

# 2020 ANNUAL REPORT OF IPU EXECUTIVE COMMITTEE

FINANCIAL STATEMENTS  
YEAR ENDED 31 DECEMBER 2019



**IRISH  
PHARMACY  
UNION**

The voice of  
community pharmacy

The information contained in this document  
is confidential to IPU members.



# CONTENTS

1. Executive Committee .....	2
2. Agenda .....	3
3. Message from the President-elect .....	4
4. Minutes of 2019 AGM of IPU and IPU Services Ltd .....	6
5. 2019 AGM Motions and Report on Action Taken .....	14
6. Overview from the Secretary General .....	17
7. Pharmacy Contractors' Committee (PCC) Report 2019 – 2020 .....	24
8. Community Pharmacy Committee (CPC) Report 2019 – 2020 .....	27
9. Employee Pharmacists' Committee (EPC) Report 2019 – 2020 .....	31
10. Communications Report .....	33
11. International Pharmacy Matters	
a. PGEU Report .....	39
b. Report on FIP Congress .....	41
12. 2020 AGM Motions .....	42
13. Financial Statements .....	44
14. Appendices .....	75

*The Financial Statements for the Irish Pharmacy Union and IPU Services Ltd are available on the IPU website.*

Appendix I: A list of submissions made since the 2019 AGM .....	75
Appendix II: Key correspondence since the 2019 AGM .....	76
Appendix III: A list of Press Releases issued to the media since the 2019 AGM .....	106

# EXECUTIVE COMMITTEE 2020-2022

**President:** Daragh Connolly  
**Vice-President:** Eoghan Hanly  
**Honorary Treasurer:** Caitríona O’Riordan

**The outgoing President, Vice-President and Honorary Treasurer 2018-2020 (as above), will remain in office until the close of the AGM. Their successors will be nominated at the last Executive meeting before the AGM and will take office at the close of the AGM.**

## **Regional Representatives**

Gemma Dwyer	Dublin
Brian McCartan	North East
Carmel Collins	Mid West
Rory O’Donnell	North West
John O’Connell	South East
Adrian Dunne	Midlands
Caitríona O’Riordan	South
Oliver McGuinness	West

## **Community Employee Group**

Gillian McGrath  
Rebecca Barry  
Sinéad Ryan

## **Past President**

Vacant

## **Co-options**

Denis O’Driscoll  
Caoimhe McAuley  
Niamh Murphy  
Stephen Nolan  
Ann Marie Horan

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

# 2020 IPU AGM AND IPU SERVICES LTD AGM

7.00pm, 8 October 2020

(Confined to paid-up members of the IPU)

## AGENDA

Chairperson: Mr Daragh Connolly, President

7.00pm	1. Welcome
	2. One minute's silence in memory of pharmacists who died since the 2019 AGM
	3. Minutes of IPU 2019 AGM*
	4. Minutes of IPU Services Ltd 2019 AGM*
	5. <b>Financial Report and Consolidated Accounts 2019</b>
	a. Adoption of Audited Statement of Accounts of IPU
	b. Appointment of Auditors of IPU and IPU Services Ltd
	c. Adoption of Directors' Report and Audited Statement of Accounts of IPU Services Ltd
7.20pm	6. Address from President
7.30pm	7. <b>Group Reports</b>
	a. Pharmacy Contractors' Committee Report
	b. Community Pharmacy Committee Report
	c. Employee Pharmacists' Committee Report
	d. Communications Report*
	e. International Pharmacy Matters*
7.55pm	8. Report on Motions from 2019 AGM*
8.00pm	9. 2020 AGM Motions
8.30pm	10. Open Forum
8.45pm	Closing of AGM Procedures by IPU President Daragh Connolly Handover of IPU Presidency to President-elect Eoghan Hanly

\* These items are contained in a more detailed report on [www.ipu.ie](http://www.ipu.ie).

# MESSAGE FROM THE PRESIDENT-ELECT EOGHAN HANLY

It gives me great pleasure to present the IPU Annual Report, which details the work undertaken on your behalf by the Committees and staff of the IPU.

Dear Colleagues and friends,

What a difference a year makes. Who could have pictured a worse scenario than Brexit, FEMPI and an apathetic Government? These difficulties have now been compounded by the nightmare of COVID-19. The mental stresses faced by everyone are unrelenting and the demands placed on pharmacy are increasing day to day. Against this background, we still do our jobs within the framework of a contract that the Government has admitted is outdated and no longer fit for purpose. We do not get paid enough for our core job of dispensing medicines and advice safely to patients and we do not get paid at all for some of the essential services patients need like monitored dosage systems, medicine reviews and novel medicine interventions. It is difficult not to be negative in this context.

We have been promised continuously both verbally and in writing that negotiations on a new pharmacy contract are imminent and yet at this time we still have no start date for the talks. This is unacceptable. For Ireland to have a modern viable pharmacy sector that can practise to full scope, it needs to be underpinned by a contract that encompasses fairness and sustainability. Sláintecare has set out a pathway for future healthcare in Ireland and a new contract is needed to reflect pharmacy's essential role in achieving this vision.

At the height of the pandemic crisis, when the country went into a full lockdown, IPU members showed great leadership in their workplaces and communities by staying open to provide essential medicines, guidance and care. When I look proudly at the outstanding role pharmacy in Ireland has taken on during the pandemic it makes me wonder what the impact would have been if the Department of Health had forced through the cuts that they had wanted to impose on our already beleaguered sector last December. I strongly commend the resolve that IPU members showed when approaching the local politicians in their offices and in your pharmacies. It is because of these efforts and the excellent guidance issued from the leadership in Butterfield House that those cuts were stopped. The battle was won but the war continues. Thanks to your response to the pandemic within each of your communities, pharmacy is again deservedly held in the highest esteem by Irish people.

Also due to the crisis we have seen a hint of what a modern fit for purpose eprescribing system could look like, cutting down on bureaucracy, errors, environmental waste and phone contact, while also making life more convenient for both ourselves and our patients. The implementation of such a system

has been the stated goal of Government since 2013 and yet here we are seven years later grateful for a sticking plaster solution forced on us by extraordinary circumstances.

I would like to acknowledge the dedication and hard work, under challenging circumstances, of all the members of our committees and the employees of the Union, all of whom have kept working and delivering for members, helping guide us through a very difficult year. Thank you.

It is a new world out there and one that we will have to cope with for the foreseeable future. It is a future where pharmacy will, because of need, take on even more of a central role in local healthcare. This role must be resourced with proper remuneration, personnel, training and support. I am looking forward to working to achieve this in my new role as President, along with the Committees and staff of the IPU.

In the meantime, stay safe until we can meet again.

**Eoghan Hanly**  
IPU President-elect



# MINUTES OF THE 46TH ANNUAL GENERAL MEETING OF THE IRISH PHARMACY UNION AND IPU SERVICES LTD

Galmont Hotel, Galway  
12 May 2019

**Present:** The President, Daragh Connolly and 41 members

**In attendance:** Darragh O’Loughlin, Jim Curran, Darren Kelly, Pamela Logan, Roisin Molloy and Derek Reilly.

**Apologies:** Apologies were received from seven members.

1. The President welcomed the attendance to the 46th 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 2018 AGM.

On the proposal of the President, Marie McConn was unanimously appointed a Trustee of the Irish Pharmacy Union in accordance with article 25 of the IPU’s Constitution.

### 3. Minutes of 2018 AGM

The report of the 45th Annual General Meeting, previously made available on the members’ section of [www.ipu.ie](http://www.ipu.ie), was taken as read. The report was proposed by Kathy Maher, seconded by Sinead Ryan, unanimously approved and signed by the President.

### 4. Financial Reports and Accounts 2018

Eoghan Hanly (Vice President) presented the IPU’s Financial Report and took queries from the floor. He reported that both income and expenditure had increased over the 2018 outturn and offered explanations outlining in detail relevant additional activity, new revenue and increased costs.

Following the presentation, the following motion approving the accounts was proposed by Kathy Maher, seconded by John Carey and carried unanimously: *“That the Executive Committee Report and Audited Statement of Accounts for the Irish Pharmacy Union for the year ended 31 December 2018 as submitted to this meeting be and are hereby adopted.”*



**IPU Auditors**

The following motion was proposed by Eoghan Hanly, seconded by Michael Tierney and carried unanimously: “That this meeting agrees to the election of JPA Brenson Lawlor as Auditors for the IPU and IPU Services Ltd”

**5. IPU Services Ltd AGM**

The minutes of the 2018 AGM of IPU Services Ltd were taken as read.

The accounts were presented by the Vice President and on the proposal of Michael Tierney seconded by John Carey it was resolved:

*“That the Directors’ Report and Audited Statement of Accounts for the year ended 31 December 2018 as submitted to this meeting, be and are hereby adopted.”*

This motion was carried.

**6. IPU Secretariat Report**

The IPU Secretariat Report was taken as read, having been circulated to members by post in advance of the meeting and a more detailed report published on the members’ section of www.ipu.ie.

**7. Group Reports****a. Pharmacy Contractors Committee (PCC) Report**

This report was presented by Eoghan Hanly, Chairperson of the Pharmacy Contractors’ Committee.

The report had been circulated to members in advance of the meeting and a more detailed report published on the members’ section of www.ipu.ie.

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

The report was presented by Jonathon Morrissey, Vice Chairperson of the Community Pharmacy Committee.

The report had been circulated to members in advance of the meeting and a more detailed report published on the members’ section of www.ipu.ie.

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

This report was delivered by Sinead Ryan, Chairperson of the Employee Pharmacists’ Committee.

The report had been 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 had been made available on the members’ section of www.ipu.ie and was taken as read.

**e. International Pharmacy Matters**

This report had been made available on the members’ section of www.ipu.ie and was taken as read.

**9. President’s Address**

The President gave a brief overview of the work of the IPU over the previous 12 months, a copy of which is attached at Appendix 1.

**10. Report on Motions from 2018 AGM**

The report on motions from the 45th Annual General Meeting was taken as read.

**11. 2018 AGM Motions**

The following motions were proposed in accordance with Article 30 of the Constitution. The motions were discussed and considered by the meeting before being put to a vote.

**1. Proposed: Jonathon Morrissey**

**Seconded: Anna Kelly**

*“That this AGM commends the Sláintecare Programme for engaging with the IPU to explore the healthcare role of the pharmacist and looks forward to the expansion of pharmacy services as part of reforming and modernising healthcare in Ireland.”*

This motion was carried unanimously.

**2. Proposed: John McLaughlin**

**Seconded: Conor Phelan**

*“That this AGM calls on the HSE to pay for Blister Pack Dispensing in the following cases:*

MINUTES OF THE  
46TH ANNUAL  
GENERAL  
MEETING OF  
THE IRISH  
PHARMACY  
UNION  
AND IPU  
SERVICES LTD

GALMONT  
HOTEL, GALWAY  
12 MAY 2019

*Continued*

- a. *Hospital Discharge patients prescribed more than three drugs on discharge;*
- b. *Psychiatric Patients;*
- c. *All Patients over 80 years of age; and*
- d. *Any Patients that clearly present an identifiable risk of making errors in their medications.”*

Following some debate and discussion, this motion was carried with three abstentions and one vote against.

