *Pharmacy Inspection Policy*; and *Extemporaneous Dispensing*. The submissions can be viewed on the IPU website. We sent all pharmacies a guide to Data Protection in March.

We wrote a number of letters to the PSI over the year in relation to the Sims Clinic, PSI Committee Expenses, Nursing Home Guidance, Extemporaneous Preparations, PSI Inspection Policy and Wholesaler Deliveries. The letters can be viewed on the IPU website.

Lobby for Amendments to the Pharmacy Act 2007

During our July oral presentation to the Joint Oireachtas Committee on Health and Children, we mentioned a number of regulatory issues of concern to our members, such as PSI registration fees, FTP and bankruptcy provisions in the Pharmacy Act.

We met with the PSI in July 2014 and March 2015 and agreed that we would collaborate to ensure the necessary amendments to the Pharmacy Act were made. We also agreed that it was vital that there was a Chief Pharmacist in the Department of Health; consequently, we wrote to and met with DoH on this issue

Liaise with DoH and HPRA on the Transposition of EU Directives into Irish Legislation

We met with the Department of Health to discuss the Medical Devices Directive and Falsified Medicines Directive. We keep a watching brief on transposition of Directives, through liaison with DoH, through the Medication Safety Forum and through meetings with the HPRA.

We made a submission to the DoH in February on regulations to transpose the Falsified Medicines Directive (internet pharmacy) and have made comments to DoH in relation to cross-border recognition of prescriptions legislation.

Build relationships with Pharma, Schools of Pharmacy, Irish Institute of Pharmacy and Patient Groups to assist in the provision of CPD

We had meetings with Nutricia (May), Eireceutica (May), MSD (May), Boehringer (June), Leo Pharma (June), Pfizer (June), IPHA (July), J&J (Aug), Astra Zeneca (Aug), Merck Serono (Oct), Sanofi Pasteur MSD (Jan), HRA Pharma (Jan) and Pfizer (Mar) to discuss a range of issues of mutual concern.

Ultan Molloy represented CPC on the UCC Advisory Board which developed a course on health literacy. The course was launched in March.

Liz Hoctor represents the IPU on the IIoP Steering Group. Anna Kelly assisted IIoP in piloting the ePortfolio.

In collaboration with MSD, we broadcasted a national webinar on *Fertility* in October on the IPU Academy learning management system (LMS). This webinar complemented the live learning topic, *Management of Infertility*, in the IPU Academy Autumn Programme. 174 members participated in the live webinar and made significant contributions via the text box to a lively question and answer session. Feedback was very positive for this event. A recorded version of the webinar is available on the IPU Academy LMS.

We were heavily involved in the development of

the HSE website www.undertheweather.ie to support antibiotic awareness. The feedback on the website, which has received over 100,000 hits, has been very positive.

We collaborated with the National Adult Literacy Agency (NALA) to develop a live learning topic *Health Literacy is the Best Medicine* which was delivered in four locations nationwide as part of the IPU Academy Autumn 2014 Programme. In conjunction with NALA and MSD, we launched a health literacy audit for pharmacies in March. Pharmacies who complete the online audit will receive a Crystal Clear Mark to identify their pharmacy as being health-literacy-friendly.

Continue to Market IPU Academy to Members

The IPU Academy Autumn 2014 Programme was delivered over an eight week period, commencing in 2014. During that time, 79 courses were delivered by a team of 26 tutors in 22 venues nationwide. The IPU Academy Autumn 2014 Programme recorded a total of 3,000 attendances, with 1,079 individual pharmacists attending events.

IT Issues

Maintain the IPU Product File as the Definitive File on the Irish Market for Medicines and Medical Devices

Matching links to the HPRA website to facilitate access to SPCs and PILS is complete. Test files have been provided to the system vendors and it is hoped to go live with the link in April 2015.

The PCRS now provides lists of automatically approved medicines for LTI patients in a format that can be easily distributed with the IPU Product File. Work is continuing to issue LTI files to the system vendors.

We are liaising with a company to investigate an alternative source for the Drug Interactions File. The next development focus for the IPU Product File team will be live updates and security of the IPU Product File.

We met with the vendors in January 2015 to discuss all upcoming IPU Product File developments.

Work with HIQA on the eHealth Standards Advisory Group (eSAG) to develop eHealth Interoperability Standards

The Chair of the IT Steering Group, Jack Shanahan, continues to represent the IPU on HIQA's eHealth Standards Advisory Group. The IPU has been invited to participate in two other HIQA subgroups:

- The CDA ePrescribing specification, a draft specification for the clinical document architecture (CDA) to the support the electronic transfer of prescriptions in Ireland.
- Data model for a national electronic medicinal product reference catalogue, i.e. an electronic dictionary of medications available for prescribing and dispensing within a jurisdiction.

Work with the DoH/HSE on the Implementation of their ICT strategy

We met with the DoH eHealth/ICT Lead to discuss implementation of the DoH's eHealth Strategy published in December 2013. The implementation of this strategy will be the function of the HSE and eHealth Ireland. eHealth Ireland will shortly publish its Health ICT Strategy which is expected to detail infrastructure development requirements, proposed national solutions (including electronic prescribing) and the implementation plan for issuing Individual Health Identifiers (IHI) and Health Service Provider Identifiers (HSPI). We have been invited to participate in the HSE's ICT Reform Programme and attended an industry briefing on *Enabling Healthcare Reform through Strategic ICT* and eHealth in November 2014. We met with Healthlink to explore a possible partnership between the two organisations in developing a National Primary Care ePrescribing Solution and met with the ICT Programme Manager for the HSE CIO's Office about driving the project forward.

Investigate the Development of a Hub to facilitate e-prescribing

We met with the Health Innovation Hub (HIH) and UCC to discuss the HIH Electronic Prescription Service (EPS) project piloted in the Blackpool area of Cork in 2013, as well as future EPS projects. The HIH is running another EPS project and the proposal for an EPS solution by McLernons has been chosen by the HIH to trial later this year; the proposal is based on a "pull" solution using 2D barcoding and a central hub hosted in a participating healthcare centre. The trial will take place in Mallow, Cork, in an area serviced by 20 GPs and 11-12 pharmacies. We have been invited to be part of the project team to represent community pharmacy and we attended an information evening in February 2015.

Work with the Vendors on Standardisation of Dispensary Systems with the aim of getting Independent Certification to comply with Pharmacy Regulations

We have formed a Dispensary Software Review Group to review the standardised Dispensary System Specification. We held a workshop in October 2014 to work through the document. We met with the system vendors in January 2015 to discuss the specification and an action plan will be developed.

Continue to work with Wholesalers and Vendors to roll out the Pharmacy Broadband Ordering System, ensuring PIMS Compliance and Inclusion of Pricing Information

We met with each of the stakeholders to discuss progress of the project. We facilitated a meeting with the Pharmacy Broadband Ordering System (PBOS) Technical Team to discuss the progress of the PBOS implementation by each stakeholder, lessons learned in the process

and a possible review of the Pharmacy Internet Messaging Standard (PIMS). The meeting put focus on completing the project and stimulated activity from participating stakeholders. Each of the wholesalers is at an advanced stage of rollout with active participation from the system vendors. The IPU continues to facilitate technical meetings to support the project.

Work with PCRS on the Pharmacy Interface Project, with priority given to Integration of IPU NET with the PCRS Vaccination Recording Website

At the JCG in June 2014, the HSE tabled an updated version of their Pharmacy Interface Project Proposal document. The IPU members of the Pharmacy Interface Review Group met in July for an initial review of the proposal. There have been a number of meetings between the IPU and the PCRS to discuss items for the Pharmacy Interface Project. The PCRS has developed a working draft towards a Pharmacy Interface Project Memorandum of Agreement (MoA). The IPU negotiated the project items with the PCRS and categorised the agreed project items into deliverable phases.

Work with the HPRA to develop a Simplified Reporting System for ADRs, preferably automated through Dispensary Systems

We met with the HPRA in July 2014 to discuss a simplified approach to ADR reporting from pharmacy dispensary software systems. A functional specification was then drafted for review by the ITSG. The specification has been provided to all system vendors in January 2015 – the vendors provided technical feedback on the functional specification, as well as resource requirements, and the IPU continues to work with the HPRA in delivering the module.

Continue to foster Good Relationships with Vendors

We met with each of the vendors to discuss support issues and product plans. Helix Health and Touchstore are happy to have IPU representation on their user focus groups; McLernons does not want IPU representation on their focus groups. We met with the system vendors in January 2015 to discuss IPU Product File developments and various projects. It was agreed to meet again in April and every quarter thereafter to maintain relationships between the IPU and the vendors.

Liaise with IPHA/APMI/ DoH on Medicines Authentication as part of the Falsified Medicines Directive

The Falsified Medicines Directive lays out the principles for an EU-wide medicines authentication system, to prevent counterfeit medicines entering the supply chain. The IPU is heavily involved in the European Stakeholder Model through our membership of PGEU. We intend working with Irish stakeholders to develop a national hub to facilitate authentication in Irish pharmacies. The system must be implemented by 2017 but significant work will be required between now and then. We held a symposium on medicines authentication in November where key stakeholders heard presentations from potential providers of the national hub.

Business Issues

Business Policy

The Business Department works closely with a number of different organisations and national business groups addressing business issues affecting retail pharmacy. We are part of the Retail Consultation Forum along with other business representative organisations such as Retail Ireland, ISME and RGDATA. We attended and made representations at meetings which were held at Government buildings. The Forum was established by Government to provide a platform for a structured engagement between the retail sector and relevant government departments and agencies. The Forum agreed a pre-budget submission addressing retail issues, which was forwarded to Government.

The quarterly business trends survey to monitor members' views and experiences from a business perspective has proven to be a valuable source of information on the current issues affecting the pharmacy sector. We issued a number of press releases highlighting business issues.

We are involved in the National Strategic Retail Forum with An Garda Síochána and other retailers. We hope to ensure that a Crime Prevention and Reduction approach is taken to deal with the issue of shoplifting. We also hope to foster and sustain, at a strategic level, positive communication channels between An Garda Síochána and the Retail Community.

We met with the National Consumer Agency in August and October 2014 to discuss issues arising from their survey and possible areas for collaboration in the future.

We are involved in a campaign, with a number of national business organisations to promote Senator Fergal Quinn's Bill on repealing Upward Only Rent Reviews.

Business Review Consultancy

The Business Review Consultancy was developed by the Business Steering Group to assist members in getting the most from their front of pharmacy. Darren Kelly, Business Development Manager, goes to the member's pharmacy and gives one day of his time and expertise for a small fee. Our Business Review Consultancy has been extremely busy this year with over 25 pharmacies reviewed to date. The feedback from members and their staff has been very positive.

CPC ANNUAL REPORT 2014-2015 CONTINUED

Business Training

We continue to develop new training initiatives for members and their staff to help them in their day to day business. We launched our third Diploma in Leadership & Management which started in September. We held a Crime Prevention Workshop in October. This workshop dealt with legislation and how members can prevent theft from their pharmacy. We ran a Sales & Merchandising training programme in March. This workshop was attended by pharmacy staff/owners. The workshop gave an overview of the basics of retail selling and how effective merchandising can help to maximise sales in pharmacies.

Business Briefings

We held 11 Business Briefings around the country in June and July 2014. Over 150 members and staff attended these briefings. Members were given an economic overview of the sector by Economist, Jim Power. At the briefings, we also launched the new IPU / ANF initiative, hmR Ireland.

Business Seminar

We were involved with the inaugural Pharmacy Summit which took place in November 2014. The Summit was aimed specifically at business issues affecting pharmacies. Over 150 members and pharmacy staff attended the event.

IPU Review Articles

There have been many business articles published in the IPU Review; articles on areas such as merchandising, security, planning, customer service, tax and business regulations have been published to help members in their businesses.

Review of Pharmacy Sector/Business Information Development

Fitzgerald Power was commissioned to examine the community pharmacy sector and report on the principal factors shaping future sustainability. The research included a survey of community pharmacists, in-depth financial case studies, interviews with pharmacy sector experts and a study of national and international reports, research projects and statistics.