3. **Proposed:** Daragh Connolly  
**Seconded:** Sinéad Ryan  
*“That this AGM calls for the Introduction of a new category of IPU membership for pharmacy students.”*

The following amendment to this motion was proposed and carried with two abstentions and three votes against:

*“That the IPU Constitution be amended by the insertion of a new article 3.e. to provide for a new category of IPU membership for pharmacy students.”*

Following some debate and discussion, this motion was carried with two abstentions and four votes against.

4. **Proposed:** Sheila O’Loughlin  
**Seconded:** Sinéad Ryan  
*“That this AGM calls on the HSE PCRS and the PSI to review and reduce the level of unnecessary bureaucracy they foist on community pharmacists which risks exacerbating the exodus of young pharmacists from the profession.”*

Following some debate and discussion, this motion was carried with two abstentions.

5. **Proposed:** Anna Kelly  
**Seconded:** Denis O’ Driscoll  
*“That this AGM calls on the Health Service Executive to discontinue the approval process for Direct Oral Anticoagulants (DOACs) as it is no longer relevant.”*

This motion was carried unanimously.

6. **Proposed:** Eoghan Hanly  
**Seconded:** Michael Tierney  
*“That this AGM calls upon the Minister for Health, following the recent agreement with General Practitioners, to immediately commence substantive talks with the IPU to reverse FEMPI as it applies to community pharmacy contractors.”*

In light of the Minister’s announcement the previous day, the following amendment to the motion was proposed by Eoghan Hanly, seconded by Michael Tierney and agreed unanimously.

*“This AGM commends the Minister for Health on his commitment to commence substantive talks with the IPU to reverse FEMPI as it applies to community pharmacy contractors.”*

This motion was carried unanimously.

7. **Proposed:** Richard Collis  
**Seconded:** David Jordan  
*“That this AGM calls on the IPU to create a dedicated unit, which would deal with all policy matters and issues emanating from the PSI. This unit would regularly update members through the IPU Review of any and all developments that affect the practice of pharmacy. It would lobby and articulate on issues of concern and interest to members such as, Inspection Policy, Fitness to Practice, CPD. It would act as a focus for members interacting with the PSI, enabling the IPU to be seen as safeguarding the interests of the general membership.”*

Following some debate and discussion, this motion was defeated with eight abstentions and 23 votes against.

**8. Proposed:** Daragh Connolly**Seconded:** Eoghan Hanly

*“That the IPU Constitution be amended by the insertion of a new article 4.n. and the amendment of the existing article 4.m. in order to provide an alternative method for collection of membership fees in circumstances where the Health Service Executive ceases to make deductions from the professional fees payable to members under the Community Pharmacy Contractor Agreement and to remit same to the Pharmacy Contractors’ Committee of the IPU.”*

This motion was carried unanimously.

**12. Open Forum**

Items discussed included:

- a. Nicola Cantwell raised the prospect of setting up a service similar to the Pharmacy Friends Service in the UK, for Irish Pharmacists. It would act as a type of listening/counselling services were pharmacists could call in to discuss any issues they may be having. Nicola asked that anyone interested in assisting in setting up this service to contact her.
- b. Richard Collis felt the timings of the AGM are too tight.
- c. That large hospitals be asked to provide a dedicated name/contact number for out of office hours queries on prescriptions.
- d. Michael Tierney asked if the regional structures could be reviewed.

The President thanked the organisers of the Conference for all the work in making the weekend such a success. He thanked the IPU Secretary General and staff, Committee members and colleagues for their support during the year and then closed the 46th Annual General Meeting of the Irish Pharmacy Union.

# PRESIDENT'S ADDRESS TO THE IPU AGM

**Galmont Hotel, Galway**  
**Sunday, 12 May 2019**

Fellow pharmacists and members of the IPU, I would like to welcome you all here this morning to discharge the requirements of the Annual General Meeting of the Irish Pharmacy Union.

Since we last met at our AGM 12 months ago a lot has happened but, as we are all aware, some things remain the same.

It remains a difficult time for pharmacy businesses, with pressures continuing to intensify through reduced margins, increased costs, recruitment concerns and huge uncertainty, in both the domestic and external environments.

## **Brexit**

The political landscape over the last 12 months has been dominated by Brexit and we all know the potential impact it may have on our sector; on the supply of medicines, medical devices and cosmetics and on professional qualifications. This time last year, I was warning of the uncertainty of Brexit. Little did I know what was coming down the tramlines and 12 months later we are no more the wiser to what the outcome will be.

On your behalf, the IPU has worked very closely with the HPRA, PSI and Department of Health to plan and mitigate for the inevitable disruption Brexit will cause. We have participated in regular stakeholder meetings in the Department of Health and have produced a comprehensive guide to assist members with their planning, which has required more regular updates than we would have liked. We will obviously continue to monitor the situation and hopefully a solution will be found to this mess sooner rather than later.

## **Falsified Medicines Directive**

Another challenge we all faced in February of this year was the introduction of the Falsified Medicines Directive. We are all aware of the teething problems that have occurred in complying with this European legislative requirement and all efforts are being made to accommodate solutions to these ongoing problems. While acknowledging these concerns, it is important to note that this system provides an additional layer of security on top of an already safe and secure medicines supply chain; it is not a solution to an actual problem. The IPU has liaised extensively with other stakeholders through the Irish Medicines Verification Organisation, with the Department of Health and the HPRA, to ensure that this legislation does not lead to patients' access to perfectly good medicines being obstructed. We have sought the release of funds from the Department of Health to support full implementation of Medicines Authentication.

## **Pharmacy Interface Project**

When I addressed the AGM last year, I announced that we had made the decision to withdraw from the HSE's PCRS Pharmacy Interface Project. This decision was taken for the right reasons at that time and reflected our extreme frustrations at the HSE's continued failure to reciprocate, in a meaningful way, the goodwill and cooperation shown to them by community pharmacists. It is also a consequence of the unjustifiable and inexplicable failure of this Government to engage with us on the reversal of FEMPI and the savage cuts imposed upon us and our sector.

However, on foot of that decision, the PCRS decided to engage in heavy-handed tactics, which included a significant increase in inspection activity and intensive scrutiny of individual pharmacists. It also became clear that we were being frozen out of discussions with the Department of Health on key pharmacy concerns, including unwinding FEMPI and expanding the scope of pharmacists practice.

While it was not an easy decision, the Executive Committee and the Pharmacy Contractor's Committee agreed to strategically reengage with the PCRS on a broad agenda that could potentially lead to the introduction of the Pharmacy Interface Project. This was on the condition, however, that certain IPU demands were met, including reengagement with the Minister for Health and the Department of Health and getting the support of the PCRS for the introduction of specific pharmacy-led services, including their support for a HSE-reimbursed pharmacy pneumococcal vaccination service

Since our decision to reengage, we have had several progressive meetings with the Minister for Health, the Executive Director of Sláintecare and Department of Health officials. The HSE is working to have the pharmacy pneumococcal service in place by October 2019 and we are seeking the introduction of other services.

Much like Brexit, engagement, discussion and negotiation remain the only way forward and that collaboration will result in benefits, both for the HSE and the pharmacy profession. More importantly, engagement will lead to improvements for our patients and the public.

### **FEMPI**

These recent meetings have been very timely, as the recent reports of a deal with the GPs to unwind FEMPI has put a focus on Pharmacy and a corresponding reversal for our profession. I am not going to stand here and lecture you about the impact that FEMPI cuts have had on our profession over the last 10 years. You all know, like myself, the impact that these cuts have had on your pharmacy businesses. The IPU's views and demands have been consistently highlighted in the avalanche of reports, submissions, press releases and meetings with the Minister and Department officials over the years in attempting to seek fairness of treatment.

We have consistently made it clear that any reimbursement model for community pharmacies must include proper reimbursement for all medicines, a sustainable dispensing fee across all schemes, proper recognition of the value of services we provide and additional supports for marginal pharmacies in disadvantaged, rural or isolated communities.

These views were forcibly repeated in our recent meetings with the Minister and his officials from the Department of Health and repeated when he addressed us yesterday.

We were delighted therefore that the Minister has committed to delivering a new contract and to moving beyond FEMPI in a way that will see an increased investment in pharmacy services. We are looking forward to beginning a process which should lead to reform, modernisation and contractual overhaul for community pharmacy – as the Minister himself said “similar to his engagement with GPs”.

Minister Harris has confirmed that he was looking forward to the discussions with the IPU in the coming months and we too are eagerly awaiting their commencement, as we have been for over two years.

I am hopeful that progress will be made and that FEMPI cuts are reversed and the important role we play, as community pharmacists is recognised and supported to ensure equity, fairness, and the sustainability of pharmacies in communities across the country.

### **Sláintecare**

While challenges remain, we must not lose sight of the opportunities that exist. The theme of this year's conference is Community Pharmacy: Maximising Our Potential. The concept of ‘maximising our potential’ recognises the necessity for the community pharmacy profession to develop a broader scope of practice in the future and to be fully engaged in the wider health system.

It is Government policy to deliver, through Sláintecare, an enhanced and accessible model of primary care. Such a policy requires, as a key constituent part, a vigorous, sustainable and enhanced model of community pharmacy to deliver more for patients. The development of primary care is a key pillar of our public health policy and is correctly intended to treat more people, more effectively, in their community

PRESIDENT'S  
ADDRESS TO  
THE IPU AGM  
GALMONT HOTEL,  
GALWAY

GALMONT HOTEL,  
GALWAY  
SUNDAY,  
12 MAY 2019

*Continued*

where appropriate, outside of an acute hospital setting. This is an objective that resonates with community pharmacists and is one with which we are very well placed to play an important role in, delivering effectively for our patients in ways that are also cost-effective for the State. As well as being a good idea in its own right, it makes sense in a country with a shortage of GPs that community pharmacists should, together with doctors, play a greater role in delivering primary care in the community.

Working in tandem with other healthcare professionals, in a holistically integrated model of primary care, we have a much greater role to play. It is a role that is mutually supportive of the other medical professions as well as of obvious benefit to patients. This vision is not revolutionary. To the contrary, as we are all aware, it is tried and trusted in several jurisdictions across the world including the UK, Canada and Australia where the scope of pharmacy practice is far broader than here.

We, as pharmacists, are overwhelmingly in favour of working to full scope and would relish the challenge to continue to add more value to our communities' healthcare, by expanding the range of services we provide, including where appropriate, chronic disease management, health screening, treating minor ailments, medicine use reviews, increased vaccinations and access to contraception.

We have presented a proposal for a Community Pharmacy-Based Triage Programme to the Executive Director of Sláintecare, outlining the triage services that could be offered in a community pharmacy, responding to symptoms through a minor ailment scheme, emergency medicines administration and minor injury management. It was heartening, therefore, that our proposals were well received by Laura Magahy, the Executive Director of Sláintecare, on the number of occasions we met with her over the last few months and at the panel discussion that she attended yesterday.

The IPU is continuing to work hard on your behalf, to get these services included as part of the remunerated extended services to patients. We will continue to advocate for an equitable and sustainable future for community pharmacy which utilises the accessibility and expertise and willingness of community pharmacists to our fullest potential. If the Government is serious about

delivering primary care in the community, they can no longer afford to ignore these proposals, which have the potential to clear so many of the bottle necks which currently frustrate our healthcare system.

It was very heartening therefore that the Minister for Health in his address to the members yesterday when referring to the Minor Ailment Scheme said that there was no need for any more pilots and that a wider implementation was required. He also committed to working with the IPU to increase access to contraception through community pharmacy.

This is progress but we need to maintain the momentum. For us it must always be about the patient, they are always at the forefront of what we are as healthcare providers and healthcare professionals. Patient safety, patient care and enhancing patient welfare is what drives us forwards, is at the centre of our professional ethos and will remain at the forefront of our deeds and actions.

### **Young pharmacists**

A key aspect of our strategy is to 'mentor the next generation of pharmacists' and to cater for the needs of new pharmacists to ensure our profession continues to evolve. A recent study we commissioned from Behaviour & Attitudes should act as a serious wake-up call to the difficult road that lies ahead to maintain the flow of young pharmacists into community pharmacy. The study highlighted the main areas of concern to young pharmacists, which, among other things, revolve around the excessive levels of bureaucracy and red-tape foisted on the sector coupled with a perception that their professional skills are underutilised in comparison to their colleagues in other countries.

I am sure you will all agree that to make the sector more appealing, and professionally rewarding, it is essential that we are allowed to expand our scope of services and ensure that we can practise our chosen profession rather than act as outsourced bureaucrats.

I have already discussed our many proposals for expanding the scope of pharmacy practice.

Regarding tackling excessive bureaucracy, the bane of many of our lives, we continue to act to try and alleviate our members and potential members' concerns. The HSE PCRS

has agreed to work jointly with us to review the operation and administration of the States Community Drug schemes with a view to improving their efficiency, by streamlining and reducing the administrative burden on community pharmacies by moving as much paperwork as possible online. We continue to highlight our concerns in our numerous meetings and correspondence with the PSI and we will **continue** to push them towards reducing unnecessary administrative requirements, which invariably takes us away from helping our patients and providing them with appropriate healthcare. But, there is a lot more to do and this issue will be discussed in greater detail during the presentation of the AGM motions.

On a positive note, the in-depth Behaviour & Attitudes study highlighted that being a community pharmacist remains a rewarding professional practice, with high satisfaction levels expressed for using our expertise and knowledge to assist patients and their families with their healthcare needs.

Talking of young pharmacists, we were delighted to support the Irish Pharmacy Students Association with their successful campaign. To build on such a positive collaboration I will bring forward a motion shortly for the introduction of a new category of IPU membership for pharmacy students.

### **Conclusion**

Our only agenda is to further the interests of our members and of the pharmacy profession. We will continue to engage constantly and constructively with Government and with the public to ensure the potential of pharmacy is realised. Ours is a worthy profession, one which is valued and appreciated by our patients. As we face up to the significant challenges ahead, the IPU, on your behalf, will continue to seek out and seize every opportunity to secure the future of community pharmacy services.

Looking forward to the rest of the year and further into 2020 there remains the possibility of a general election, which means that the IPU and the membership need to be on an election footing. It is essential therefore that members engage with candidates on the ground in their constituencies. Our accessibility within local communities and our local knowledge provides us with a considerable advantage in accessing these key policy makers and ensuring that our message is heard.

I implore you to be active and encourage your colleagues locally to do likewise to get our messages out there, not just to the local representatives but to all stakeholders, including our patients and the public, because it's their votes the politicians need.

To assist in this process, we will shortly be sending you out a copy of our policy document specifically drafted with elections in mind, together with other materials to support the campaign.

Before I conclude, I would like to thank all our committee members, who have given their time and energy over the past number of years.

I would also like to take this opportunity to thank Vice-President Eoghan Hanly, Honorary Treasurer Caitriona O' Riordan and all our hard-working committee members who work tirelessly on your behalf. They are ably supported by the dedicated staff in Butterfield House, all of whom remain committed to supporting and assisting all of us. On your behalf, I thank all of them most sincerely for their commitment, dedication and enthusiasm.

I would like to pay particular thanks to our Secretary General, Darragh O'Loughlin, for his considerable efforts in promoting our sector and protecting the interests of our members, and for his support, advice and guidance to me in my role as President.

Finally, I would like to thank you all for your support and kindness over the past 12 months. It is an honour and a pleasure to serve you my fellow members and community pharmacists.

I would like to wish you all the best for the rest of the day and a safe journey home.

# 2019 AGM MOTIONS AND REPORT ON ACTION TAKEN

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.

1. **Proposed:** Jonathon Morrissey  
**Seconded:** Anna Kelly

*“That this AGM commends the Sláintecare Programme for engaging with the IPU to explore the healthcare role of the pharmacist and looks forward to the expansion of pharmacy services as part of reforming and modernising healthcare in Ireland.”*

We presented a Proposal for a Community Pharmacy-Based Triage Programme to the Executive Director of Sláintecare outlining the triage services that could be offered in a community pharmacy: responding to symptoms (minor ailment scheme); emergency medicines administration; and minor injury management. At a subsequent meeting with the Minister for Health, the Minister indicated that any new service would have to demonstrate a return on investment and would need to be backed up by data and research. We discussed in detail services such as Minor Ailment Scheme, New Medicine Service and Expanded Vaccination. The Minister clarified that there is a big push from Government to align all primary care services to the Sláintecare action plan.

We attended a Sláintecare Workshop on the implementation of integrated community

services. The workshop brought together key stakeholders to inform the direction of integrated community services, with particular focus on the point of contact for patients with community services. It is intended to follow up on the workshop with further meetings with healthcare professionals to identify the different roles for healthcare professionals in delivering community services.

A project involving the IPU, in conjunction with Orla Hardiman, Consultant Neurologist, and the Migraine Association, received Sláintecare funding to develop and pilot Pharmacy Headache Clinics which aim to enable migraine sufferers to access appropriate treatment in pharmacies. Implementation of the project, which was delayed because of coronavirus, is not set for September.

Since April 2020, we have participated in a multi-stakeholder Community Pharmacy Contingency Planning Group. In addition to addressing issues related to the coronavirus pandemic, the Group intends to build on the current collaboration between various representative groups/bodies to change and improve the way community pharmacy operates within the health system in the medium to longer term.



2. **Proposed:** John McLaughlin  
**Seconded:** Conor Phelan

***“That this AGM calls on the HSE to pay for Blister Pack Dispensing in the following cases:***

- a. Hospital Discharge patients prescribed more than three drugs on discharge;
- b. Psychiatric Patients;
- c. All Patients over 80 years of age; and
- d. Any Patients that clearly present an identifiable risk of making errors in their medications.”

The IPU lodged a formal submission, prior to the above motion, with the Department of Health in April 2018. The submission proposed that the state should fund a Monitored Dosage System (MDS) service for those elderly/psychiatric patients who are on five or more prescribed medicines to assist them with managing their medicines. In October 2019, the Department of Health proposed cuts to current pharmacy fees that were successfully resisted. Funding for an MDS service will be integral to our negotiations with the State in future contract talks.

3. **Proposed:** Daragh Connolly  
**Seconded:** Sinéad Ryan

***“That the IPU Constitution be amended by the insertion of a new article 3.e. to provide for a new category of IPU membership for pharmacy students.”***

The IPU Constitution has been amended to provide for a new category of membership for eligible pharmacy students by inserting a new Article 3(e) aligned with the existing provision relating to Associate Membership (Article 3(d)). The new Article is as follows:

***Article 3.e.: Membership of the IPU shall be open to any student enrolled in one of the schools of pharmacy operating within the Irish State and to any Irish citizen enrolled in a school of pharmacy outside the Irish State that is recognised by the IPU (“Student Member”). The Annual Subscription for a Student Member shall be one tenth of the standard annual subscription. A Student Member shall not be qualified to be elected as a member of***

*the IPU Executive Committee, or be entitled to receive notice of or vote at any general meeting of the IPU. Student Members shall be entitled to receive the IPU Review and any other documentation deemed by the Executive Committee to be of general interest.*

The application process for student members is managed via the IPU website, applicants are required to provide proof of enrolment in a School of Pharmacy and, in the case of a school of pharmacy outside the Irish State, proof of Irish Citizenship. All documentation and information deemed appropriate by the Executive Committee is disseminated to student members electronically. We currently have 157 student members.

4. **Proposed:** Sheila O’Loughlin  
**Seconded:** Sinead Ryan

***“That this AGM calls on the HSE PCRS and the PSI to review and reduce the level of unnecessary bureaucracy they foist on community pharmacists which risks exacerbating the exodus of young pharmacists from the profession.”***

In all our discussions with the PCRS throughout the year, we have sought to reduce the administrative burden for pharmacists. At the onset of the current COVID-19 crisis, we demanded that the PCRS reduce the administrative requirements substantially for our members. Our aim was to ensure that pharmacy claims were paid with the minimum of fuss, without the stringent administrative rules that would ordinarily apply.

Although the crisis is still ongoing, our focus has now shifted to maintaining the reduction in the administrative burden once the current crisis has passed.

5. **Proposed:** Anna Kelly  
**Seconded:** Denis O’ Driscoll

***“That this AGM calls on the Health Service Executive to discontinue the approval process for Direct Oral Anticoagulants (DOACs) as it is no longer relevant.”***

We have through the auspices of the Joint Operational Group engaged with the PCRS

2019 AGM  
MOTIONS AND  
REPORT ON  
ACTION TAKEN

Continued

to remove this unnecessary approval process. In September 2019, the PCRS removed the requirement for Apixaban to be approved, which is an improvement, although they still require approval to prescribe other DOACs. We continue to point out to the PCRS that this is bureaucracy for the sake of bureaucracy.

6. **Proposed:** Eoghan Hanly  
**Seconded:** Michael Tierney

***“This AGM commends the Minister for Health on his commitment to commence substantive talks with the IPU to reverse FEMPI as it applies to community pharmacy contractors.”***

At successful negotiations last year to halt cuts to pharmacy payments the then Minister for Health and the Department of Health advised that it was their intention to commence new contract talks at some stage in 2020, but that they were not in a position to commence at that time.

Following on from our political campaign in the latter months of 2019, we continued to engage with Government and opposition spokespersons, which resulted in a commitment in the current Programme for Government to commence talks with pharmacists on a new contract in 2020. While the current COVID-19 crisis has subsequently taken precedence over planned talks, we continue to press the Government to honour their commitment to a new contract in our engagement with them throughout the year.

7. **Proposed:** Daragh Connolly  
**Seconded:** Eoghan Hanly

***“That the IPU Constitution be amended by the insertion of a new article 4.n. and the amendment of the existing article 4.m. in order to provide an alternative method for collection of membership fees in circumstances where the Health Service Executive ceases to make deductions from the professional fees payable to members under the Community Pharmacy Contractor Agreement and to remit same to the Pharmacy Contractors’ Committee of the IPU.”***

The IPU Constitution was amended according to the motion.

# OVERVIEW FROM THE SECRETARY GENERAL DARRAGH O'LOUGHLIN

2019 was a year of contrast and contradiction in the relationship between the pharmacy sector and the Department of Health, which soured dramatically towards the end of the year.

2019 was a year of contrast and contradiction in the relationship between the pharmacy sector and the Department of Health, which soured dramatically towards the end of the year.

The year began with a very high profile legal action by the HSE against a prominent pharmacy chain, in which the HSE reportedly sought recoupment of between €5 million and €7 million in fees alleged to be owed for non-compliance with phased dispensing rules over a number of years. That case was settled at the Commercial Court, with both parties agreeing to a declaration that, under the 1996 Community Contractor Pharmacy Agreement, phased dispensing fees were, and are, payable for GMS patients only where an item on a single prescription form is dispensed across multiple supply occasions. This declaration, which was contrary to the position taken by the IPU, emboldened the HSE to pursue a number of other pharmacy contractors for alleged over-claiming of phased dispensing fees and the IPU continues to support members in dealing with these issues.