Benchmarking

A significant number of members have signed up to participate with Health Market Research (hmR) Ireland in an initiative we launched in association with our partners, the Portuguese National Pharmacy Association (ANF), to introduce a state-of-the-art business intelligence service, which will allow participating members to see trends or changes in product mix as well as transaction values across the sector, and within their own businesses. Roadshows to promote the initiative were held in eleven venues around the country, where there was an overwhelmingly positive response to the initiative.

Business Presentation to UCC

The Business Development Manager made a presentation to fourth year pharmacy students in UCC on Business Development and how the IPU can help pharmacists in the retail business world.

Louise Begley,
Chairperson, CPC

EMPLOYEE PHARMACISTS' COMMITTEE (EPC) REPORT 2014-2015

The Employee Pharmacists' Committee (EPC) represents the interests of community pharmacy employee members of the IPU. The EPC is chaired by Elizabeth Lang with Sheila O'Loughlin 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 IPU and other stakeholders through the Employee Pharmacists' Committee."*

Currently there are 1,275 community employee members of the IPU, which comprises 59% of the full membership.

The EPC met four times since the 2014 AGM (June, September and November 2014 and January 2015). The EPC 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 representation guarantees that the views of employee pharmacists are voiced and heard on the other Committees of the IPU, therefore, empowering employee input into decisions and in the development and implementation of IPU policies.

Communications

At the September 2014 EPC meeting, the Committee agreed to develop a 'Checklist for Locums'. The main objective of the checklist was to afford employee members with a comprehensive list of what is expected of them prior to doing a locum and or working in a new or unfamiliar pharmacy.

The EPC continues to encourage fourth year students and pharmacy interns to become involved with the IPU. To date, 50 fourth year students and pharmacy interns are in receipt of the IPU weekly employee E-newsletter.

Events

At the November 2014 EPC meeting, the Committee agreed to hold a Seminar for pharmacy interns early in 2015. The main objectives of the Seminar were to inform the attendees on the benefits of IPU membership, endorse the Diploma in Leadership and Management that the IPU is currently running and to provide a platform that is informative, topical and enjoyable.

The one-day Seminar was held in the Royal College of Surgeons (RCSI) on Saturday, 14 February. The two morning sessions entitled 'How will you manage?' focused on Leadership and Management and were delivered by Susan Madden, Principal, SE College. The presentation conveyed that leadership and management are core skills for a pharmacist in today's world, particularly the modern pharmacy and business environment. As a pharmacist, you won't just be a health professional; you will be both a leader and manager of a team of people within the workplace.

The afternoon sessions, delivered Bernard Duggan, centred on effective and appropriate communication within Clinical Issues, COPD and Diabetes. Attendees were split into groups in order to work on case studies, which increased engagement and provided an open learning experience. These sessions highlighted that improved communication skills will enhance patient support, improve their outcomes and promote the pharmacist's professional expertise, thus benefiting both patient and pharmacist.

The day was judged a success, with 15 interns in attendance and 10 signing-up to IPU membership, which will be progressed when they qualify. **Although the attendance was disappointingly low, there was a great atmosphere with much interaction in both the morning and afternoon sessions.**

Increase and Retain IPU Membership

Throughout the year the EPC endeavoured to encourage non-members to sign up to IPU membership. In order to assist in retaining current members, the EPC has secured a slot at the IPU National Conference 2015, at 10.00am on Sunday 26 April, for a CPD session on Leadership and Management. This CPD session is aimed at endorsing the Diploma in Leadership & Management that the IPU is currently running its third cohort and to provide an introduction to the topic.

On the Saturday of the Conference, the EPC will be hosting a lunch to enable employee members to meet and chat face-to-face with Committee members.

Representation and Services

The EPC 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 coming years will be trying for community pharmacy; therefore, it is vital that employee pharmacists have a representative body which supports on their behalf. The EPC will continue to be this body and it recommends the involvement of more employees on both a regional and national platform within the IPU in order to strengthen the resolve of employee pharmacists both in the IPU and throughout the profession.

In 2010, the EPC initiated a structured mediation service for the resolution of disputes between employees and employers. We believe the service can be beneficial to all parties in that it may help to achieve an early resolution of a dispute at a local level and, at the same time, avoid unnecessary legal costs, save time and maintain a good working relationship. To date, the EPC continues to remind members in the weekly E-newsletter and General Memoranda that this service is still available.

Conclusion

The EPC urges employee members to use their membership to the full and keep themselves well-versed by reading the IPU weekly E-newsletter, General Memoranda, IPU Review and other information presented by the IPU. In June 2010, all IPU members were assigned an @ipumail.ie email account and the EPC continually reminds employee members who have not activated their account to do so without delay. The EPC would also recommend that employee members check the 'Employee Pharmacists' section of www.ipu.ie on a regular basis.

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 Darragh, Roisin, Pamela, Catherine and Darren for their support and advice on all matters. I would in particular like to thank the Secretary to the EPC, Susan McManus, for her hard work and dedication to the EPC and the President, Kathy Maher, for her direction and assistance throughout the year.

Elizabeth Lang,
Chairperson, EPC

COMMUNICATIONS REPORT

The Communications Team includes Jim Curran, Aoibheann Ní Shúilleabháin, Wendy McGlashan and external advisors and has an important role in communicating key messages to the media, the public, stakeholders and members.

A wide range of communications tools including newsletters, email, text alerts, social media and the *IPU Review* are used to keep members up-to-date on ongoing and urgent issues. Press releases are issued regularly, promoting the role of the pharmacist and highlighting pharmacists' concerns to the media. Communications with the public is strengthened with advertising campaigns throughout the year.

The Communications Team all invest a great deal of time, effort and resources in working with the media to brief journalists on issues affecting community pharmacy.

Media Relations

There has been a substantial amount of media coverage since the last AGM. Regular press releases are issued by the IPU, promoting the role of pharmacists, raising concerns affecting community pharmacists and advocating on behalf of patients. We receive regular coverage in the national media, including RTÉ One's *Morning Edition* and TV3's *The 5.30*, as well as current affairs programmes such as *Drivetime*, *The Last Word*, *The Right Hook* and Newstalk's *Lunchtime Show*. Many of these are available to watch on the IPU YouTube Channel, showing the strength of spokespersons representing the IPU. The national newspapers, including the Irish Times, Irish Independent, Irish Examiner and Herald also carry regular articles and interviews with IPU representatives. We also receive significant coverage from the medical journals and provincial media with IPU spokespersons regularly appearing on local radio and quoted in local media.

Some of the key issues that arose during the last year were:

- The Impact of Medicine Shortages on Pharmacists and Patients
- Calls for the Expanded Role of Pharmacists
- IPU Crime Survey
- Calls to Unwind the FEMPI Act
- ***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 men's health, the "dos and don'ts" of giving medicine to young children, antibiotic awareness, advice on colds and flu, the importance of medicines warnings on labels, the dangers of mixing alcohol and medicines and much more.
- ***Pharmacy Business***
  In the last 12 months, press releases have been issued with a focus on the pharmacy business. With the support of statistics from the quarterly pharmacy business trends surveys, the Annual Review of the Sector and the Attitudes to Pharmacy Survey the IPU can highlight key challenges that are affecting pharmacies, including reducing sales and footfall, increasing

costs and the impact on the sector from reference pricing. Press releases also for called a reduction in business costs and the introduction of initiatives to assist the pharmacy retail sector. A major end-of-year survey highlighted the extent and impact of crime in pharmacies.

- ***Advocating for Patients*** The IPU issues press releases advocating on behalf of patients of pharmacies. For example, we called for more medicines to be made available without prescription and expressed outrage at the withdrawal of medical cards for certain patients. The IPU renewed its call to exempt certain patient cohorts from the prescription levy. In January 2015, we held a seminar for key stakeholders with the theme 'Pharmacists role in Self-Care-A Prescription for Success'. There was considerable media interest in the event.

A list of all the press releases issued is available on *page //.*

We thank IPU Spokespersons, who do great work throughout the year, for taking time out from their pharmacies to be interviewed and brief journalists.

Advertising Campaign – *'Ask Your Pharmacist First'*

The IPU continues to promote the *'Ask Your Pharmacist First'* message with national radio and poster ad campaigns and in October 2014, we introduced television advertisements to the advertising campaign.

The IPU TV advertising campaign ran from 13 October for four weeks. Feedback on the ad campaign has been extremely positive, with hundreds of views on the IPU's YouTube channel also. There was media coverage in the Irish Times and Evening Herald on the ad campaign. Two ads were developed and ran on RTE, TV3, 3E, Channel 4, E4 and SKY Media package. The ads also ran on Video on Demand. Highlights included during the RTÉ One *Six-One* and *Nine News*, the *GAA All Stars*, *Tonight with Vincent Browne*, and shows such as *Xposé*, *Fair City*, *Eastenders* and *The Graham Norton Show*.

A Christmas Radio ad campaign ran for one week, commencing on 8 December, on national and regional radio stations. The ad focused on the retail aspect of pharmacies, and posters were sent to pharmacies to complement the radio ad.

Operation Transformation

On 10 January 2015, pharmacies around the country got involved with the Operation Transformation 'Know Your Numbers' campaign to offer BMI and Waist Circumference measurements to patients. There was an extremely positive response to the campaign, with 670 pharmacies signed up to offer the services to members of the public.

This was a great opportunity to promote the role of the pharmacist and there was a large amount of media coverage from the campaign, both in the lead up to the campaign and after the campaign. Media coverage included the *Operation Transformation* television programme, which highlighted the campaign before it commenced and the coverage from the seven key locations, including an interview with Kathy Maher. There was also coverage on RTÉ Radio One's *The John Murray Show*, including an interview with Kathy discussing the statistics from IPU NET, and 2FM's *The Nicky Byrne Show*. The Irish Examiner also covered the IPU NET statistics and numerous other national and regional papers covered pharmacies' involvement in the campaign.

IPU members also carried out the measurements as part of a 'Know Your Numbers' campaign for RTÉ staff at the end of January and at the Centra conference in Killarney at the beginning of February.

Communications to Members

Communications to members continue to develop and uptake continues to increase. Usage of the IPU website is growing, as well as time spent on the website. The IPU Review and monthly General Memorandum are vital resources of information for members. The open rate of IPU News, the weekly e-newsletter, is also increasing with more members accessing their IPUMail regularly. Social media is another tool for communicating with both members and the public, and the number of followers on our Facebook and Twitter accounts are growing each week. We also use SMS to get information to members quickly on important updates and deadlines.

Political Engagement

A delegation from the IPU met with the Minister for Health in November 2014 to outline our concerns in relation to the administration of the LTI Scheme; PSI fees and enforcement, Bankruptcy and medicine shortages among other issues. We also called for an expanded role for pharmacists and for the repeal of the FEMPI Act. IPU delegations met with the Joint Oireachtas Committee on Health and Children in July 2014 to discuss expanding the role of pharmacists and in March 2015 to discuss the price of medicines.

INTERNATIONAL REPRESENTATION

1. PGEU Report

The Pharmaceutical Group of the European Union (PGEU) is the European association representing community pharmacists in 34 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 Darragh O'Loughlin, Head of Delegation and current PGEU President, Rory O'Donnell and Pamela Logan. We have 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.

Over the past year, PGEU has been involved in a large number of Directives and Regulations. The following have now been completed at EU level and have either been transposed or are in the process of being transposed into national legislation:

- Cross Border Healthcare and Patient Rights' Directive – Recognition of Prescriptions
- Falsified Medicines Directive - Internet
- Good Distribution Practice Guidelines

The following Directives and Regulations are still ongoing:

- Falsified Medicines Directive – Medicines Authentication
- Data Protection Regulation
- Medical Devices Regulation
- Veterinary Medicines Regulation
- European Professional Card
- Trans-Atlantic Trade and Investment Partnership (TTIP)

Falsified Medicines Directive – Medicines Authentication

The European Commission (EC) continues to negotiate the Delegated Acts with the Member State Expert Group. It seems likely that adoption of the Delegated Acts will be delayed, possibly until the summer. The EU Hub is complete and has now been connected to the German SecurPharm project. The Hub and the European Stakeholder Model (ESM) approach were presented to the EC and national experts in September.