Also during 2019, the twin issues of Brexit and the Falsified Medicines Directive were unwelcome new challenges which brought uncertainty, inconvenience and complexity with no apparent benefit. The IPU remained in regular contact with the Department of Health, HPRA and HSE regarding their contingency plans for Brexit, as well as with

the industry and wholesalers to get reassurance that medicine supply chains were resilient and appropriately stocked. We also advocated continuously that no penalties should be introduced regarding medicines authentication until the system was fully bedded in and the alert rate was reduced to negligible proportions. We remain in this “use and learn” phase to this day.

We heard repeated commitments from the Minister for Health to start discussions before the end of the year on a new pharmacy contract, on moving beyond FEMPI and on a programme of investment in pharmacy services.



OVERVIEW  
FROM THE  
SECRETARY  
GENERAL  
DARRAGH  
O'LOUGHLIN

*Continued*

The IPU position was clear: community pharmacy needed an uplift of 19.2% in our fees to ensure the survival of our sector and sustainability of pharmacy services, pending the promised negotiations on a new pharmacy contract. In discussions with the Department in the final months of the year, pharmacies were instead threatened with swingeing cuts. The IPU Pharmacy Contractors Committee and members around the country mounted a very successful campaign against those cuts and in December 2019, the Minister overturned the proposed cuts and left fees as they were for the time being. Furthermore, he committed the Department to commencing talks on a new pharmacy contract in the New Year, which unfortunately was superseded by a general election. While the decision not to impose fee cuts came as an enormous relief to the entire sector, the campaign for a new contract and a commensurate increase in fees still continues.

The IPU exists only to serve the interests of its members. There are comprehensive reports in this publication which illustrate the wide range of activities that the IPU engages in. The Executive Committee, which 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 – ensures the IPU's continued importance to and focus on the needs of practising pharmacists. In the coming year, the IPU Statement of Strategy 2017-2021 will be reviewed, and the Executive Committee will develop a new IPU Statement of Strategy which will continue to ensure that community pharmacy is recognised as being at the centre of accessible, equitable and patient-focused primary healthcare and is properly resourced to carry out that essential role.

The members of the IPU's various committees and sub-committees have worked hard all year to support, advance and protect the community pharmacy profession. The term of office of the current committees will finish at the end of 2021. We are lucky to have a great mix of pharmacists of ability and integrity volunteering to serve on IPU committees on behalf of all members – keeping the perspective and concerns of everyday practising pharmacists to the fore – and we hope that they will remain willing to do so into the future. The pooling of members' ideas, efforts and resources, matched with the enthusiasm of the pharmacists who give generously of their time, energy and experience, ensures that all pharmacists benefit from IPU support in their practices and their businesses and also ensures that we are here to advise and assist individual members whenever you need us.

## 2. DETAILS OF IPU MEMBERSHIP AND PHARMACY OWNERSHIP (AS AT 11 MARCH 2020)

a. Membership of the IPU	Pharmacist	Non-Pharmacist	Student Pharmacist	TOTAL
Community Proprietors		854		
Industry & Wholesale		2		
Community Employees		1413		
Hospital		0		
Army, Academic & Admin		2		
Associate Members		7	2278	
Student Members		145		

b. Number of Community Pharmacies	Pharmacist	Non-Pharmacist	Student Pharmacist	TOTAL
<b>Pharmacist Owned:</b>				
Single shops	659			
Chains	803			
<b>Non -Pharmacist Owned:</b>				
Single shops		62		
Chains		283		(1,807)

c. Total Number of Chains (2 and over)	Pharmacist	Non- Pharmacist	Student Pharmacist	TOTAL
One Pharmacy	659	62		721
Two pharmacies	126	6		264
Three	44	1		135
Four	12	1		52
Five	10	0		50
Six	6	1		42
Seven	4	1		35
Eight	1	0		8
Nine	2	0		18
Ten	2			20
Eleven	1	1		22
Twelve	2			24
Thirteen	2		26	34
Seventeen	2		34	27
Eighteen	1		18	36
Twenty –Seven	1		27	37
Thirty Five	1		35	63
Thirty Six	1		36	83
Sixty Four		1		64
Eighty Five		1		85
Ninety One		1		91
	<b>(1,462)</b>	<b>(345)</b>		<b>(1,807)</b>

#### Notes on Employee Membership

817 are Supervising Pharmacists availing of the free membership for additional pharmacies  
3 are Supervising Pharmacists in non-pharmacist owned pharmacies and are covered by the sub paid by the pharmacy. 23 are joint owners of a pharmacy.  
92 are availing of the free membership.

### 3. ADMINISTRATION UNIT

The Administration Unit has three staff members. Róisín Molloy is responsible for all aspects of membership and the management of the Secretary General's office. 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.

- Product sourcing;
- General queries on the IPU Product File;
- GMS pricing issues;
- Medicine Shortages; and
- Discontinued Lists.

#### IPU Product File Update

- In March 2019, as part of continually improving information on the IPU Product File, we flagged all items on the IPU Product File that must be ordered through the High Tech Hub. This flag is in addition to the reimbursement restrictions already on the IPU Product File;
- In April 2019, the IPU Product File took a stand at the HPAI (Hospital Pharmacists Association of Ireland) Conference; this proved to be very successful and there was a lot of interest from attendees in the IPU Product File; and

### 4. IPU PRODUCT FILE UNIT



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

OVERVIEW FROM THE SECRETARY GENERAL DARRAGH O'LOUGHLIN

Continued

- In November 2019, we had a presentation on the IPU Product File at the Annual Health Informatics Society of Ireland (HISI) Conference and Scientific Symposium. The IPU sponsored the event with a stand exhibiting the IPU Product File to attendees. A mix of hospital and community-based professionals visited the IPU stand to learn more about how the IPU Product File is used in initiatives such as electronic discharge reports, medication management and other developing use cases.

**ISO Certification awarded to IPU Product File**

- Continued certification to ISO 27001:2013 and ISO 9001:2015 awarded February 2019; and
- ISO Certification maintained, through quarterly audits.

**IPU Product File Distribution**

- Work on developing a new distribution method for the IPU Product File is complete and went live in September 2019;
- Piloting and rollout has begun on Web Service Distribution; and
- The FTP download of the IPU Product File will cease once all users have been moved over to Web Service Distribution.

**Enhancements to the IPU Product File**

- Virtual Medicinal Product (VMP) Classification is now complete and is available via Web Service Distribution;
- SNOMED mapping is complete on the IPU Product File for Dose Form and Route of Administration and the process of mapping to Substance has commenced;
- Since early 2019, we have been working with SNOMED Ireland to have IPU Product File information in the official SNOMED CT file for Ireland. At the SNOMED CT Expo in Kuala Lumpur in Oct 2019, we presented on our process for mapping the IPU Product File to SNOMED; and
- A web portal is being developed to allow manufacturers, suppliers and other licence holders to submit updates to the IPU Product File.

**5. CONTRACTUAL ISSUES**



The Contract Unit consists of two staff members, Derek Reilly, Contract Manager and Secretary to the Pharmacy Contractors' Committee (PCC), and Linda Ahern, Contract Administrator.

As PCC Secretary, Derek plays a key role in developing and promoting PCC initiatives and the resolution of issues arising with the HSE PCRS and the Department of Health.

Linda is responsible for advising and assisting IPU members on the administration of the Community Pharmacy Contractors Agreement, in particular processing claims and payments, and administering the HSE community drugs schemes.

The Contract Unit engaged with the PCRS on behalf of members throughout the year and assisted a number of individual contractors in reaching confidential voluntary settlements with the HSE PCRS.

The latter part of 2019 was consumed with our collective response to the proposed cut to pharmacy fees and our strategy that opposed this through an administrative, political and legal campaign involving all members. A submission was made under the Public Service Pay and Pension Act 2017, in relation to proposed cuts to pharmacy fees, and in December we met with the Minister for Health. The Minister confirmed at that meeting his commitment to leave fees as they are.

From the onset of the COVID-19 pandemic, we engaged extensively with the PCRS to secure the elimination of the stringent administrative and legislative arrangements to ensure that pharmacy claims were paid with the minimum of bureaucracy and fuss throughout the crisis.

**6. COMMUNICATIONS AND PUBLIC AFFAIRS**



Jim Curran, as Director of Communications & Strategy, oversees the IPU's internal and external communications and is responsible for developing the IPU's strategy. The Communications Team, which includes Siobhán Kane and Ciara Browne, is responsible for promoting the interests of the IPU and the membership through effective communications with members, media, the

public and other parties that influence the sector. Jim is responsible for overseeing business development and policy research, as well as the strategy statement for the IPU, which covers the period 2017 – 2021. Jim is also Secretary to the Executive Committee and represents the IPU on numerous external forums.

Siobhán Kane is Press and Communications Manager and is responsible for coordinating the communication activities for the IPU across multiple channels. She is also responsible for the IPU's public relations and dealing with the media, as well as IPU publications, particularly the *IPU Review* and the *Annual Report*.

While Siobhán was on maternity leave, Sinéad Fennell joined the IPU in August 2018 to cover for Siobhán as Press and Communications Manager.

Ciara Browne as Communications and Events Executive is responsible for the managing and coordinating of the annual IPU National Pharmacy Conference. She coordinates advertising campaigns for the IPU, maintains the IPU's presence on social media channels, manages the IPU website, [www.ipu.ie](http://www.ipu.ie), and is an editorial associate of the *IPU Review*. Ciara is also responsible for the production of *IPU News* (the weekly eNewsletter) and the monthly GM.

### Communications update since the last AGM

- Communications with Members:** Communications with members continue to improve, with the IPU website, *IPU News* (the weekly eNewsletter) and the IPU's social media channels all seeing a significant increase in engagement by members. In 2019, we launched our new Instagram account. The monthly GM is sent to members by email and post. Regular communications are sent to keep members up to date with vital current information to run an efficient pharmacy.
- Advertising Campaigns:** In 2019, we built on the success of our campaign from 2018. Our 2019 Advertising Campaign consisted of three segments: a Hay Fever campaign, which consisted of a radio ad; a *Think Pharmacy* campaign, which consisted of a TV and radio ad; and a Flu Vaccination campaign, which also consisted of a TV and radio ad. The ads were themed with our *Think Pharmacy* tagline and were broadcast at different stages throughout the year. The radio ads

received extensive airplay across national and regional stations and our TV ads were also well-received across multiple TV stations, including RTÉ One.

- Publications:** The *IPU Review*, *IPU Yearbook & Diary* and *Annual Report* are all produced in-house.
- Annual Review:** The *Annual Review of the Sector* is part of an ongoing annual series that authoritatively tracks changes in the economic and financial circumstances of community pharmacy. It enables us, as a representative body, to promote members' interests based on credible facts that are measured consistently over time. The *Review of the Irish Community Pharmacy Sector 2019* was carried out by Fitzgerald Power.
- Submissions:** The IPU makes submissions on behalf of members on a range of issues. A list of submissions is available in Appendix I.
- Market Research:** The IPU commissioned market research amongst the general public on their pharmacy usage and attitudes towards pharmacy.