The European Medicines Verification Organisation (EMVO) is the stakeholder organisation set up to manage the European Hub and the National Blueprint Systems. Initially the EMVO will be owned by five organisations which are part of the ESM – EFPIA (pharma), GIRP (wholesalers), PGEU (community pharmacy), EAEPC (parallel distributors), and EGA (generics). Membership is also open to representatives of the hospital and self-medication sectors. Full membership of the EMVO is limited to organisations which represent at least 16 EEA countries and at least 25% of the market share of the sector they represent; however, other stakeholders can become affiliate members.

The ESM will implement an Advanced Blueprint Strategy. This is the selection of a small group of IT suppliers who will be given ESM approval, together with template contracts and technical specifications, to assist Member States setting up their National Medicines Verification Organisation (NMVO). National stakeholders will be free to choose among the different Blueprint providers. They may also pursue a separate national system if they wish.

Data Protection Regulation

The Commission is proposing a significant reform of data protection legislation. For the first time, data concerning health is defined and the processing of personal data concerning health is specifically regulated. PGEU produced a position paper and suggested two amendments that were carried by the Plenary. PGEU has co-signed a letter with CPME (medical

practitioners) and CED (dentists) seeking to have access to the Electronic Health Record for all health professions, not just GPs and specialists. PGEU is also seeking a revision of the criteria to appoint a data controller.

The Council of Ministers is currently reviewing the proposed Regulation with the aim of reaching a common position. The European Parliament (EP) introduced the concept of pseudo-anonymised data, e.g. linking data subjects without identifying the patients, inclusion of which is currently being debated. Most recently it has emerged that the Council wishes to rewrite the legislation, removing the section on health data and relocating it elsewhere in the proposed regulation. The Commission is pushing for a complete agreement between Council and the EP before the end of the year.

Medical Devices Regulation

The Council of Ministers is currently reviewing the draft Regulation with the aim of reaching a common position, which will then come back to the EP for review. PGEU has met with the Commission to confirm PGEU's position on traceability of medical devices which was previously rejected. PGEU wishes for the traceability system to be compatible with the current authorisation system for medicines.

Veterinary Medicines Regulation

The EC is proposing a significant reform of European legislation on veterinary medicinal products, replacing a number of Directives with one Regulation. The proposal includes new provisions that will have an impact on pharmacy practices.

Retail Supply and Record Keeping

All retailers including pharmacists will need to keep a record of every purchase or supply of veterinary medicinal products, both POM and non-POM (currently not required for CAM). Retailers will also need to carry out a detailed audit of stock once a year. Vets can only supply antimicrobial products for animals under their care and only for the amount required for the treatment concerned. Only retailers specifically authorised to do so by national law may supply anabolic, anti-infectious, anti-parasitic, anti-inflammatory, hormonal or psychotropic veterinary medicinal products. It had originally been proposed to separate prescribing and dispensing but this is beyond EC power and would have resulted in a radical change in most Member States.

Internet Supply

It is proposed to allow retailers who are authorised to supply veterinary medicinal products under national law to offer such services by internet within the EU. Unlike the pharma legislation, the proposal would allow the cross-border internet selling of veterinary prescription medicinal products despite national restrictions on that matter. Such websites must display a common logo (it is likely that this will be a different common logo than that required for human medicines under the Falsified Medicines Directive) and other safety features. The design of the logo will be adopted by Implementing Act.

Prescriptions

The proposal establishes a standard prescription for veterinary medicinal products that must be recognisable throughout the EU/EEA.

European Professional Card

The European Professional Card is a feature of the Professional Qualifications Directive. It is not really a card but an e-certificate to exchange between regulators to assist in the process of recognition of professional qualifications between Member States. Pharmacists will be included. Implementing legislation is expected to be published mid-March.

TTIP

TTIP (Transatlantic Trade and Investment Partnership) is a trade agreement currently being negotiated between the EU and the USA. As well as focusing on custom tariffs, TTIP will focus on regulation, i.e. how differing regulations in the EU and US may either be harmonised or subject to mutual recognition with the aim of making trade easier. One consequence of such harmonisation could be that Member States which have, for example, ownership or establishment rules could find that US pharmacy chains could have free market access. However, Member States can list certain conditions to market access, e.g. establishment – this is called a Reservation; consequently, the US would not be able, for example, to open a pharmacy chain in that Member State. Two areas of particular concern to Ireland are sale of pharmaceuticals and internet pharmacy. We already have significant medicines shortages due to parallel trade within the EU. This would be magnified were parallel trade to be extended to the US. Currently, internet supply of POMs is prohibited; however, if this is not subject to a reservation, US internet pharmacies could supply into Ireland.

2. Report on FIP Congress, Bangkok

The 74th International Pharmaceutical Federation (FIP) World Congress of Pharmacy and Pharmaceutical Sciences was held in Bangkok from 30 August to 4 September. The event, which was co-hosted by the Pharmaceutical Association of Thailand, welcomed over 1,900 participants from 95 countries.

The conference whose theme was *"Access to medicines and pharmacists today, better outcomes tomorrow"* featured sessions, symposia, workshops, discussions and exhibitions focused on

global pharmacy practice and pharmaceutical sciences.

First woman President for FIP

Spanish pharmacist, Carmen Peña, was elected as President of FIP. She is the first woman and the first pharmacist from Spain to be elected as President in the Federation's 102-year history. Dr Peña, a community pharmacist from Madrid, has served FIP for over 20 years including as a Vice-president since 2008. She is currently President of the General Pharmaceutical Council of Spain, which represents over 65,000 pharmacists.

In her election statement, Dr Peña drew particular attention to the importance of the FIP Education Initiative, which works to transform pharmacy education so that societal and workforce needs around the world can be met. "Building a pharmaceutical workforce that is competent, sustainable, accountable and respected by society and by our colleagues in other health professions will make our countries' health systems more efficient by lowering morbidity, mortality and cost," she said. She added that pharmacists should be active agents in shaping healthcare policies, including the pharmaceutical policies of their respective countries, and that FIP can provide invaluable guidance and resources to this end.

Evolution of Models of Care in England and Scotland

Claire Anderson, Alex MacKinnon and Helen Gordon spoke about the challenges facing health and pharmacy in Great Britain and how they have been addressed. Scotland has produced a strategy called "Prescription for Excellence" which aims to ensure that all patients receive high quality pharmaceutical care from clinical pharmacist independent prescribers. Health services are delivered through collaborative partnerships with the patient, carer, GP, pharmacist and other relevant health and social care professionals so that every patient gets the best possible outcomes from their medicines, avoiding waste and harm. In England, the Royal Pharmaceutical Society has published a report of the Commission on future models of care delivered through pharmacy called "Now or Never: Shaping Pharmacy for the Future". The report concludes that pharmacy can offer more as care givers to help patients manage their medicines more effectively. Examples of proposed services include pharmacist-led clinics for long-term conditions, medicines reviews, monitoring and dose adjustment of anticoagulants, health checks, promoting of self care and minor ailments service.

Health Needs of Vulnerable Patients

Martin Henman from TCD, Dublin, spoke about improving access to quality healthcare for patients with mental health conditions and patients from vulnerable groups. Irrespective of the degree of intellectual difficulty, People with Intellectual Difficulty (PWID) have difficulty accessing health services, find healthcare consultations and facilities disconcerting, receive less healthcare, receive a lower quality of care, have poorer outcomes for a number of conditions, die 15 years earlier than people without intellectual difficulties and have three times the mortality rate of the general population. There are some practical steps that can be taken. The pharmacist can advise and counsel patients and carers about their medicines, conduct simple medication reviews, discuss any administration concerns and anticipate patient safety issues. Collaborative care of PWID is necessary for complex patients and in particular in evaluating potential adverse events. Communication and establishing a relationship are essential to the responsible use of medicines.

Reclassifying Medicines from POM to P

Natalie Gauld from New Zealand spoke of the benefits of reclassifying medicines from prescription-only to non-prescription: empowers the consumer; saves time and money for the consumer; reduces barriers to access to medicines; saves health workforce time and health funding; and may improve the quality of use of medicines. When medicines are reclassified, it is important that consumers are provided with written information to help them make an informed decision about using the medicine, to back up their interaction with the pharmacist and to know how to use the medicine, to help them to know when to seek a doctor's help. The information provided will depend on the medicine and the condition and pharmacists should be provided with appropriate training where considered necessary. New Zealand has seen a number of progressive reclassifications since 2009 – chloramphenicol eye, famciclovir oral, calcipotriol dermal, trimethoprim and vaccines for influenza, meningococcal, pertussis and shingles. It is important that we continue to look for innovative new approaches that support the desire of people to take responsibility and play a more active role in their own healthcare.

Electronic Prescribing in Estonia

Kristiina Sepp gave on overview of electronic prescribing in Estonia. Electronic prescriptions were introduced in 2010. The doctor completes the prescription, including diagnosis, and forwards it to a national database. The patient presents at their chosen pharmacy with their ID card (which can also be used when purchasing OTC medicines). The pharmacist retrieves the prescription from the database and

records what has been dispensed. Since the introduction of electronic prescribing, it is estimated that the number of GP errors has decreased by 78% and pharmacist errors by 67%. The system is also useful in tracking abuse, overuse and adherence as both the doctor and pharmacist can view the patient's history. In a recent survey, 83% of pharmacists and 92% of doctors said that it made their work easier.

Supply Chain Issues

Sherry Peister from the Canadian Pharmacists' Association (CPA) discussed concerns about the global pharmaceutical supply chain. Reasons for the breakdown in supply include increases in global demand; increased inspections and sharing of reporting among national regulatory agencies; parallel trade (particularly in the EU); national stockpiling (e.g. Tamiflu); differences in quality assurance standards between domestic and international markets; natural disasters affecting manufacture; lack of economic incentives/ low prices; concentration of active pharmaceutical ingredient production; just-in-time inventories; and lack of global/regional information on supply. An internal summit on Medicines Shortages was held in Canada in June, organised by FIP and CPA. Recommendations made to address supply issues include the establishment of publicly accessible means of providing drug shortage information that is timely, complete, focused on current shortages and their reasons and provides details of duration and responses; national and international forecasts for medicine demands should be developed to enable manufacturers to predict supply quantities; there should be greater harmonisation of regulations and standards between international and domestic markets; contingency planning should be contained in purchasing contracts; a list of medically necessary medicines should be identified at either national or international level and coordinated by the WHO. Finally, it was acknowledged that no one wins with drug shortages; addressing and minimising drug shortages is everyone's responsibility and all stakeholders need to learn more about each other's roles and challenges in order to best position strategies.

The 75th World Congress of Pharmacy and Pharmaceutical Sciences will take place in Düsseldorf from 29 September to 3 October 2015. The theme of the conference will be "Better practice – Science based, evidence driven". Pharmacists are encouraged to attend this exciting conference to meet and share experiences with pharmacy colleagues from all over the world.

2015 AGM MOTIONS

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

1. **Proposed: Brian Walsh**
   Seconded: Mike Walsh
   "That this AGM calls on the Minister for Health to ensure that the HSE gives adequate notice of at least four weeks to the Irish Pharmacy Union and its members before implementing changes to the reimbursement prices of items which are dispensed under the State schemes."

2. **Proposed: Mike Walsh**
   Seconded: Brian Walsh
   "That this AGM calls on the Minister for Health to apply any plans to unwind the FEMPI legislation for public sector workers or any class of health professional fairly and equitably to pharmacists, who have been disproportionately impacted by the legislation."

3. **Proposed: Sarah Magner**
   Seconded: Caitriona O'Riordan
   "That this AGM calls on the Minister for Health and HSE to increase the range of vaccinations available in community pharmacy."

4. **Proposed: Louise Begley**
   Seconded: Elizabeth Lang
   "That this AGM calls on the HSE to make emergency hormonal contraception (EHC) available to women with medical cards directly from their community pharmacy."

5. **Proposed: Jack Shanahan**
   Seconded: Louise Begley
   "That this AGM calls on the Department of Health to amend Part 6 of the Pharmacy Act 2007 in response to the Supreme Court judgment on Corbally and for the Pharmaceutical Society of Ireland, where appropriate, to use the various private, non-accusatorial, non-adversarial strategies available to them to ensure high professional standards."

APPENDIX I

SUBMISSIONS

The following submissions were made during the year. Most are available on **www.ipu.ie**.

2014

- **Draft Clinical Guidelines for Opioid Substitution Treatment**
  HSE – May 2014
- **Consultation on White Paper on Universal Health Insurance**
  DoH – May 2014
- **Draft Guidance on the Delivery of POMs from a RPB**
  PSI – June 2014
- **Presentation to Joint Oireachtas Committee on Health and Children**
  July 2014
- **Draft Guidance on Data Protection for Pharmacists**
  PSI – July 2014
- **Policy Framework on Temporary Absence**
  PSI – July 2014
- **Pharmacy Inspection Policy**
  PSI – August 2014
- **Minor Ailment Scheme**
  DoH – August 2014
- **Department of Health Statement of Strategy**
  2015-2017
  October 2014

2015

- **Consultation on Guide for Retail Sale of Herbal Medicinal Products**
  HPRA – January 2015
- **Private Health Insurance Consultation**
  DoH – January 2015
- **Draft Guidance for Pharmacists on Extemporaneous Dispensing**
  PSI – February 2015
- **Transposition of Falsified Medicines Directive (Common Logo)**
  DoH – February 2015
- **Presentation to Joint Oireachtas Committee on Health and Children**
  March 2015
- **Expanding the Role of Community Pharmacists for the Benefit of the Healthcare System**
  Fianna Fáil – March 2015

APPENDIX II

SOME KEY LETTERS AND RESPONSES RECEIVED THROUGHOUT THE YEAR

Topics

PSI MATTERS

Prescription Levy

Director of Pharmacy Services to CEO & Registrar, PSI
[23 April 2014]

Re: Prescription Levy
In recent months, we have received a significant number of queries from pharmacists, asking for advice on how they should deal with GMS patients who refuse to pay the prescription levy. Whilst pharmacists are mindful of their duty of care to patients under the Code of Conduct, I'm sure you will agree that pharmacists cannot continue to supply medicines to patients who do not pay the prescription levy as the HSE automatically deducts the levy from pharmacy payments. Some pharmacists have been left out of pocket to the tune of hundreds of euro.

Some pharmacists have tried to introduce a scheme whereby they dispense one week's supply of the medicine, reserving the remainder for when the patient returns with the levy. However, this has proved difficult to enforce with psychiatric patients who typically receive weekly supplies anyway. Pharmacists have also reported particular problems in collecting the levy from carers of patients in HSE day care centres; usually the HSE carer comes to the pharmacy to collect the medicine on behalf of the patient and explains that they have not been given the levy by the patient.

It would be most useful if you could let us know what advice you give to pharmacists who contact you in relation to the situations outlined above. I look forward to hearing from you.

CEO & Registrar, PSI to Director of Pharmacy Services
[26 June 2014]

Re: Prescription Levy
I write further to your letter of 23 April 2014 in which you raised the issue of payment by patients of the prescription levy under section 59(1A) of the Health (Amendment) (No.2) Act 2010.

At a PSI/Department of Health meeting on 23 April 2014, the PSI raised with Department officials the appropriate interpretation and implementation of section 59(1A) regarding the charging and collection of the prescription levy by pharmacists in light of recent responses to parliamentary questions on this issue.

The PSI has since written to the Department to seek formal clarification of the position regarding the prescription levy in order that PSI can clarify its guidance to the pharmacy profession on the issue. On receipt of a response, the PSI will update its guidance to the profession.

Sims IVF Clinic, Clonskeagh

Director of Pharmacy Services to CEO & Registrar, PSI [14 May 2014]

Re: Sims IVF Clinic, Clonskeagh

I am writing to you about an issue regarding the Sims IVF Clinic in Clonskeagh, Dublin, which I believe has been brought to your attention already.

A number of pharmacies around the country have informed us that their patients have been told by the Sims Clinic that they must have their IVF medicines dispensed at a particular pharmacy group which has branches in George's Street and Dundrum, Dublin. It is implied by the Sims Clinic that this is for safety reasons as this pharmacy group is experienced in dealing with these products; this implies that other pharmacies do not have such experience. It has also been reported to us that the Sims Clinic requires patients to sign a form consenting to having their medicines dispensed at one of these pharmacies.

It would seem that the arrangement involves the Sims Clinic forwarding the patient's prescription directly to the pharmacy in question, thus making it difficult for any patient who would prefer to get her prescription dispensed at her local community pharmacy. On one occasion reported to us, the patient did insist that her prescription was sent to her directly so she could have it dispensed at her local pharmacy. She consequently received a number of phone calls from the Sims Clinic's preferred pharmacy, asking why she had not come to them to collect her medicines.

It is a principle of our health system that the patient must always have a right to choose the pharmacy in which to have their medicines dispensed. Yet this right would appear to be ignored in this instance. Whilst I acknowledge that the Pharmaceutical Society of Ireland (PSI) has no authority over the Sims Clinic, I believe it is appropriate that the PSI should closely scrutinise the relationship between the Sims Clinic and the aforementioned pharmacy group.

CEO & Registrar, PSI to Director of Pharmacy Services [12 June May 2014]

Re: Sims IVF Clinic, Clonskeagh

Thank you for your letter of 14 May 2014 in regard to the above.

The letter refers to reports received from pharmacies around the country which suggest that the SIMs Clinic, a fertility clinic based in Clonskeagh, is directing patients to attend a particular pharmacy group on the basis that these pharmacies are experienced in dealing with the products prescribed. The letter references specific information you have which suggests the manner in which this direction is taking place may be interfering with patient choice.

Sections 63 and 64 of the Pharmacy Act 2007 deal with inappropriate and improper relationships between pharmacists and medical practitioners. With respect to your particular query, I would point out that Section 64(5) of the Pharmacy Act 2007 (The Act) provides that a registered medical practitioner shall not recommend any pharmacist or retail pharmacy business to a member of the public otherwise than in the exercise of his or her professional judgment as a registered medical practitioner. Section 67(8) further enacts that a contravention of this section by a registered medical practitioner, for the purposes of section 45 of the Medical Practitioners Act 1978 and so much of Part V of that Act as relates to that section, constitutes professional misconduct by the registered medical practitioner. It is open to any patient to make a complaint to the Medical Council about referrals or the recommendations of a general practitioner and the Medical Council can determine if such referrals are appropriate or not.

Notwithstanding this, the Inspection and Enforcement Unit of the PSI is happy to meet with the patient/(s) you identify in regard to this matter where these patients are agreeable to such a meeting.

I hope this clarifies the issues raised in your letter.

Wholesale Deliveries to RPBs

Secretary General to CEO & Registrar, PSI [22 January 2015]

Re: Wholesale Deliveries to RPBs

The most recent PSI Newsletter, Issue 9 2014, published last month, identified a practice whereby certain pharmacies permit wholesaler delivery drivers access to the pharmacy premises, outside normal opening hours and without a pharmacist being present, to facilitate the delivery of orders. The newsletter went on to say that it was the opinion of the PSI that it was neither lawful nor appropriate for wholesaler delivery drivers to be key-holders for pharmacies and to have access to areas of pharmacy premises where medicines, patient records and other confidential records are stored.

On foot of the PSI statement, we have contacted the two main wholesalers, United Drug and Uniphar. Both are extremely concerned about this restrictive position and have made it quite clear that, if implemented, it would be impossible for them to maintain a twice a day delivery service and that, as a result, pharmacies in rural areas would be restricted to a maximum of one delivery per day with no guarantee of current morning delivery times being maintained. Such an outcome would clearly result in a disimproved pharmacy service and reduced access to medicines for patients living in rural areas, leading

to deterioration in overall public welfare and potential risks to patient safety.

Wholesaler delivery drivers are thoroughly vetted by the wholesalers which employ them. They are entrusted every day with substantial quantities of medicines, including controlled drugs, which are safely delivered to pharmacies across the country for supply to patients. In those circumstances, it seems excessive to impute an additional risk in the same drivers potentially having brief access to similar medicines on the pharmacy shelf in the short time taken to deposit the wholesale totes on the pharmacy floor.

As for patient records, these are typically stored electronically, on a password-protected computer, in line with data protection best practice. The driver, even if he were minded to do so, could not gain access.

We would be happy to meet with you to discuss this matter further, with a view to identifying a solution which addresses whatever perceived risk the PSI is seeking to mitigate while, at the same time, does not undermine the timely access to essential medicines which is provided nationwide by the current wholesale service. In the meantime, we ask that you suspend the implementation of this policy as a matter of urgency, in order to ensure that patients living in rural areas continue to receive the pharmacy service that they deserve.

Secretary General to CEO & Registrar, PSI [3 February 2015]

Re: Wholesale Deliveries to RPBs
Since I wrote to you last week regarding PSI policy on out-of-hours wholesaler deliveries, the IPU has heard from members who report that the PSI is insisting these pharmacists confirm that they have ceased the out-of-hours delivery of medicines to their pharmacies. In my letter I asked that you suspend the implementation of this policy as a matter of urgency, until such time as we would meet to consider a solution which addresses whatever perceived risk the PSI is seeking to mitigate while, at the same time, does not undermine the timely access to essential medicines which is provided nationwide by the current wholesale service.

It is our understanding that one wholesaler holds keys for 165 pharmacies, many of which serve relatively remote rural communities. The pharmacists in question are extremely anxious that their patients should continue to receive the standard of pharmacy service that they currently have, and that their access to medicines not be diminished particularly since it is the position of the wholesaler that it would simply not be possible to maintain the current level of service if they can only make deliveries during pharmacies' opening hours.

The correspondence which these pharmacists have received from the PSI may relate to inspections which had already taken place before I wrote to you last week. Can you please confirm that the PSI has now suspended implementation of this flawed policy until a practical solution is found which prioritises the current needs of patients above the undefined risks which the PSI believes exist.

Wholesaler's Key holding for Retail Pharmacy Businesses

CEO & Registrar, PSI to Secretary General [17 February 2015]

Re: Wholesaler's Key holding for Retail Pharmacy Businesses
Thank you for your letters dated 22nd January and 3rd February 2015 in relation to the recent PSI Newsletter article on Key-holding for Pharmacies.

As outlined in the article, the PSI is aware that certain pharmacies have permitted wholesaler delivery drivers to access the pharmacy premises before or after opening hours, without a pharmacist being present, in order to facilitate the delivery of orders.

Section 26(2) of Pharmacy Act 2007 makes it an offence for a person carrying on a retail pharmacy business to sell and supply a medicine other than under the supervision of a registered pharmacist. References in the Act to the term 'sale and supply' include references to the keeping of the medicinal product. In order to comply with this requirement, where non-pharmacist members of pharmacy staff are key holders for a pharmacy, they should not access the pharmacy in the absence of a registered pharmacist.

As you are aware, in any pharmacy, the superintendent pharmacist, acting through the supervising pharmacist, is responsible for the management, control and safe keeping of all medicines, including those on a general sales list. The superintendent pharmacist, acting through the supervising pharmacist, is also responsible for the safekeeping of patient records, confidential information and other legal records kept in pharmacies.

Having regard to the foregoing, the PSI considers that it is not in accordance with the Pharmacy Act and that it is not appropriate, from patient safety, medicines' security or data protection perspectives for persons not employed by or engaged by the pharmacy (such as wholesale delivery drivers) to be key holders of the pharmacy, and to have access to areas where medicinal products (including controlled drugs and prescription only medicines) and patient records are stored.

Since the current inspection system under the Pharmacy Act 2007 commenced, the PSI has worked with many individual pharmacies on a case by case basis to address this issue, and it has been possible to identify and implement practical key holding and other solutions

having regard to the individual circumstances of the pharmacy without impacting on medicines' supply to pharmacies and availability to patients. The PSI is cognisant of potential challenges for some pharmacies in relation to this matter the legal requirements previously outlined cannot be disregarded. However, the PSI will work with these pharmacies over the coming months to identify appropriate solutions

You may also wish to note that at a recent HPRA conference on wholesale distribution in November 2014, this matter was also raised with all wholesalers and HPRA, as the regulator of pharmaceutical wholesalers, advised that key holding of pharmacies by wholesalers was inappropriate. The PSI has engaged with the HPRA in relation to this matter and will continue to do so.

The PSI is happy to engage with individual pharmacies and with the IPU to discuss this matter further.

DEPARTMENT OF HEALTH

Generic Medicines

Secretary General to Minister for Health [6 June 2014]

RE: Generic Medicine Price Reductions

I am writing to you to express, on behalf of our members, deep dissatisfaction at a recent unilateral action of the HSE. This has affected all of our members who have community pharmacy contracts with the HSE.