### IPU National Pharmacy Conference

The annual IPU National Pharmacy Conference has taken place since 2011 and is always an exciting and engaging weekend. Over the years, the conference has grown and expanded to facilitate the needs of members, based on valuable feedback from attendees and non-attendees year-on-year. The conference is a great opportunity for members to come together in an educational and social environment and provides valuable networking opportunities for pharmacists. 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 & Ball is also held over the weekend of the conference.

## 7. PHARMACY SERVICES



The Director of Pharmacy Services, Pamela Logan, coordinates all Professional and Training matters within the IPU. Pamela acts as Secretary to the CPC and details of issues covered by this Committee can be found in the CPC report. Pamela provides advice



OVERVIEW  
FROM THE  
SECRETARY  
GENERAL  
DARRAGH  
O'LOUGHLIN

Continued

and support to members on pharmacy and medicines legislation, assists members with PSI inspections and FTP, provides templates, guidance and policies on a range of pharmacy activities and services and liaises with a wide range of stakeholders in relation to community pharmacy services. Pamela also represents the IPU at PGEU and FIP.

Liz Hctor is the Professional Development and Learning Manager and continues to drive and enhance IPU Academy. IPU Academy has gone from strength to strength in 2019, providing members with access to high-quality learning opportunities and offering them support and assistance in complying with their obligations under the regime of mandatory Continuing Professional Development (CPD). Liz also oversees IPUnet, the online web-based platform designed to support the delivery of pharmacy services and represents the IPU on the Irish Institute of Pharmacy Advisory Group. Alma Barr is the IPU Education Coordinator and assists Liz with running IPU Academy.

Alan Reilly is our Head of Information & Technology, responsible for the development and implementation of the IPU's ICT strategy including EU regulations such as data protection and medicines authentication. Alan is also responsible for identifying current and forthcoming IT opportunities, investigating how technology will facilitate future activities, participating in the national eHealth agenda, and advocating the IPU's technological standpoint by liaising on behalf of the IPU with bodies such as Department of Health (DoH), Sláintecare, HIQA, eHealth Ireland, HSE, Healthlink, GPIT and others.

Since July 2019, under the Horizon 2020: Research and Innovation Framework Programme, the European Commission approved a proposal for a project called UNICOM – a consortium of organisations and agencies across Europe working to deliver improved patient safety and better healthcare for all through the unequivocal identification of medicinal products. The IPU is working with the HPRA, HSE and DoH on this four-year project.

Throughout 2019, the IPU met with Sláintecare to discuss ePrescribing and other eHealth initiatives. Separately, we are working with the DoH and system vendors on the standardisation of dispensary systems with the aim of getting certification to comply with pharmacy regulations and ePrescribing standards.

## 8. TRAINING AND HR DEPARTMENT



Susan McManus, Training and HR Manager, organises and coordinates a selection of training courses for pharmacy staff. Janice Burke assists Susan in this department. 135 Pharmacy Technicians graduated on 9 March. There are 235 students at present participating in Year 1 and 207 students in Year 2 of the Pharmacy Technician course. In addition, 515 attended CPD for qualified pharmacy technicians in 2019. 151 students completed the Medicines Counter Assistant (MCA) course in 2019 in eight venues around the country and eight students completed the Medicines Counter Assistant (MCA) Refresher course. 120 students completed the Interact course. The seventh cohort in the Diploma in Leadership and Management commenced in September 2019, with eight enrolments, while 24 students completed the Supervisory Development Course in 2019. We also continue to offer the Medicines in Care Homes training package, the Basics in Health and Nutrition course (30 enrolments) and the Supervisory Development course (24 enrolments).

The Pharmacy Sales Traineeship course was administered in a number of educational institutes and senior colleges around the country.

Susan also acts as Secretary to the Employee Pharmacists' Committee (EPC) and advises members on human resource issues.

## 9. BUSINESS SERVICES



The Business Development Manager, Darren Kelly, is responsible for retail business services and retail advice to members, along with Jim Curran. Darren and Jim represent IPU members 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, Brexit, upward-only rent issues, town centre issues, retail apprenticeship scheme and digital training. As part of the IPU Business Strategy to assist members in engaging with digital marketing and social media to enhance their business offering, we ran a number of training programmes for pharmacies in 2019. The workshops were fully attended, and feedback was extremely positive. We also ran several retail training programmes



	2019	2018	2017	2016	2015	2014
Executive Committee	5	6	5	5	7	7
Community Pharmacy Committee	3	3	3	4	5	4
Pharmacy Contractors' Committee	5	4	5	4	6	2
Employee Pharmacists' Committee	2	2	3	3	3	5
Finance Sub Committee	7	6	6	6	5	6
All Committee Meetings	1	0	0	0	0	0

around the country in 2019. All sessions were full and feedback from attendees was very positive.

Members are kept up to date with current legislation through notices in IPU communications. A number of affinity schemes have been negotiated for members on a range of products and services; details are carried on the IPU website.

Darren also oversees the general maintenance and upkeep of Butterfield House.

Joyce Mulpeter, our Member Relationship Manager, visited over 650 pharmacies this year. Joyce has also been working to highlight the Pharmacy Watch system from HMR to ensure that members can get the maximum information from the system to assist them in their business.

## 10. EXTERNAL CONSULTANTS

MKC Communications (PR Consultants); Coolamber (IT Consultants); John Behan (Industrial Relations and Strategy 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. Legal advice is provided by DAC Beachcroft on an ongoing basis and by Beauchamps solicitors in relation to specific matters.

## 11. MAIN COMMITTEE MEETINGS

The number of Committee meetings held are shown in the table above.

## 12. CONCLUSION

As Secretary General, I am lucky to work with a great team in Butterfield House, who are fully united in their determination to meet any challenge head-on and to represent and serve the community pharmacy profession to the best of their ability. We will continue to innovate and adapt 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 individual pharmacists, and promote the valuable work that pharmacists do every day in every town, village and community in the country. We are grateful for the incredible support we get from our members, without which we could not function, and are incredibly proud to represent you. We are always keen to receive your feedback, either directly or via your committee members.



**Darragh J O'Loughlin**  
Secretary General

# PHARMACY CONTRACTORS' COMMITTEE (PCC) REPORT 2019-2020

The Pharmacy Contractors' Committee (PCC) is chaired by Dermot Twomey, with Kathy Maher as Vice-Chairperson. The PCC's mission statement is:

*Advocating and negotiating on behalf of community pharmacy contractors with government and its agencies to secure fair remuneration and equitable contractual terms for the delivery of services to patients.*

The role of the PCC is to:

- Devise a strategy to ensure the Committee delivers on the IPU's priorities and strategic position;
- Negotiate with the Department of Health and the HSE on policy issues relating to pharmacy and on all issues relating to remuneration;
- Deal with matters relating to the contract and the community drug schemes;
- Provide leadership, information and advice to members to ensure they are claiming correctly for all medicines supplied and services provided under the contract; and
- Ensure that changes to the administration of the community drug schemes do not disadvantage members and that they are kept informed of such changes.

The Committee held five meetings in 2019 and two meetings in 2020. The following is a summary of the key issues dealt with over the past 12 months.

## DEPARTMENT OF HEALTH

When pressed by the IPU, at a meeting in March 2019, the Minister for Health acknowledged the grievance the IPU has in relation to the failure of successive governments to unwind FEMPI and had indicated that we would have an opportunity to discuss this when new pharmacy contract negotiations commenced in the near future. Subsequently at the IPU conference in May the Minister stated "My commitment to you today, my commitment to the IPU and to the members of the IPU, is that this year let's start our discussions on a new pharmacy contract, let's start a discussion on how we move beyond FEMPI and let's start our discussion in relation to a programme of investment."

In order to maintain pressure on the Minister and the Department to honour their commitments, the Secretary General wrote to the Minister to confirm pharmacy contractors' legitimate expectation around moving beyond FEMPI and the Minister's commitment at the conference to collectively start discussions on a new pharmacy contract. In September 2019, we met with the then new Chief Executive Officer of the HSE, Paul Reid. We put forward our arguments to allow community pharmacists to practice to their full scope and outlined the need for a new pharmacy contract, including the benefits for patients and the HSE, and secured his support for negotiations to commence.

The PCC agreed a position paper prior to engagement with the Department which sought an increase in the dispensing fees of 19.2% from 1 January 2020. Such an increase would have restored funding for pharmacy

services to a level which would have met the ever-increasing costs of providing the existing service, ensure the sustainability of community pharmacy and allowed pharmacists to deliver on their commitment to ongoing service development and reform.

In October 2019, the Department of Health met with the IPU under the auspices of the Public Service Pay and Pension Act 2017 at which the Department outlined proposed 'structural changes' to fees as follows:

- Replace current phased dispensing fee per item for each phase other than the first dispensing with a monthly patient care fee of €45;
- Reduce number of items paid at €5.00 from 1,667 to 1,000 per month; and
- Abolish the High Tech patient care fee of €31.02 payable in the months in which no dispensing takes place.

The Department also advised that it was their intention to commence new contract talks at some stage in 2020, but that they were not in a position to commence at that time. The Department did not outline any specific reasoning (outside of generalities) for the proposed changes nor why they were targeted in the way set out.

The IPU delegation asserted that it would take a 19.2% fee increase to simply get pharmacy back to where we were in terms of the percentage spend of the HSE budget 2009-2013. Following this unjustified and serious threat to fees, the PCC agreed a three-prong approach to the threat – administrative, political and legal.

The first part of that strategy was to engage in the consultation process, notwithstanding our view that it was not a proper or adequate consultation, to object strongly to the cuts themselves, which were unjustifiable, inequitable and irrational, and to make a comprehensive submission to the consultation process arguing for a material increase in pharmacy fees. The PCC also obtained and followed legal advice from DAC Beachcroft throughout the campaign.

Throughout November and December, IPU members participated in a national campaign to lobby their public representatives (details

of which are set out elsewhere). An IPU delegation then met with the Minister for Health, his advisors and Department officials in late December. At this meeting, the Minister advised that the proposed cuts would not be proceeding and that he had instructed his officials to commence contract talks with the IPU in 2020.

The IPU strategy resulted – for the first time, in any sector – in stopping the proposed cut to professional fees from being implemented. The PCC noted at the time that, even with the benefit of hindsight, there were no red flags to forewarn of the potential cuts and, furthermore, that no substantive policy objective or other reasoning had been given by the Department of Health for their decision to propose these cuts. In fact, the Department accepted that what the IPU had put forward was 'factually correct.'

In the first quarter of 2020, we continued to engage with the outgoing Minister and the Department on securing a starting date for the beginning of negotiations on a new pharmacy contract. We also continued to engage with opposition politicians to ensure that we are well positioned to begin talks once the COVID-19 crisis period has passed.

## HEALTH SERVICE EXECUTIVE PRIMARY CARE REIMBURSEMENT SERVICE

Engagement between the IPU and the HSE PCRS is guided by the Relationship Value Charter which was agreed in 2016. The terms of reference for the Joint Consultative Group (JCG) and the Joint Operational Group (JOG) are set out in the charter.

The Joint Consultative Group (JCG) met five times in the past year. Members of the PCC, the Secretary General and the Contract Manager met with officials from the HSE PCRS through this forum. The JCG was established with the objective of maintaining stable contractual relations between the parties. The items raised by the IPU on behalf of members were wide and varied throughout the year including the introduction of PrEP, the High Tech Scheme, phased dispensing, management of owings and members concerns with the administration of the community drug schemes.