On 1 May and without any prior notification to the Irish Pharmacy Union and/or our members, the HSE imposed a further unexpected price reduction in the reimbursement prices for an extensive range of generic medicines (being generic medicinal products not designated as interchangeable by the Irish Medicines Board).

As you will be aware the Health (Pricing and Supply of Medical Goods) Act 2013 provides that, inter alia, the HSE must, at least 4 weeks prior to any changes in reference prices (for a relevant group of interchangeable medicinal products) enter into certain consultations and provide notification of such proposed change to community pharmacists (see Section 24 of the Act).

While, in this case, the generic medicinal products in question are obviously not interchangeable medicinal products, the consultation and notification provisions of Section 24 of the Act have, in our opinion and having taken initial legal advice, set and established an obligation on the HSE to provide such notification for all such proposed price reductions. This was and is certainly the belief and understanding of our members and they are shocked and most concerned that the HSE would act in such a way in complete disregard for such obligations and in complete disregard of the interests of the community pharmacists. Those community pharmacists, in already extremely difficult trading circumstances, have now had a further price reduction unilaterally imposed by the HSE without fair or reasonable notice. Many of our community pharmacist members will have acquired and stocked these generic medicinal products and agreed purchase prices, quantities etc. on the assumption that the HSE would continue to reimburse these medicines at the established reimbursement price. This was an entirely legitimate expectation on the part of our community pharmacist members, particularly in light of the notification and consultation provisions in the 2013 Act. The HSE, would, in our view, have been fully aware of this legitimate expectation and the fact that many of our community pharmacist members would have relied on it and acted upon it.

Given such a situation, the HSE, in our view, had a duty to our community pharmacist members to provide adequate notice of the proposed change in the reimbursement price of these generic medicinal products, particularly having regard to the provisions of the 2013 Act.

Indeed the provisions of the HSE Agreement with the Association of Pharmaceutical Manufacturers in Ireland (the "APMI") expressly also provides for consultation with the APMI in relation to any such proposed reduction and, assuming such consultation occurred prior to 1 May, the HSE would have had ample time to provide advance warning to our members. This is particularly the case where there was in effect an obligation arising from the 2013 Act and the expectation created that any such proposed price decreases would be subject to consultation and notification at least 4 weeks prior to their implementation. To the detriment of our members' interests, the HSE ignored such obligations and imposed the unilateral price reduction.

However rather than seeking to assert our members legal rights to seek to review the decision of the HSE and/or to seek damages, we would be prepared to advise them not to do so if a clear commitment was given by the HSE that notification and consultation, as provided for in the 2013 Act, will be provided in respect of any future proposed price reductions.

Were such a commitment to be provided to us, we would in turn provide it to our members and

would seek to ensure they are fully apprised of this development.

Minister for Health to Secretary General [25 August 2014]

RE: Generic Medicine Price Reductions
I refer to your letter of 6 June concerning a HSE decision to reduce the price of generic medicines with effect from 1 May 2014. The delay in responding is regretted.

You will be aware that the HSE is responsible for decisions in relation to the pricing and reimbursement of medicinal products under the GMS and other community drug schemes in accordance with the provisions of the Health (Pricing and Supply of Medical Goods) Act 2013 (the 2013 Act).

Section 21(2) of the 2013 Act sets out the criteria the HSE is obliged to take in to account when considering the proposed relevant price for a medicinal product to be added to the List of Reimbursable Items, including:

> *(g) the terms of any agreement in place (whether entered into before, on or after the commencement of this section) between the Executive and any representative body of the suppliers of drugs, medicines or medicinal or surgical appliances where the agreement relates, whether directly or indirectly, to the price of the item.*

Section 21(3) provides that the Executive may review and alter the relevant price of a listed item to take into account any change in any of the matters referred to in subsection (2) subsequent to the last time the relevant price was set for those purposes.

Section 22 provides that the Executive must, not later than 14 days after making a relevant decision under Section 21, notify the relevant suppliers in writing of its decision and the reasons for the decision. In this context, the HSE must give the relevant suppliers 28 days to make representations to the HSE with respect to the proposal and, after considering the relevant representations, the HSE may implement the proposals without modification.

It should be noted that while Section 24(6) provides that when the HSE sets a reference price for a group of interchangeable medicines, it shall give a minimum of 28 days' notice in writing to community pharmacy contractors prior to the reference price taking effect, no such requirement is placed on the HSE under Section 21 of the 2013 Act.

In this context, while I acknowledge the points raised in your letter regarding your members' concerns surrounding the manner in which the HSE implemented recent price cuts for generic medicines, I would like to make it clear that the HSE has and will continue to comply fully with the provisions of the 2013 Act in terms of setting relevant prices for items included on the List of Reimbursable Items and the setting of reference prices.

I trust that this clarifies the matter for you.

Chief Pharmacist Position

Secretary General IPU to Secretary General, DoH [12 June 2014]

Re: Chief Pharmacist Position
I have been asked by the Committees of the Irish Pharmacy Union (IPU) to write to you and express our concern at the recent decision of the Department of Health not to appoint a Chief Pharmacist.

The IPU believes that a well-resourced Chief Pharmacist is essential within the Department, particularly given the increasing range and complexity of strategies, regulations and EU Directives requiring implementation. In fact, during your time as Registrar and CEO of the Pharmaceutical Society of Ireland (PSI), you advocated, not only for a Chief Pharmacist but for the appointment of a Chief Pharmaceutical Officer, leading a team of pharmacists, to deliver on the pharmacy part of the Government's reform agenda.

The Government's *Future Health: A Strategic Framework for Reform of the Health Service 2012-2015* sets out the main healthcare reforms that will be introduced in the coming years, as key building blocks for the introduction of Universal Health Insurance in 2016. The framework document describes a very ambitious programme for healthcare reform. The IPU welcomes the proposals to encourage treatment at the lowest level of complexity that is safe, timely and efficient, delivered as close to home as possible. The IPU has long advocated that community pharmacists have a key role to play in delivering treatment locally as a key part of a wider healthcare network and we will continue to engage constructively with Government, with other healthcare professionals and with the public to ensure the potential of pharmacy is realised as part of this strategic framework. However, it is unclear how the true potential of pharmacy can be properly achieved without a Chief Pharmacist to drive this strategy.

Improving patient safety and quality assurance in healthcare is a stated priority for the Department and, to achieve this, the key stakeholders must be facilitated in coming together to share their expertise and experiences. However, there has only been one meeting of the Medication Safety Forum since the departure of the previous Chief Pharmacist.

In addition, notwithstanding the excellent work being carried out by an over-stretched Medicines Unit, the lack of a Chief Pharmacist has led to delays in the long-awaited revised Misuse of Drugs

Regulations and in the transposition of the parts of the Cross Border Healthcare and Patients' Rights Directive which facilitate a system for recognition of prescriptions from other EU Member States. There are also a number of other important Directives on the way which require a Chief Pharmacist's input, including, for example, the Falsified Medicines (Medicines Authentication and Use of Common Internet Logo) Directive and the Medical Devices Directive.

During Ireland's Presidency of the EU, then Chief Pharmacist Marita Kinsella and her colleagues performed excellent work and your Department built an enviable reputation for effectiveness. Only through the appointment of a Chief Pharmacist can this hard-won reputation be maintained.

I urge you now to reconsider the Department's position and seek to engage a Chief Pharmaceutical Officer or a Chief Pharmacist, with an appropriate salary scale and contract, as a matter of urgency.

I would welcome the opportunity to meet with you to discuss this important matter further.

Medical Devices

Secretary General IPU to Secretary General, DoH [16 May 2014]

Re: Community Pharmacists' position on the EP position on first reading on the Proposal for a Regulation on Medical Devices and on in vitro Medical Devices

I am writing to you on behalf of the Irish Pharmacy Union (IPU) in relation to the European Parliament opinion on the Medical Devices and on the in-vitro Medical Devices proposal. The IPU has followed with great interest the developments in relation to this proposal and would like to contribute to the debate that will be held in Council.

We **strongly endorse the EP Position** on the Medical Devices and in vitro Medical Devices and we would like you to support the following positions, which have been adopted in the EP opinion:

1. To solve the problem **of borderline products** (Article 3 and Recital 8 of the MD Regulation)

We request you to support a proposal that establishes that the **Commission should be able to decide** how to classify a product when there is a problem of classification between Member States.

2. To **clarify the obligations placed on distributors** (Article 12 paragraph 2 and 4 of the MD and in vitro MD Regulation)

We ask you to support the amendment proposed to **exclude pharmacists and other distributors** from the obligation to ensure that **manufacturers have complied with their entire traceability obligation**. Also we ask you to support a second amendment to ensure **corrective action undertaken by pharmacists is within the scope of their activities**. While we strongly support traceability and surveillance, it will not be possible in practice for pharmacists to ensure that manufacturers have complied with all their traceability obligations.

3. To solve the problems of **compatibility between the traceability systems** used in the pharmacy (Article 24 paragraph 8 and recital 34 of the MD Regulation and Article 22 paragraph 8 and recital 27of the in vitro MD Regulation)

We ask you to support the proposal establishing that, when adopting a traceability system, **the Commission must have regard for compatibility with other traceability systems used by the stakeholders involved with medical devices, such as the system for pharmaceuticals**. We also ask you to support an amendment proposing to include both **human and machine readable formats** in **Medical Device labels**, which will facilitate the workability of the system.

4. To enhance the **vigilance** of medical devices (Article 61 paragraph 3 of the MD Regulation and Article 59 paragraph 3 of the in vitro MD Regulation)

We would like to see **reinforcement of the pharmacist's role** in vigilance and we ask you to support the amendments proposed with this aim.

5. To avoid unnecessary waste of resources (Article 13 paragraph 1 of the MD Regulation)

We ask you to support the proposals **granting pharmacists derogation from the requirement of two years' experience to manufacture a custom made device**. Pharmacists undergo extensive training in pharmaceutical preparation and technology, including extemporaneous preparations, during their formal education followed by application of this knowledge during the obligatory internship which forms part of formal pharmacy education. We believe therefore that the onerous requirement for an additional two years' experience is disproportionate to any perceived benefit.

However, we have **a remark** regarding a provision adopted in the Medical Devices report but not included in the in vitro Medical Devices' report.

The Commission proposal establishes a set of obligations on distributors to improve market surveillance. We mostly welcome these obligations. However we were **concerned about a distributor's requirement to ensure that manufacturers have complied with all the traceability obligations** (Article 12 – paragraph

2 – subparagraph 1 – point c). **This will not be possible for pharmacists** as they would not have access to the relevant information or databases. **The report of the Medical Devices regulation covers our concerns and excludes distributors from this obligation** (amendment 108). **However the in vitro Medical Devices' report has not changed the Commission proposal** and pharmacists remain liable for checking that the manufacturer has complied with all the traceability obligations linked to in vitro devices. The obligations based on distributors in both Regulations need to be consistent and practicable. Therefore we ask you to consider adopting the above mentioned amendment (amendment 108) of the ENVI Medical Devices report in the in vitro Medical Devices report also. We hope you can make this point in any future negotiation on the in vitro Medical Devices proposal.

I thank you in advance for considering these suggestions. Do not hesitate to contact me if you would like any further information or clarification of the points raised in this letter.

FEMPI

From Secretary General to Minister for Health [9 March 2015]

Re: Financial Emergency Measures in the Public Interest (FEMPI) Legislation

The Irish Pharmacy Union (IPU) notes that the Irish Medical Organisation has agreed a Memorandum of Understanding (MoU) with the HSE and Department of Health on a new GP Contract. The MoU encompasses a negotiation process for an orderly unwinding of the FEMPI legislation in its application to GPs since 2009. It is understood that these negotiations will take place in line with the Minister for Public Expenditure and Reform's plans to open negotiations with public sector unions on an orderly unwinding of the FEMPI legislation.

The IPU has previously stated that it is time for the FEMPI Act 2009 and the regulations made under it to be repealed or at the very least set aside as there is little basis for maintaining such emergency measures now. The Minister for Public Expenditure and Reform has acknowledged that the legality of FEMPI legislation, which we have challenged, is predicated on there being an emergency in the State's finances. The emergency has passed and yet the legislation, the regulations and the cuts under them continue in force. The IPU welcomes the Department of Health's and the HSE's recognition that a process for an unwinding of FEMPI legislation is necessary.