PHARMACY  
CONTRACTORS'  
COMMITTEE  
(PCC)  
REPORT  
2019-2020

*Continued*

In 2019, following ongoing demand from the IPU, the LTI Scheme was finally centralised through the PCRS. This removed the role of the local HSE office. Following extensive lobbying of the PCRS regarding product shortages of GMS reimbursable items, the HSE agreed that a copy of the HD1 form signed and stamped by the pharmacy and a copy of the invoice will suffice under Discretionary Hardship Arrangements for products due to short supply. A doctor signature is no longer required thus making the process more efficient.

We also worked with the HSE on the further expansion of the Hepatitis C Treatment in the Community Programme in order to increase the number of pharmacies participating and patients being treated. Following consultation and engagement with the IPU, an updated handbook on administrative arrangements for pharmacists was produced.

At the onset of the COVID-19 crisis, we continued our ongoing engagement with the HSE PCRS and secured the elimination of previous stringent administrative and legislative arrangements to ensure that pharmacy claims were paid with the minimum of bureaucracy.

We engaged continuously with the Minister for Health and the Department of Health about severe acute cost increases in pharmacy related to the COVID-19 Emergency. We continue to fight for support for pharmacies in the form of grants and provision for supporting or supplying personal protective equipment.

The Joint Operational Group met with the PCRS throughout 2019 on a six-weekly basis. Its work involves arrangements for processing payment of claims and resolving claim-related queries raised by individual community pharmacy contractors and other operational/administrative arrangements. This has resulted in resolving some long-standing disputes and outstanding payments being made to individual members by the PCRS.

The Contract Manager also accompanied 15 contractors to meetings with the HSE PCRS to assist them in reaching confidential voluntary settlements with the HSE PCRS. This resulted in the cessation of formal proceedings against some contractors under the terms of the Community Pharmacy Contract and the cessation of legal cases in other instances.

# COMMUNITY PHARMACY COMMITTEE (CPC) REPORT 2019-2020

The Community Pharmacy Committee (CPC) is chaired by Jonathon Morrissey (who took over from Elizabeth Lang in January 2020), with Paul Kenny 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 Steering Group**  
Louise Begley, Elaine Clarke, Anna Kelly, Emily Kelly, Brendan Quinn
- **Business Steering Group**  
Matilda Allen, Pat Dalton, David Gormley, Paul Kenny, Elizabeth Lang
- **IT Steering Group**  
Sheila O'Loughlin, Noel Stenson. Ann Marie Horan (Exec), Ailish Reape (PCC) and Tadhg Scanlon (EPC) have been co-opted onto ITSG along with Jack Shanahan and Ciaran Mulligan.

CPC met four times since the 2019 AGM (May and October 2019 and February and June 2020), dealing with a wide variety of issues. The following is a summary of the key issues dealt with over the last 12 months under the headings outlined in the CPC Strategy 2018-2020, which was developed by CPC in May 2018.

## PROFESSIONAL

### Promote the Role of the Pharmacist in Government and HSE Strategy

During the coronavirus emergency February – June 2020, we worked closely with DoH, HSE, HSPC and PSI to ensure pharmacies had tools at their disposal to ensure continuity of supply of medicines to patients. Legislation was passed enabling transfer of prescriptions to pharmacies using Healthmail, prescription validity was extended to nine months and emergency supply regulations were expanded.

Since April 2020, we have participated in a multi-stakeholder Community Pharmacy Contingency Planning Group. In addition to addressing issues related to the coronavirus pandemic, the Group intends to build on the current collaboration between various representative groups/bodies to change and improve the way community pharmacy operates within the health system in the medium to longer term.

In the Programme for Government published in June 2020, a commitment was given to commence talks with pharmacists on a new contract and enhancement of their role in the delivery of healthcare in the community, including ePrescribing and issuance of repeat prescriptions. The Programme also committed to providing community pharmacies with dedicated additional resources to communities, focused on improved health outcomes and driven by strong data.

### Develop Services Frameworks for innovative pharmacy services

We are part of the HSE Working Group to establish treatment of patients (on OST) with hepatitis C in community settings. The first patients were treated in June 2019 and

COMMUNITY PHARMACY COMMITTEE (CPC) REPORT 2019-2020

Continued

the programme is being rolled out gradually through selected GPs in selected areas.

To help pharmacies who provide an injection administration service to patients, we produced an SOP for the intramuscular injection of NeoCytamen and an SOP for the subcutaneous injection of Prolia. The SOPs were updated in June 2020 re COVID-19, as were SOPs for a range of pharmacy services.

We worked with the HSE and DoH on the provision of medicines through community pharmacy for Pre-Exposure Prophylaxis (PrEP) for HIV. The service was rolled out in November 2019.

**Engage with HSE Clinical Care Programmes to consolidate the pharmacist’s role in chronic disease management**

We have a seat on Clinical Care Programmes for Respiratory Conditions, Sexual Health, Antimicrobial Resistance & Infection Control, and Cancer Prevention. We have facilitated community pharmacists on advisory groups for Rheumatology, Disability, Breast Cancer Research, Antibiotic Prescribing, Appropriate Prescribing of Antipsychotics, Asthma Society, BP Council for IHF, and some hospital Drugs & Therapeutics Committees.

Develop strategies to facilitate pharmacist prescribing within the community practice setting

We met with the DoH Working Group on Access to Contraception in August 2019 to discuss our proposal that contraception should be made available without prescription. This led to a favourable review of the proposal in the subsequent Report from the Working Group and a commitment by the Minister to make a contraception service available in 2021, following the necessary legislative changes and negotiations with pharmacists. In the Programme for Government published in June 2020, a commitment was given to provide free contraception over a phased period, starting with women aged 17-25.

**IT**

**Maintain the IPU Product File as the definitive file on the Irish market for medicines and medical devices**

The IPU Product File Web Service is up and running with live information; roll out began in October 2019. The Web Service allows for more frequent updates of the IPU Product

File information. High Tech medicines available through the High Tech Hub and PCRS-restricted products are flagged in the IPU Product File with a link to the restriction details, and this information is available via the IPU Product File Web Service.

At the SNOMED CT Expo in Kuala Lumpur in October 2019, we presented on our process for mapping the IPU Product File to SNOMED. We met with the HSE and the SNOMED National Release Centre (NRC) for Ireland in December 2019 and agreed an action plan. Concepts not currently in SNOMED CT were identified by the IPU Product File Department and, from July 2020, a series of updates from the IPU Product File have been integrated into the SNOMED International Files.

In November 2019, we made a presentation on the IPU Product File at the Annual Health Informatics Society of Ireland (HISI) Conference. The IPU had a stand exhibiting the IPU Product File to attendees. A mix of hospital and community-based healthcare professionals visited the IPU stand to learn more about how the IPU Product File is used in initiatives such as electronic discharge reports, medication management and other developing use cases.

We developed a web portal to allow manufacturers, suppliers and other licence holders to submit online updates to the IPU Product File. Accord / Actavis started piloting the Web Portal in May 2020.

In July 2019, under the *Horizon 2020: Research and Innovation Framework Programme*, the European Commission approved a proposal for a project called UNICOM – a consortium of organisations and agencies across Europe – and awarded the IPU with funding for our contribution to the project. The IPU is working with the HPRA and DoH on this four-year project and initial meetings commenced in December 2019. We are working on 4 out of 13 work packages for the project with a focus on mapping dose forms, identification of medicinal products (IDMP), SNOMED CT, FMD and eHealth innovations.

**Promote the adoption of the IPU Product File as the HSE/eHealth Ireland National Medicinal Product Catalogue (NMPC)**

We produce the IPU Product File based on the *HIQA National Standard: Data model for an electronic medicinal product reference catalogue*. In August 2019, a delegation from the HSE visited the IPU for a demonstration of the IPU

Product File. In October 2019, we licensed the file to the HSE for use in the EU OpenNCP Project (cross-border prescriptions and summary care records). In September 2020, the IPU Product File will be rebranded as the National Health products Catalogue (NHPC) and there will be a campaign to market the de-facto medicinal product catalogue for Ireland.

**Continue to work with HIQA on the eHealth Standards Advisory Group (eSAG) and the development of pharmacy-related standards**

Since July 2019, the IPU has participated in an advisory group on the implementation of HIQA's *National Standard on Information Requirements for a National Electronic Patient Summary*. In August 2019, HIQA invited the IPU to participate in an Advisory Group on a *Model for the Collection, Use and Sharing of Personal Health Information*. In December 2019, we contributed to a National 'As Is' Review of the current eHealth landscape in Ireland by HIQA. In June 2020, we attended a HIQA Advisory Group meeting reviewing: *Terminology Working Paper; Best Practice Review of Summary Care Records; As Is Review of the Irish eHealth landscape; and Draft Recommendations on the Implementation of a National, Electronic Patient Summary in Ireland*.

**Work with all relevant stakeholders to deliver a national Shared Care Record which will inform the Electronic Health Record**

Since July 2019, the IPU is participating in an advisory group on the implementation of HIQA's *National Standard on Information Requirements for a National Electronic Patient Summary*. In November 2019, the IPU joined a HSE working group exploring shared care records with a focus on diabetes and respiratory conditions.

**Work with the DoH and system vendors on the standardisation of dispensary systems with the aim of getting certification to comply with pharmacy regulations and ePrescribing standards**

In September 2019, we met with the DoH to discuss certification/validation of pharmacy software. The *IPU Dispensary System Specification* will be used as a template / starting point for a certification process and we will participate in a forum to agree the process along with the DoH, HIQA, National Standards Authority of Ireland (NSAI), the PSI and the pharmacy system vendors. In October 2019, the IPU became a member of the National Standards Authority of Ireland (NSAI) Health Committee.

**Continue to work with the Irish Medicines Verification Organisation (IMVO) and all relevant stakeholders to implement medicines authentication in Ireland**

Throughout 2019, we continued to participate in the EMVO Technical Expert Advisory Group and the development of an alert management system. In September 2019, we met with the IT vendors and IMVO on the next stage of the project and preparing for the end of the 'Use & Learn Period' in 2020. In October 2019, the IPU produced a position paper on managing alerts raised by the Irish Medicines Verification System (IMVS).

## BUSINESS

### Business Policy

We have been involved in a number of briefings with Government departments regarding maintaining preparedness for Brexit. We attend regular meetings of the National Forum on Retail Crime. Garda analysis has identified that crimes against pharmacy are still higher than the retail average, with cosmetics being the most frequently stolen category.

In 2019, the IPU and IPHA worked together on a Self-Care project for the Summer season which was launched in May 2019 and a Winter campaign which was launched in September 2019.

We commissioned B&A to get a better understanding of why pharmacists were not staying in community pharmacy. *The Perspectives of Community Pharmacy* report was published in January 2019. We are having ongoing meetings with a range of stakeholders to discuss the findings in detail and to discuss what actions we should collectively take.

We commissioned Fitzgerald Power Accountants to conduct a Wages and Salaries Survey for pharmacy sector in Q4 2019. The survey is available to read on the IPU website.

### Business Support & Training

We ran workshops in Spring and Autumn 2019 on Increasing Brand Awareness and Sales through Social Media. The Diploma in Leadership & Management continues to prove popular with members; eight students enrolled on the programme in September 2019. Basics in Nutrition was attended by 18 attendees in January 2019 and 13 attendees in October 2019.

COMMUNITY  
PHARMACY  
COMMITTEE  
(CPC) REPORT  
2019-2020

*Continued*

We worked with Retail Ireland Skillsnet to develop a Retail Apprenticeship, which was launched in October 2019. The course had 103 apprentices from all sectors, including eight from the pharmacy sector. An Executive Management Programme in Strategic Business Management was launched in October 2019 and 12 pharmacists enrolled.

**Business Department Marketing**

In June 2019, we ran a business event with Pharmawealth and JPA Brenson Lawlor entitled *What the future Holds a year on*. Over 100 people attended this event. In September 2019, we held Business Briefings in a number of locations around the country.

During the COVID-19 crisis, we worked with the Department of Business through the Retail Consultation Forum regarding business issues during the COVID-19 crisis. We provided advice and information to members on Business Supports available from Government to assist members' businesses. We developed a Return to Work Safely Protocol to provide a range of easy-to-use templates to assist members in ensuring they were compliant with all aspects of Government regulations in relation to coronavirus. We published several coronavirus-related articles in the *IPU Review* looking at where, how and what pharmacy may look like in the "new norm" going forward.

**Business Intelligence**

Our Member Relationship Manager has encouraged members to sign up to HMR and is also working with HMR Ireland on the recruitment of pharmacies who have not signed up to the service. The B&A Annual Pharmacy Usage and Attitudes Report 2020 was completed in May 2020 and a webinar presented to members in July 2020.



# EMPLOYEE PHARMACISTS' COMMITTEE (EPC) REPORT 2019-2020

The Employee Pharmacists' Committee (EPC) represents the interests of community pharmacy employee members of the IPU. The EPC is chaired by Rebecca Barry, who took over from Sinead Ryan in January 2020, with Kerrie Finnan as Vice-Chair, succeeding Gillian McGrath. Currently, there are 1,423 community employee members of the IPU, 32 affiliate student members, which comprises 62% of the full membership. 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.*

The EPC met three times since the 2019 AGM (June and November 2019 and January 2020). The EPC continues to have active representation on other IPU Committees, with 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

The IPU website facilitates an 'Employee Pharmacists' section. Useful resources can be easily accessed by employee members and the EPC's objective is to continue to develop this online forum.

## EVENTS

In 2019, the Committee agreed to have an EPC representative attend the Clarity Careers Day Locum at the end of the year. The main objectives of attending were to engage with newly qualified and early career pharmacists and to outline the benefits of IPU membership. Sinead Ryan, made a presentation to pharmacists at this event on 20 November 2019.

Sinead Ryan and Hazel Slevin also presented to 86 students in UCC in October 2019 regarding careers in community pharmacy; 80 students signed up as Affiliate IPU Members. They have been invited to present at a careers evening in RCSI in 2020. Sinead Ryan met with students from RCSI in October 2019 on the benefits and opportunities associated with IPU membership and 32 students signed up as affiliate members that day.

## STUDENT PHARMACISTS

The EPC are looking for ways to engage with student pharmacists moving forward. Jess McNamara IPSA President and Bernard O'Sullivan, IPSA, Vice President joined the EPC November and January meetings and updated the Committee on their annual work plan and events.

## 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

EMPLOYEE  
PHARMACISTS'  
COMMITTEE  
(EPC) REPORT  
2019-2020

*Continued*

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 them and advocates 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.

### CONCLUSION

The EPC urges employee members to use their membership to the full and keep themselves well-versed by reading the IPU weekly eNewsletter, General Memorandum, IPU Review and other information provided by the IPU. In June 2010, all IPU members were assigned an @ipumail.ie email account, which we can forward to your own personal email address. To forward your IPUmail account or update your forwarding email address, please contact [communications@ipu.ie](mailto:communications@ipu.ie). The EPC would also recommend that employee members check the 'Employee Pharmacists' section of [www.ipu.ie](http://www.ipu.ie) on a regular basis.

# COMMUNICATIONS REPORT 2019-2020

The Communications Team includes Jim Curran, Siobhán Kane, Ciara Browne and external advisors, and has an important role in communicating key messages to the media, the public, stakeholders and members. A wide range of communication tools, including newsletters, emails, text alerts, social media, the IPU Review, the General Memorandum and the IPU website, 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. The Communications Team invest a great deal of time, effort and resources in working with the media to brief journalists on issues affecting community pharmacy. Communication with the public is strengthened with advertising campaigns and public affair campaigns throughout the year.

## 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 on RTÉ, Virgin Media One, Today FM and Newstalk. The national newspapers, including *The Irish Times*, *Irish Independent*, *Irish Examiner* and *Herald*, also carry regular articles and interviews with IPU representatives, in addition to opinion pieces. We also receive significant coverage in online media, medical journals and regional media, with IPU spokespersons appearing frequently on local radio and quoted in local media.

At the IPU National Pharmacy Conference 2019, in the presence of the Minister for Health Simon Harris TD, we called for the immediate unwinding of FEMPI and expressed how FEMPI cuts significantly undermined the pharmacy sector. We highlighted that a shortage of

community pharmacists could become a critical problem for Irish healthcare. According to research undertaken by Behaviour & Attitudes on behalf of the IPU, entitled *Perspectives of Community Pharmacy*, the burden of excessive bureaucracy and unnecessary regulation was identified as a major frustration, particularly for younger pharmacists. We issued a press release at our IPU Future of Pharmacy event in June highlighting that this research also identified that Irish people are increasingly more likely to attend their pharmacy before they go to their GP and want their pharmacist to be able to do more for them. In response to a public consultation on increasing access to contraception, we proposed a scheme by which women could access contraception directly from their community pharmacist without prescription and without charge.



*Pictured are: Elma Houlihan, Orla Browne and Hazel O'Keeffe who graduated at the IPU Pharmacy Technicians Graduation Ceremony in Dublin's Mansion House on 9 March 2020*

## COMMUNICATIONS REPORT 2019-2020

*Continued*

We called for funding to be made available in Budget 2020 to allow pharmacies to expand their service offering to patients in the community, and free up GP waiting lists, by introducing initiatives such as a Minor Ailment Scheme, New Medicine Service and a Chronic Disease Management Service, as well as calling for improved access to contraception for women. Based on our IPU Pilot to Detect Hypertension and Atrial Fibrillation from 2018, we called for a national roll out of this service, which would assist in the prevention, detection and management of suspected hypertension.

As part of a determined political campaign in advance of Budget 2020, pharmacists from all counties called for a reversal to the FEMPI fee cuts and said the sustainability of the pharmacy profession was at risk if the Government did not act. When proposed fee cuts were

announced in October 2019, pharmacists doubled down on efforts to ensure their voice was heard with their local Oireachtas Members, and due to the efforts of this campaign, we then welcomed the sensible decision by the Minister for Health not to proceed with the proposed cuts in fees to pharmacies but, instead, to recommit to talks on a new pharmacy contract.

Press releases were issued highlighting the role of community pharmacy and the advice and services pharmacists can provide to their patients, such as advice to people trying to quit smoking, hay fever, advice on the HPV vaccine, holiday healthcare, men's health, back-to-school ailments, tips to festival goers, flu vaccination, children's vaccinations, antibiotic awareness, and mixing alcohol with medicines.



*Pictured are IPU President Daragh Connolly; Vice-President Eoghan Hanly; Secretary General Darragh O'Loughlin; and Contracts Manager Derek Reilly in advance of meeting with Minister for Health Simon Harris TD regarding proposed cuts to pharmacy fees.*



*Pictured above are: Adrian Dunne, Minister Helen McEntee TD, Kathy Maher and Damien Conaty.*

We also issued press statements during the year in response to political decisions. We welcomed the reduction in the prescription charge of 50 cent, announced in Budget 2020, but said that this Budget represents yet another missed opportunity to improve Ireland's health system by expanding pharmacy-based services. Early in 2020 and at the start of the COVID-19 pandemic, we issued a statement to highlight that pharmacy had a critical role to play in this pandemic and to ensure that people are properly prepared and following the recommendations issued by public health authorities including the Department of Health and the HSE.

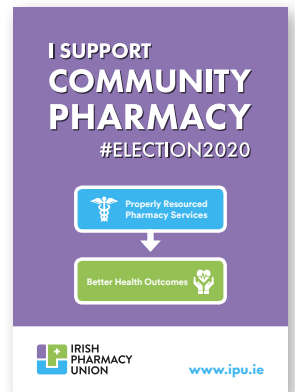
We thank IPU spokespersons, who do great work throughout the year, for taking time out from their pharmacies to be interviewed and brief journalists.

A list of all the press releases issued since the last AGM is in Appendix III.

### PUBLIC AFFAIRS CAMPAIGN

The IPU began a concerted lobbying campaign in the latter months of 2019 to ensure issues affecting pharmacists were highlighted to Ministers, TDs and Senators. In early October approximately 40 Oireachtas members attended a briefing event in Buswells Hotel opposite Leinster House, shortly before Budget 2020 was announced. More than a dozen pharmacists from across the country also attended, in addition to IPU staff, to clearly tell politicians that the sustainability of the pharmacy sector is at risk if the Government does not act soon. Unwinding of FEMPI, the need for a new pharmacy contract, and the need to expand and resource the healthcare services pharmacies can offer were among the issues discussed.

In November and early December we engaged in the successful lobbying campaign, #SupportPharmacy, to stop cuts to pharmacy fees proposed by the Department of Health.



*Pictured left are: Darragh O'Loughlin, Secretary General of the IPU, Hildegarde Naughton TD and Eoghan Hanly, IPU Vice President; Michael Healy Rae TD, Catriona O'Riordan and Darragh O'Loughlin.*



COMMUNICATIONS  
REPORT 2019-2020

Continued

This campaign subsequently won the Best Public Affairs Campaign at the National Public Relations Awards 2020, along with our PR company MKC Communications. The success of the campaign came from the hard work of members, who galvanised on working to stop the Minister for Health from implementing the proposed cuts.

We built on this campaign in advance of the General Election, which was held in February 2020. Commitments were made to support pharmacy in the pre-election manifestos of all the main parties, including Fianna Fáil, Fine Gael, Sinn Féin and the Green Party. Pharmacy-specific issues were then included as part of the Programme for Government. These commitments include:

- Commencing talks with pharmacists on a new contract and enhancement of their role in the delivery of healthcare in the community, including ePrescribing and issuance of repeat prescriptions;
- Establishing a ‘Delivering Equality of Opportunity in Schools (DEIS)’ type programme for health, providing GP practices, community pharmacies and public health staff with dedicated

additional resources to communities, focused on improved health outcomes and driven by strong data;

- Reducing prescription charges and the Drug Payment Scheme threshold; and
- Providing free contraception over a phased period, starting with women aged 17-25.

We will actively and constructively engage with the new Government to ensure they deliver on their commitments to community pharmacy.

**Advertising Campaign – Think Pharmacy**

Following on from the success of the 2018 IPU advertising campaign, the IPU developed a plan for 2019 to further establish the pharmacy as the public’s first port of call for their healthcare needs and get the nation to *Think Pharmacy*.