The IPU challenged the constitutionality of the FEMPI legislation and regulations and strenuously opposed the cuts imposed on foot of FEMPI regulations for a number of reasons, one being that they were disproportionate in terms of their impact on pharmacists compared to other health professionals. Community pharmacy contractors have contributed an enormous and disproportionate level of savings to the exchequer in terms of both direct and indirect cuts to their payments on foot of the measures introduced under the FEMPI legislation. Pharmacists have been unfairly impacted in terms of loss of income in comparison to other professionals contracted to provide services to the HSE, public sector employees and other groups in receipt of State payments.

Where it is proposed that the FEMPI legislation may be unwound in its application to a specific class of health professionals, both the negotiation process and any actions taken in this regard must be applied equally to other health professionals impacted by the legislation. There must be parity of application and of process and the unwinding must of course be fair, equitable and proportionate to each profession in terms of the cuts suffered by each.

To give preferential treatment to one class of health professionals would be unjustifiable. I expect that you will not do so. I therefore request and look forward to a meeting with you at the earliest opportunity to discuss the unwinding of the FEMPI legislation in its application to our members.

I look forward to hearing from you.

Minor Ailment Scheme

Secretary General IPU to Minister for Health [15 August 2014]

Re: Improving Access to Healthcare through a pharmacy-based Minor Ailment Scheme

You recently reaffirmed the Government's laudable plan to proceed with the implementation of universal GP care on a staged basis. The Irish Pharmacy Union (IPU) wholeheartedly supports this policy and believes that, as a matter of principle, access to medical care and to healthcare generally should be on the basis of need and not ability to pay.

In the attached document, we propose the establishment of a pharmacy-based Minor Ailment Scheme that would allow GMS patients to access non-prescription medicines from their pharmacist, as private patients currently do, and we describe how such a scheme could work on a budget-neutral basis.

One of the greatest challenges that will need to be overcome with the roll-out of GP care is the shortage of General Practitioners. The Irish

Medical Organisation has estimated that the policy could lead to 750,000 extra GP consultations per year while, at the same time, the Irish College of General Practitioners is warning of a GP manpower crisis.

In other countries, where access to primary care is limited due to a shortage of GPs, additional capacity has been created by expanding the range of services available from pharmacists. The Royal College of General Practitioners and the College of Emergency Medicine in the UK have estimated that one in seven GP consultations and one in 12 A & E attendances could have been dealt with by a visit to a pharmacy.

By allowing patients with minor ailments to be treated in a pharmacy, the proposed pharmacy-based Minor Ailment Scheme will free up GPs' valuable time, allowing them to deal with the diagnosis and treatment of patients with more complex or serious conditions.

We hope this innovative proposal, which offers quicker and easier access to treatment for minor ailments and which mirrors services already operating successfully in both Northern Ireland and Scotland, meets with your approval. We would be happy to meet with you to discuss the proposal further.

Secretary General to Minister for Health [19 November 2014]

Re: Supplementary Information on Pharmacy-based Minor Ailment Scheme

Thank you for taking the time to meet with us on November 3rd. We welcomed the opportunity to discuss our proposal for the introduction of a Minor Ailment Scheme for GMS patients. At the meeting, we undertook to provide further information on the studies and evaluations of similar schemes in other jurisdictions, which have been published in reputable journals.

Minor Ailment Schemes have been introduced across England over the past 10 years. The schemes were introduced in all community pharmacies in Scotland in 2006 and Northern Ireland in 2009. In 2012, the Welsh Government proposed a plan to roll the scheme out nationally, and that process is currently underway.

To date, the vast majority of the studies have focused on local Minor Ailment Schemes in the UK, though there are similar schemes in operation in Canada. The most recent of these studies is the '*Community Pharmacy Management of Minor Illness: MINA Study*', which was published in January 2014 and was led by the University of Aberdeen in collaboration with the NHS and the University of East Anglia. Their research spanned two years and, as well as collating and citing data from other sources, the researchers interviewed patients and medical professionals and examined data on consultations for common ailments from selected Accident & Emergency (A&E) departments, general practices and pharmacies in East Anglia, England and Grampian, Scotland.

The study found that:

- The rate of re-consultation to a GP or other health professional following a consultation with a pharmacist regarding a minor ailment was low, varying between 2.4% and 23.4%;
- The researchers found that over the course of the study, approximately 13.2% of all A&E consultations and 13.2% of GP consultations for common ailments could have been managed in community pharmacies, which are similar statistics to those found in earlier studies;
- The study found that outcomes were equally good regardless of whether patients were treated at a pharmacy, A&E or GP practice;
- The cost of treating a minor ailment in an A&E setting was almost five times greater than that of treating it in a pharmacy setting;
- The cost of treating a minor ailment in a General Practice setting was almost three times greater than that of treating it in a pharmacy setting;
- Of the patients interviewed, convenience was deemed to be the main deciding factor in determining where a patient would seek care for a minor ailment and distance was in the top three in determining where the patient would go for treatment.

The study concluded:

> *'The cohort study confirmed equivalence of health-related outcomes for pharmacy-managed patients presenting with symptoms similar to those in high cost settings. The lower costs associated with the management of these symptoms in pharmacies, compared with the other settings, provides further evidence of the suitability of pharmacies to manage these conditions'.*

The University of Aberdeen led an earlier review of the Minor Ailment Scheme, which they published in the *British Journal of Medical Practice* in 2013. The review was entitled *'Are pharmacy-based minor ailment schemes a substitute for other service providers?'*. The link to the review is here: http://bjgp.org/content/bjgp/63/612/e472.full.pdf.

- Studies cited found that the percentage of patients who found a complete resolution of their symptoms after a consultation with a pharmacist ranged from 68% to 94%;
- Studies cited found that if the Minor Ailment Scheme had not existed the number of patients that availed of it that would have gone to their GP first ranged from 47 to 92%;
- Studies cited showed that > 90% of users would reuse the scheme.

The review concluded that:

> *'Low re-consultation and high symptom-resolution rates suggest that minor ailments are being dealt with appropriately by Pharmacy-based Minor Ailment Schemes (PMAS). PMAS consultations are less expensive than consultations with GPs. This evidence suggests that PMASs provide a suitable alternative to general practice consultations'.*

A literature review carried out in 2008 by the Pharmaceutical Society of Ireland for their 'Pharmacy Ireland Working Group 2020, Interim Report' provided the following statistics for England (please see interim report here: http://www.thepsi.ie/Libraries/Publications/Interim_Report_of_the_Pharmacy_Ireland_2020_Working_Group.sflb.ashx.

- 51.4 million GP consultations a year were solely for minor ailments;
- 18% of GPs' workloads or an hour a day for each GP is spent on minor ailments;
- The total cost of the consultations to the NHS was £1.8 billion (or €2.5 million) and 80% of that cost was attributable to the GP's time.

Similar studies have also been carried out in Canada. An in-depth evaluation was carried out by Research Power Incorporated, a consultancy firm, on behalf of the Pharmacy Association of Nova Scotia. Their report, *'Evaluation of the Provision of Minor Ailment Services in the Pharmacy Setting'*, was published in October 2013 (available on https://pans.ns.ca/wp-content/uploads/2013/11/2013-10-17-PANS-report_FINAL.pdf).
The findings are similar to the UK study in terms of the high patient satisfaction rates and the efficiencies generated.

- Participating pharmacies experienced good patient uptake of the service;
- Almost all of the patients completing the satisfaction survey (96%) indicated that the service was beneficial or very beneficial;
- 99% of the patients surveyed said that they would use the service again;
- 89% indicated that their concern was satisfactorily resolved through the assessment;
- Almost all patients responding to the survey (96%) indicated that the minor ailment assessment and prescribing service helped them gain access to health care sooner;
- Most patients surveyed indicated they would have either seen their GP (57%) or attended a walk-in clinic/A&E (29%) if the MAS had not been available to them.

The success of the seasonal flu vaccination service here in Ireland demonstrates that when additional services are communicated and promoted effectively to the Irish public, they respond well to and avail of those services. Over 32,000 flu vaccinations have been delivered in the Community Pharmacy setting since this season's flu vaccination service began. The year-on-year increases in at-risk individuals availing of the vaccination demonstrate that the word is getting out there and that pharmacists are trusted by the public to deliver health services. In relation to Minor Ailment Schemes specifically, the studies demonstrate that pharmacists can offer positive patient outcomes, patient satisfaction and efficiency when it comes to treating minor ailments, as well as diverting patients away from GP services and hospital A&E departments. If any further information is required we are more than happy to provide it.

General

Secretary General to Minister for Health [18 July 2014]

I write on behalf of the President and Executive Committee of the Irish Pharmacy Union to congratulate you on your appointment as Minister for Health. You take on the role at a challenging time as the health service in Ireland is undergoing a period of profound change, faced with twin pressures of increasing demand and diminishing resources.

The community pharmacy profession plays a valuable role in primary care and has a significant part to play in the delivery of healthcare in a reformed health service. Pharmacists are the most accessible healthcare profession, due to their presence in every town, village and community, and are therefore in a perfect position to deliver a broader range of structured, high quality, cost-effective healthcare services, particularly in the area of public health, chronic disease management and optimising the use of medicines – services which have been shown elsewhere to improve health outcomes and enhance quality of life and, ultimately, result in long term savings.

We look forward to working constructively with you in the development of a reformed system of primary healthcare which meets the objectives of the Government's *Future Health* strategy and delivers for patients and the public.

Secretary General to Minister of State for Primary and Social Care [21 July 2014]

I write on behalf of the President and Executive Committee of the Irish Pharmacy Union to congratulate you on your appointment as Minister of State for Primary and Social Care. You take on the role at a challenging time as health services in Ireland are undergoing a period of profound change, faced with twin pressures of increasing demand and diminishing resources.

The community pharmacy profession plays a valuable role in primary care and has a significant part to play in the delivery of healthcare in a reformed health service. Pharmacists are the most accessible healthcare profession in both urban

and rural areas and their presence in every town, village and community positions them perfectly to deliver a broader range of structured, high quality and cost-effective healthcare services, particularly in the area of public health, chronic disease management and optimising the use of medicines – services which have been shown to improve health outcomes and enhance quality of life and, ultimately, result in long term savings.

We look forward to working constructively with you in the development of a reformed system of primary healthcare which emphasises equity of access, which meets the objectives of the Government's Future Health strategy and which delivers for patients and the public.

Secretary General IPU to Minister for Health
[8 August 2014]

I wish to refer to your opinion column in the Irish Independent, published on Tuesday, August 5th.

In your column you stated your intention to reduce medicine prices and mark-ups. However, there is no mark-up paid to pharmacists under the community drugs schemes reimbursed by the HSE. Pharmacists are paid only the ingredient cost, without mark-up, plus a regressive flat fee. Regulations made in July 2009 under the Financial Emergency Measures in the Public Interest Act reduced the reimbursement price of medicines from 100% of invoice cost to 91.8% and, at the same time, reduced the mark-up which had previously been paid on the Long Term Illness Scheme and the Drugs Payment Scheme from 50% to 20%. In July 2013, further regulations made under the same Act eliminated the 20% mark-up completely, leaving pharmacists reliant on the dispensing fee alone. Since its inception, the GMS Scheme has never attracted a mark-up.

As regards medicine prices, these have fallen very dramatically in recent years and continue to fall. The ESRI, in their report entitled *Pharmaceutical Prices, Prescribing Practices and Usage of Generics*, published in June 2013, observed that price reductions of the order of 30% per item reimbursed have been achieved between 2009 and 2013 and that the GMS price per item in 2013 had declined, in nominal terms, to levels last seen in 2001/2002.

Since then, the Health (Pricing and Supply of Medical Goods) Act 2013 has introduced a system of generic substitution and reference pricing which has further reduced generic medicine prices very substantially. The HSE Chief Pharmacist, Shaun Flanagan, told RTÉ News on Friday, 1 August, that €50m in savings had accrued already this year and that Ireland is no longer paying more than the EU average for medicines.

It is also worth noting that it is not only the HSE which is benefiting from medicine price reductions. In very challenging economic circumstances, pharmacists are passing on the reductions to their patients and the public, who are seeing the effect at the pharmacy counter as the cost of filling their prescriptions has fallen and continues to fall.

Director of Pharmacy Services to Medicines, Controlled Drugs and Pharmacy Legislation Unit, DoH
[19 November 2014]

Re: Patient Safety Issue with Clozapine
At the last Medication Safety Forum meeting, we highlighted a patient safety issue regarding clozapine. This medicine can only be dispensed from specialist psychiatric clinics. The nurses in such clinics then ask community pharmacists to blister-pack those medicines along with other medicines that the patient receives directly from the pharmacy (i.e. the patient personally brings the clozapine to the pharmacy for the pharmacist to include in the blister pack). This cohort of patients would typically have difficulty complying with their medication regime. Similar issues arise with HIV medication. During recent inspections, the Pharmaceutical Society of Ireland (PSI) has asked pharmacists to cease this practice.

I would like to suggest that we put a small group together from the IPU, PSI, HSE and DoH to discuss how we can best address this patient safety issue.

Secretary General to Medicines, Controlled Drugs and Pharmacy Legislation Unit
[17 February 2015]

Re: Transposition of Article 85c of the EU Falsified Medicines Directive (2011/62/EU)
Thank you for your letter of 4 February 2015, inviting our feedback on the Transposition of Article 85c of the EU Falsified Medicines Directive (2011/62/EU) regarding the internet supply of non-prescription medicines.

The Commission agreed to adopt Implementing Acts in order to harmonise the functioning of the Common Logo. Consequently, the Commission Implementing Regulation (EU) No 699/2014 was published on 24 June 2014 on the design of the common logo to identify persons offering medicinal products for sale at a distance to the public and the technical, electronic and cryptographic requirements for verification of its authenticity.

The Irish Pharmacy Union (IPU) is of the view that the Department's proposed European Union (Amendment of the Pharmacy Act 2007) Regulations 2015 and Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2015 meet the requirements of the Implementing Regulation and very clearly set out how internet supply of non-prescription medicines will be regulated in Ireland.

The proposed Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2015 place significant additional responsibilities on the Pharmaceutical Society of Ireland (PSI): establish and maintain the information society service (ISS) supply list for (A) pharmacies and (B) non-pharmacies who wish to supply non-prescription medicinal products to the public via the internet; renew registrations every 12 months; collect registration fees; establish and maintain a website to facilitate hyperlinks from individual websites to the ISS supply list; ensure that medicinal products supplied via the internet are sourced from an authorised supplier; ensure that such medicines are stored appropriately; ensure that appropriate records are kept; ensure that the supply of such medicines is appropriate and reasonable; ensure that the purchaser is aware how the medicinal product should be used; and inspect premises supplying medicines by internet.

Whilst we have no issue with the PSI being responsible for the establishment and maintenance of the ISS supply list, we would like it noted that pharmacists' and pharmacies' current registration fees ought not to be used to fund these additional responsibilities being placed on the PSI. Irish pharmacists and Irish pharmacies already pay among the highest registration fees in Europe; we would therefore appreciate confirmation that these funds will not to be used to defray the costs of regulating and policing non-pharmacy establishments, and even pharmacy establishments, who are engaged in the supply of non-prescription medicines by internet.

We would be happy to meet with you to discuss the issues outlined above in more detail.

Secretary General to Minister for Health [9 April 2015]

Re: Notice to Pharmacists re Price Reductions on Medical Goods

As we approach the second anniversary of the passing into law of the Health (Pricing and Supply of Medical Goods) Act 2013, it is opportune to consider the impact of its operation. The Act, which inter alia introduced a system of generic substitution and reference pricing and gave the Health Service Executive greater control over pricing of medicines and other reimbursable items, has led to considerable savings for the State but has, equally, led to unintended negative consequences for pharmacists. In addition to the ongoing setting of reference prices, which process has encompassed legal minimum notice periods to pharmacists, two other rounds of price changes have been implemented without notice to pharmacists since the commencement of the Act and have resulted in pharmacists incurring significant unforeseen financial losses.

In February of this year, the Irish Pharmacy Union was informed that changes would be introduced to the list of reimbursable Ostomy products on the 1st April 2015. Despite repeated efforts to secure details of the proposed changes, neither the IPU nor our members received any further information from the HSE until the afternoon of Friday, 27th March, less than two and a half working days before the changes were to be implemented. When we requested that the date of implementation be deferred until May to enable pharmacists to identify the products affected and to manage their stocks to minimise their losses, this was refused. This followed a similar situation on 1st May 2014 when price reductions were imposed without notice to pharmacists on generic medicines which had not been deemed interchangeable under the Act.

While it is legitimate that the State would seek to ensure maximum value for its spend on medicines, it is neither fair nor reasonable for the HSE to impose such losses on pharmacists, particularly when such a situation could be minimised or avoided by giving adequate notice. Pharmacists may, with good reason, decide to no longer stock expensive items for patients to avoid such losses in the future, which would result in a dis-improvement in service levels currently enjoyed by Irish patients.

We propose that Section 21 of the Health (Pricing and Supply of Medical Goods) Act 2013 be amended to provide for reasonable notice to be given to pharmacists in terms of all price reductions on medical goods. We fail to see the distinction between reference prices being imposed on foot of medicines being deemed interchangeable, and price changes being imposed on other items. Section 24 of the Act creates, at a minimum, a threshold of fairness and reasonableness in terms of notification to pharmacists in advance of price changes being introduced. On that basis, a notice period equivalent to that provided for in Section 24 should be required to effect reductions to prices on products that fall under Section 21. It is clear that the significant impact on pharmacists caused by un-notified price reductions on medicinal products was not considered when the Act was drafted and we ask that you rectify this anomaly urgently.

PCRS

Secretary General to Mr P Burke, HSE, Primary Care Reimbursement Service [9 April 2015]

Re: Letters to Patients from PCRS

At the last JCG meeting, the IPU raised the serious matter of the wording and content of letters from the PCRS issuing to patients and relating to pharmacists. There was an implication in those letters that the pharmacists had been remiss in dispensing privately to patients when the patients were eligible under other schemes, notwithstanding that the GPs, pharmacists and patients concerned were unaware of that eligibility.

A further piece of correspondence from the PCRS to a patient has since been brought to our attention. The last paragraph states:

> *'All pharmacies with HSE contracts should not be charging any mark-up on drugs dispensed under the Drugs Payment Scheme from the 24th July 2013 onwards, but unfortunately there are some pharmacies that are still charging the mark up and it is affecting the client's payment if the drugs are under the co-payment amount of €144'.*

This is an egregious misrepresentation of the way the DPS scheme operates. The clear inference from the correspondence to the patient is that their pharmacist has behaved improperly and in breach of their contract with the HSE. This is not the case. Misinforming patients in this way is injurious to the reputation of the pharmacist concerned and the business of their pharmacy.

As you know, the prices charged for medicines dispensed below the DPS threshold are entirely a matter for the pharmacist. You accepted this in a meeting with the IPU and vendors relating to reference pricing in June 2013. The HSE has no role in determining what a pharmacist charges private patients for medicines and a DPS-registered patient is a private patient for the proportion of their medicine costs that comes below the threshold.

The IPU has identified a pattern of misinformation in correspondence emanating from the PCRS with regard to the charging of patients below the DPS threshold. This is damaging the reputations and businesses of our members. This must cease as a matter of urgency and there must be a commitment in this regard from you to us at our meeting on Monday. Members whose reputations and businesses have already been affected will be advised to take legal advice with a view to vindicating their good names.

HSE

Secretary General to National Director of Primary Care, HSE [8 April 2015]

Re: Minor Ailment Scheme and New Medicines Service

I would like to thank you for meeting with us on the 10th March.

We welcome your receptiveness to our proposals for the expansion of the range of services provided by pharmacists, and for your willingness to explore how the proposals could be implemented. In particular, we are looking forward to working with you to explore a framework for rolling out a Minor Ailment Scheme and piloting a New Medicines Service with a view to a broader rollout.

We are confident that both schemes would be of benefit to the HSE in terms of creating efficiencies and improving patient outcomes in line with the plans set out in Healthy Ireland. The resource of 1,700 community pharmacies can provide much needed support to other Primary Care providers, particularly as access to free GP care is expanded.

One of the greatest challenges that will need to be overcome with the expansion of free GP care is the shortage of General Practitioners. The Irish Medical Organisation has estimated that the policy could lead to 750,000 extra GP consultations per year while, at the same time, the Irish College of General Practitioners has warned of a GP manpower crisis. By allowing GMS patients with minor ailments to be treated in a pharmacy, the proposed pharmacy-based Minor Ailment Scheme will free up GPs' valuable time, allowing them to deal with the additional workload.

We would like to meet with you or your team at the earliest opportunity to begin the process of taking these proposals to the next level. We are available to meet on either the 27th or 28th of April, should that suit.

Secretary General to National Director of Primary Care, HSE [9 April 2015]

Re: Price Reductions on Ostomy Products

I am writing to you to express our deep dissatisfaction at the manner in which recent price reductions were, yet again, implemented by HSE PCRS without reasonable notification to our members. Implementing such changes without notice is, in our view, both unprofessional and discourteous, and creates significant difficulties for our members.

In February of this year, the Irish Pharmacy Union was informed that changes would be introduced to the list of reimbursable Ostomy products on the 1st April 2015. Despite repeated efforts to secure the details of the proposed changes, neither the IPU nor our members received any further information from the HSE until the

afternoon of Friday, 27th March, less than two and a half working days before the changes were to be implemented. When we requested that the date of implementation be deferred until May, this was refused.

On the 1st May 2014 a similar situation arose when price reductions were imposed on generic medicinal products, without notice to pharmacists.

There is no evidence that the HSE gave any consideration to the impact on pharmacists who, in order to ensure adequate stocks for their patients, purchased these high value items at the higher price and will now suffer significant financial losses as a result.

It is neither fair nor reasonable for the HSE to impose such losses on pharmacists, particularly when such a situation could have been minimised by giving adequate notice, to allow pharmacists to manage their stocks and minimise their losses. Otherwise, it risks creating a situation whereby pharmacists seeking to avoid such losses in the future may, with good reason, decide to no longer stock expensive items for patients.

In the interests of having a positive and constructive relationship with the HSE we request that where price reductions are planned, the HSE should extend our members the courtesy of furnishing the IPU with a list of relevant price changes at least four weeks in advance of such changes being implemented.

HPRA

Secretary General to Director of Veterinary Sciences, HPRA
[24 March 2015]

Re: Regulation on Veterinary Medicinal Products

I am writing to you on behalf of the Irish Pharmacy Union (IPU), the representative body for community pharmacists, in connection with the reform of European legislation on veterinary medicinal products, as proposed by the European Commission.

We welcome the Commission's proposal on veterinary medicinal products. In particular, we welcome the measures aimed at tackling antibiotic resistance, given the need to ensure rational use of antimicrobials in the veterinary sector.

We note that the Commission has included a number of proposals with the aim of regulating the retail dispensing of veterinary medicines. Whilst we welcome most of the proposals, we have some concerns that we would like to outline to you, given that the HPRA is participating in the expert group drafting the Regulation.

1. **Special licence for certain medicines (Article 109)**
   We believe that pharmacies and other authorised stakeholders should be excluded from the requirement of a specific licence for supplying the medicines described in Article 109. It is important to highlight that the right of pharmacists to dispense medication of this nature is recognised in all European countries. It would be absurd if pharmacists were able to dispense these kinds of medication for humans under the normal pharmacy licence, but need a specific licence for veterinary products.

2. **Retail of veterinary medicinal products and record keeping (Article 107)**
   We strongly support the idea of further record keeping for certain veterinary medicinal products and, in particular, for antibiotics. However, we believe that keeping records of non-prescription veterinary medical products may be disproportionate and may not be justified on public health grounds, particularly for non-food producing animals. In this case, Member States are better positioned to decide the extent to which non-prescription veterinary medicines records ought to be kept.

3. **Veterinary prescriptions (Article 110)**
   The right to refuse the recognition of veterinarian prescriptions, when justified, should be included in the core text of the Directive rather than in a recital, as this is a key issue of public health concern. This is consistent with the policy adopted in European legislation. In particular, the same solution is adopted for the recognition of human medicines in the Directive on the application of Patients' Rights in Cross-border Healthcare (Directive 2011/24/EU).

   In addition, when there is not an authorised veterinary medicine in a Member State to treat an animal, in exceptional circumstances the Regulation allows the use of alternative medicines. For example, human medicines may be prescribed. We believe that the cross border recognition of veterinarian prescriptions in those cases must be prohibited. In a cross border context, the exceptional circumstances cannot be assessed and the prescriptions can be abused.

4. **Manufacturing authorisation exemption (Article 91)**
   The proposal will exclude all retailers from the need for a manufacturing authorisation to prepare veterinary medicines. The current Directive only excludes pharmacies. It follows a practice where pharmacists prepare, for individual animals or a small group of animals, medicines on demand following veterinarian instructions or processes established in the pharmacopeia. Pharmacies have the equipment and training needed for these purposes and this situation should be maintained.

5. Internet supply (Recital 56 and Article 108)
Member States are free to decide the level of health protection they want to achieve. Therefore they should be able to decide whether the internet selling of prescription veterinary medicines is allowed in their territory. The harmonisation of the conditions of the supply of veterinary medicines must not jeopardise Member States' competences on health.

I attach some detail for each of the amendments we have proposed above. We would be happy to meet with you, at your convenience, to discuss these issues in more detail.

HEALTH INSURANCE COMPANIES

Director of Pharmacy Services to Aviva Health Insurance Ireland Ltd, GloHealth, Laya and VHI [7 January 2015]

Re: Pharmacy Vaccination and Health Screening
I am writing to you on behalf of the Irish Pharmacy Union (IPU), the representative body for community pharmacists, in relation to Aviva Health reimbursing its members for pharmacy influenza vaccinations and health screening.

In 2011, pharmacists began participating in the Seasonal Influenza Vaccination Service. In the first season, pharmacists vaccinated 9,000 patients, in the second season they vaccinated 18,000 and last season they vaccinated over 40,000 patients; we do not yet have final figures for 2014/15. Information was collected from Irish pharmacists about the people they had vaccinated and showed that last season, 25% of patients vaccinated in pharmacies had never been vaccinated before and, of those, 85% were in an at risk group. This shows the true value of pharmacists being involved in vaccination as pharmacists see their patients with chronic diseases every month.

Research in the USA has proven that when pharmacists provide vaccines, everybody benefits – the pharmacist, other healthcare providers and, most of all, the patients and the wider community. In fact, because of the increased awareness within communities, the overall number of vaccinations has been shown to increase. The overarching aim for all healthcare professionals is to increase the vaccine uptake in at-risk groups and to reduce the morbidity, mortality and burden to the health service, particularly in primary care, associated with seasonal influenza.

I'm sure you will agree that it is beneficial, not just to the patient but to you as a health insurer, that vaccination uptake increases in Ireland, especially in the at-risk categories. When more people are vaccinated, fewer people end up in hospital with flu-related illnesses. We propose that Aviva Health considers reimbursing its members for pharmacy influenza vaccinations in order to promote increased vaccination rates and reduce associated illnesses.

Another service being offered in community pharmacy is health screening or health checks. This involves the pharmacist conducting a series of checks on the patient, e.g. blood pressure, blood glucose, cholesterol, BMI, and recommending either lifestyle advice or referral to the patient's GP. It is important to note that the pharmacist does not diagnose a particular chronic disease; rather they identify patients who are at risk and provide the appropriate advice or referral. The aim is to reduce the number of people developing chronic disease in the first place, thus reducing costs in secondary care, costs that are often met by health insurers. Over 600 pharmacies have registered to partner with RTE's Operation Transformation and to measure patients' BMIs this coming weekend. I'm sure Aviva Health welcomes such an initiative and we propose that patients who receive a health check or screening in their local community pharmacy be able to claim back the cost of the check from Aviva Health.

We are of course happy to meet with you, at your convenience, to discuss these issues in more detail.

Product & Business Development Manager, Vhi to Director of Pharmacy Services [26 January 2015]

Thank you for your recent letter which John O'Dwyer passed on to the business and product development team regarding pharmacy vaccination and health screening services.

Firstly, Vhi welcomes any initiatives which promote and encourage people to avail of preventative care services such as vaccinations, screenings and health checks. Vhi Healthcare is an active participator in various preventative healthcare initiatives such as our Blue September campaigns, our free diabetes and colon cancer screening and our promotion of DEXLIFE lifestyle intervention.

However, for Vhi Healthcare, as a health insurance company, our primary function is to provide cover for unforeseen illness or injury requiring hospital care.

In considering new health insurance products or new benefits/services such as vaccines and screening, we must take this factor into account, especially in the current cost conscious market whereby many of our members face affordability issues. Secondly, member demand and access to both new and current benefit/services is also taken into consideration. To date there has not been sufficient demand from our membership in order to justify extending cover for additional vaccination/ screening services over and above what is currently covered by Vhi Healthcare benefits.

We of course continuously review the range of services we offer our members and as such we are more than happy to meet with you to discuss services which your members currently offer or are seeking to develop in the future. Where enhancements are being made in the future we will consider your request.

Thank you for bringing your services to our attention and we look forward to hearing from you.

OTHER MATTERS

Director of Pharmacy Services to Minister for Health / Head, HSE Crisis Pregnancy Programme / National Director for Health and Wellbeing, HSE / Chief Executive, Family Planning Association
[6 February 2015]

Re: Access to Emergency Contraception for Medical Card Patients
I am writing to draw your attention to an issue which could potentially become a real concern within the next few months, namely access to emergency oral contraceptives for Medical Card Patients.

Only a few years ago, there were three reimbursable emergency contraceptives available to patients under the GMS Scheme: Levonelle®, Norlevo® and ellaOne®. Norlevo was reclassified in 2011 from *prescription only* to *pharmacy sales not subject to medical prescription*. HRA Pharma, the manufacturer of this product, asked for the GMS code to be removed, meaning that it could no longer be prescribed under the GMS scheme. Fortunately, at that time, both Levonelle and ellaOne were available to be prescribed under the scheme.

Consilient Health, the new owners of Levonelle, recently announced that Levonelle will henceforth be available under the brand name Prevenelle®. Prevenelle has been reclassified from *prescription only* to *pharmacy sales not subject to medical prescription* from 1st March 2015. It is not clear, at the time of writing, whether Prevenelle's reimbursable status under the GMS Scheme will remain following its rebranding.

On 8th January 2015, the European Commission made the decision to grant HRA Pharma's application to change the classification status of ellaOne (ulipristal acetate) from *prescription only* to *sales not subject to medical prescription*. This decision will result in the medicine being available without prescription throughout the EU. HRA Pharma has now changed the SmPC for ellaOne and is in the process of producing new packaging. They expect non-prescription presentations of ellaOne to be shipped to Irish wholesalers in late March and distributed to pharmacies in April, in time for the UK and Ireland launch on 20th April 2015. On that basis, once wholesalers and pharmacies have used up the current stock of the prescription only presentation, the only version of this medicine that will be available to patients will be the non-prescription pack. This product, ellaOne, is the only product of its kind on the market, i.e. 120-hour emergency oral contraception, and at the time of writing it is not clear whether or not it will remain on the reimbursable list.

We are concerned that, in less than two months, it could be the case that no emergency oral contraceptives will be available for GPs to prescribe under the GMS Scheme. This is of huge concern to the IPU, given the potentially far-reaching and life-changing consequences that an unwanted or unplanned pregnancy could have for affected women.

We would welcome the opportunity, at your earliest convenience given the urgency of the matter, to discuss a possible mechanism by which pharmacists could dispense non-prescription presentations of emergency oral contraceptives directly to GMS patients under the GMS scheme. The effectiveness of emergency contraception diminishes between the time of unprotected sex and the time of taking them, emphasising the value of the convenience and accessibility of community pharmacies. Pharmacists have been permitted to supply Norlevo to patients without prescription since 2011 and have thus established the safety of the service.

We have written to the Minister for Health and the HSE National Director for Primary Care, to outline the importance and urgency of the matter. We believe that the Department of Health and HSE should work with the IPU to put in place a mechanism to enable immediate access to emergency contraception without prescription for all patients under their existing GMS eligibility.

We are of course happy to meet with you to discuss this issue in more detail.

APPENDIX III

PRESS RELEASES ISSUED TO THE NATIONAL MEDIA DURING THE YEAR ON VARIOUS MATTERS

2014

21 May
Irish Pharmacy Flu Vaccination Services highlighted at Global Level

26 May
Exam Time – Pharmacists' Advice to Students

28 May
Competition Authority / IMO Case – IPU welcomes Competition Authority's acceptance of the rights of representative bodies to discuss and consult on fees, resources and other issues

30 May
Pharmacists warn that mixing Alcohol with Medicines can cause serious health problems

09 June
Men encouraged to reduce health risks by talking to their Pharmacist

16 June
Pharmacists warn parents of health risks when giving medicines to children

17 June
Irish Pharmacist elected President of the Pharmaceutical Group of the European Union – representing 400,000 community pharmacists

18 June
Pharmacists issue Safety Guidelines to Stay Safe in the Sun

01 July
IPU Submission to Joint Oireachtas Committee on Health and Children: Expanding the role of pharmacists would free up GPs in the roll-out of free GP Care – Pharmacists call for a joined-up approach to the delivery of healthcare

06 July
Health Minister's To-Do List

17 July
IPU welcomes move to increase availability of medicines through pharmacies without prescription: 34 extra medicines available to patients through their pharmacy without prescription

24 July
Pharmacists call for an expanded role to reduce pressures on GPs as Free GP Care rolls out

25 July
Patients putting themselves at risk by ignoring Medicine warnings

31 July
Pharmacists call for action on Heart Disease – Ireland's No. 1 Killer

21 August
Back To School – Pharmacists' Advice on Treating Head Lice

28 August
Electric Picnic Music Festival: Pharmacists issue tips to stay healthy at Electric Picnic

09 September
Pharmacists call for urgent appointment of a Chief Pharmacy Officer – Call follows appointment today of 3 Deputy Chief Nurses in Department.

19 September
Pre-Budget Submission – Irish Pharmacy Union – Pharmacists call on the Government to introduce Pharmacy-Based Minor Ailment Scheme (Scheme to reduce pressures on GP services would be cost neutral to the State)

23 September
World Pharmacists Day – 25 September 2014 – Pharmacists express frustration at the lack of political will to expand their role - "Let us do more like our colleagues in Scotland or Canada"

26 September
World Heart Day – Sunday 28th September

21 October
Pharmacists highlight medicine shortages putting patients at risk – *Medicine shortages driven by falling medicine prices.*

03 November
Pharmacists Meet with Minister for Health – New *figures from IPU confirm over 32,000 people received flu vaccine from community pharmacies already this autumn. / Pharmacists call on Minister to extend vaccination service to include other serious infections including Shingles and Pneumococcal Pneumonia. / Minister informed that pharmacists have the ability to support our overburdened health service.*

20 November
Pharmacists promote Self-Care in the use of Antibiotics - Pharmacists warn antibiotics should only be used when prescribed and when absolutely necessary / Overuse and misuse of antibiotics put patients' health at risk

12 December
Pharmacists issue health tips to avoid Colds and Flu – Warn that Antibiotics are not effective against colds and flu.

19 December
Stay Safe this Christmas and New Year - Pharmacists Warn of the Dangers of Mixing Alcohol with Medicines – *Ask your pharmacist first before mixing Alcohol with Medicines – Medicines can contain alcohol, putting you at risk of driving over the limit*

23 December
Ask Your Pharmacist for advice to assist with New Year's Resolutions – *Pharmacists encourage and support people to Lose Weight and Quit Smoking – Half of all smokers die from smoking-related diseases*

2015

06 January
Get Ireland Walking

08 January
Know Your Numbers: Pharmacists team up with Operation Transformation

28 January
Seminar hears that pharmacists hold key to relieving pressures in GP surgeries

05 February
IPU Crime Survey Confirms that Pharmacies Under Siege from Robberies and Raids

25 March
Pharmacists warn parents of health risks when giving medicines to children

08 April
Pharmacists warn parents not to give codeine-containing medicines to children to treat coughs and colds

15 April
IPU Helps to Highlight that #littlethings can make a Big Difference to How We Feel

NOTES

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