The 2019 advertising campaign consisted of three segments: a Hay Fever campaign, which consisted of a radio ad; a *Think Pharmacy* campaign, which consisted of a TV and radio ad; and a Flu Vaccination campaign, which also consisted of a TV and radio ad. The ads were themed *Think Pharmacy* and were broadcast at different stages throughout the year. The radio

*Pictured at the launch of the Pfizer Health and Science Index 2019 are Professor of Health Policy and Management in Trinity College Dublin Charles Normand, and Pfizer Health and Science Index 2019 Ambassador Kathriona Devereux, with IPU Director of Communications and Strategy Jim Curran.*



ads received extensive airplay across national and regional stations and our TV ads were also well-received across multiple TV stations, including RTÉ One.

We launched our 2019 advertising campaign with a Hay Fever radio campaign on 29 April. The week-long campaign encouraged members of the public to *Think Pharmacy* for advice about their symptoms and the best treatment options available. Our ad aired across Today FM and regional radio stations, and data shows that listeners heard the ad at least twice. 114 ads were broadcast during the week, reaching approx. 900,000 listeners nationally.

During the summer, we had a multimedia *Think Pharmacy* ad campaign to encourage the public to visit their pharmacy if they have any health concerns, from coughs and colds to stomach upsets, and other minor ailments they may be suffering from. The campaign ran for two weeks from 19 August to 1 September, with a TV ad airing across all Irish national TV channels, Channel 4 and Sky channels. A radio ad also broadcast on Today FM and regional stations for one week from 19 August. The TV ads accessed 50% of the top 20 programmes over the course of the two weeks, including spots during RTÉ One's Six One News, which had 334,000 viewers, and Fair City, which had 295,000 viewers. On average, we estimate that members of the public saw the TV ad up to three times and heard the radio spot 2.6 times

over the course of the campaign. 116 radio ads were placed during this campaign, reaching just under 1 million listeners nationwide.

In October, we launched our final campaign, which was a two-week (non-consecutive) TV and radio Flu Vaccination campaign to encourage members of the public to visit their pharmacy for their flu vaccination. The first week took place from 7 – 13 October and the second took place from 21 – 27 October. Both weeks included a TV ad airing across all Irish national TV channels, Channel 4 and Sky channels, and a radio ad airing on Today FM and regional stations. The TV ads accessed 7 of the top 20 programmes over the course of the two weeks, including spots during RTÉ 2's coverage of the Rugby World Cup, which had 547,000 viewers and RTÉ One's *Nine O'Clock News*, which had 477,000 viewers. On average, we estimate that members of the public saw the TV ad up to 3 times and heard our radio spot over 4 times throughout the campaign. 212 ads were placed during the week, reaching approx. 1.1 million listeners nationally.



COMMUNICATIONS  
REPORT 2019-2020

Continued



Pictured right are: Daragh Connolly, IPU President; Lorraine Higgins, MKC; Grainne Power, HPRÁ; and Dan O'Brien.

Another video promoting the Flu Vaccination message was played at the National Ploughing Championships in September, which had a strong footfall of 297,000.

For the *Think Pharmacy* and Flu Vaccination campaigns, we developed a media kit and emailed it to all members asking them to get more involved and support the campaigns in-pharmacy and on their social media channels. We developed tweets and posts, as well as promotional images and GIFs specific to Twitter and Facebook. We also created posters that members could print out and display prominently in the pharmacy. There was a huge uptake from members using the media kit and tweeting throughout the campaigns.

**Be Well This Summer – Think Pharmacy**

In partnership with the Irish Pharmaceutical Healthcare Association (IPHA), we introduced a new self care campaign titled *Be Well this Summer – Think Pharmacy*, which ran over the summer months. As part of the campaign, we used the emoji characters to assist in getting our message to the public. The campaign consisted of two distinct elements based on a series of cartoon emojis, which includes a *Be Well this Summer – Think Pharmacy* in-store poster, and a proactive digital media campaign based on a series of common summer ailments and injuries such as hay fever, holiday care, first aid and care at music festivals.

**Be Well This Winter – Think Pharmacy**

Following on from the summer campaign, we launched a winter self care campaign, *Be Well*

*this Winter – Think Pharmacy*, with IPHA. The campaign promoted the benefits for members of the public in looking after their health during the winter period, helping towards preventing common illnesses. Using animated videos, we brought to life four emoji characters that were suffering from a common ailment such as a cold, cough and sore throat, and we also had a first aid video. At the centre of this concept of self care is the role of the pharmacist as a healthcare professional.

COMMUNICATIONS  
TO MEMBERS

Communications to members continue to develop and uptake continues to increase. The *IPU Review* and monthly General Memorandum are vital resources of information for members. The open rate of *IPU News*, the weekly eNewsletter, is increasing and is now viewed by 59% of members with more members also 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, Twitter and LinkedIn accounts are growing each week. There was a significant increase in the followers to the IPU's social media channels during 2019; there was a 30% increase in Facebook followers, a 14% increase in Twitter followers and a 29% increase in LinkedIn followers. We also launched our Instagram page, which had 451 followers by the end of 2019. We also use SMS to get information to members quickly on important updates and deadlines.



# INTERNATIONAL PHARMACY MATTERS REPORT 2019-2020



**PGEU GPUE**

*Pharmaceutical Group of the European Union  
Groupement Pharmaceutique de l'Union Européenne*

## IPU ANNUAL REPORT ON PGEU 2019 – 2020

### PGEU 2019/20

The Pharmaceutical Group of the European Union (PGEU) is the European association representing community pharmacists in 32 countries including EU Member States, EEA countries, EU applicant countries and the UK as an observer member.

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 considered in the EU decision-making process.

We have been very active within PGEU over the past year, ensuring that community pharmacy is considered in a wide variety of EU Directives and Regulations. 70% of legislation in Ireland comes from EU Directives and Regulations so it is vital that lobbying is done at this level rather than waiting for transposition into Irish legislation.

### European Commission Priorities

Health priorities for the new EU Commission include:

- Encouraging the development of new business models fostering innovation on new antibiotics;
- Promoting the development of new vaccines;

- Working together with EU Member States and industry to mitigate medicine shortages;
- Increasing the evidence base across the EU regarding new medicines (cancer treatment is a priority); and
- Promoting data exchange and supporting research on new preventative initiatives and treatments, medicines, medical devices and outcomes.

### Medicines Authentication

In Ireland, the 'use and learn period' will end for all entities who supply medicines to the public including pharmacies and hospitals. The IPU is working closely with IMVO, HPRA, pre-distribution, wholesalers and IT providers on several fronts to prepare for the ending of the 'use and learn period', including:

- Developing national alert management guidance;
- Developing specific advice for every type of exception/alert code returned to end-users and wholesalers so they know exactly what to do next;
- Additional efforts to address scanner configuration/scanning practice issues, through guidance, lists of suitable scanners, etc;
- Encouraging all parties to intensify their efforts to reduce alerts;
- Pushing for increased scanning rates so that all end-users understand fully how medicines authentication will impact on their workplace and are able to sort out

INTERNATIONAL  
PHARMACY  
MATTERS  
REPORT  
2019-2020

Continued

any problems with software and scanners before the ‘use and learn period’ ends. Similarly, the more scanning that takes place, the greater our understanding of the issues that cause alerts and how to fix them; and

- Getting information on Indian packs so we have a better understanding of the size of the problem here and what fixes might be applicable.

**eHealth**

PGEU is part of the European Commission eHealth Stakeholder Group, which is interested in cross-border exchanges of ePrescriptions and patient summaries. Some countries have already developed cross-border exchanges:

- Finland: ePrescriptions of outgoing travellers;
- Estonia: ePrescriptions of incoming travellers;
- Luxembourg: Patient Summaries of incoming travellers;
- Czech Republic: Patient Summaries of outgoing travellers; and
- Croatia: ePrescriptions and Patient Summaries for incoming travellers.

22 other Member States have committed to having both services up and running and exchanged by 2021, including Ireland.

In the coming three years, the Group will focus on:

- Health data, including electronic health record exchange;
- Digital health services;
- Health data protection and privacy issues;
- Cybersecurity for health and care data;
- Digital tools for citizen empowerment and person-centred care;
- Artificial intelligence and health; and
- Enabling technologies.

**European Medicines Agency (EMA)**

PGEU has been re-elected as a member of the EMA Healthcare Professionals’ Working Party. Topics to be covered in the next three years include: Sartans with N-nitrosamine impurities; Digital Health; Safety of Medicines; Medicine Shortages; Antimicrobial Resistance; Vaccination; Access to Clinical Data; and Advances in Clinical Practice.

The EMA has agreed the principles for Electronic Product Information (ePI). ePI will not supersede or negate the requirement to include a paper Patient Information Leaflet (PIL) in the packaging of all medicines; rather ePI is complementary to the PIL. The EMA will construct a roadmap with national competent authorities on the implementation of ePI.

**Medicine Shortages**

PGEU has had numerous meetings with EU stakeholders on medicine shortages.

- European Commission (DG SANTE);
- European Parliament (MEPs and Committee members);
- European Medicines Agency (working on a joint paper);
- OECD (wants to help pharmacists mitigate shortages, e.g. substitution);
- WHO Europe (interested in the PGEU survey results); and
- GIRP (wholesalers), EPF (patients), EFPIA and MfE (manufacturers), AESGP (OTC) and EAHP (hospital pharmacists).

PGEU will continue to highlight the impact of shortages on patients, reinforce the contribution of community pharmacists in mitigating shortages, advocate for extending the scope of pharmacy practice, advocate for better information provision to pharmacists, improve reporting practices of shortages, and call for better collaboration at a European level.

**Europe’s Beating Cancer Plan**

One of the priorities of the new EU Parliament is a plan to fight cancer, to support member States and stakeholders in improving cancer care and control and to reduce the suffering caused by cancer. The plan will focus on all key stages of cancer:

- Prevention
  - Health promotion, improved vaccination coverage
  - Environmental risks, smoking, pollution
- Early Detection and Diagnosis
  - Increase coverage for breast, cervical and colorectal cancer screening
  - Access to high quality care
- Treatment and Care
  - Improve availability and access to cancer treatment

- Quality of Life for Patients, Survivors and Carers
  - Quality of life care, including pain management.

### Pharmaceuticals in the Environment

The European Parliament is in the process of producing a policy on Pharmaceuticals in the Environment. The policy will:

- Call on Member States and the Commission to promote awareness-raising campaigns among vets and doctors on the prudent use of pharmaceuticals, particularly antimicrobials;
- Call on actors in the supply chain to provide patients with information on how incorrectly disposed medicines may negatively impact on the environment;
- Call for package labelling to inform consumers how to dispose of unused medicines;
- Ensure that actions taken do not jeopardise access to safe and effective pharmaceutical treatments;
- Allow that medicines be dispensed in quantities better matching needs, including by optimising pack sizes;
- Explore the possibility of extending expiry dates; and
- Call for full enforcement of existing provisions regarding take-back schemes for unused medicines.



### IPU ANNUAL REPORT ON FIP 2019 – 2020

The International Pharmaceutical Federation (FIP) 79th Annual World Congress of Pharmacy and Pharmaceutical Sciences was held in Abu Dhabi, UAE, from 22 to 26 September 2019. It was co-hosted by the Emirates Pharmacy Society. FIP is the global federation of national associations of pharmacists and pharmaceutical scientists

and is a non-governmental organisation in official relations with the World Health Organisation. With 144 member organisations, FIP represents over four million experts in medicines, supporting the responsible use of medicines around the world.

### One FIP Strategy

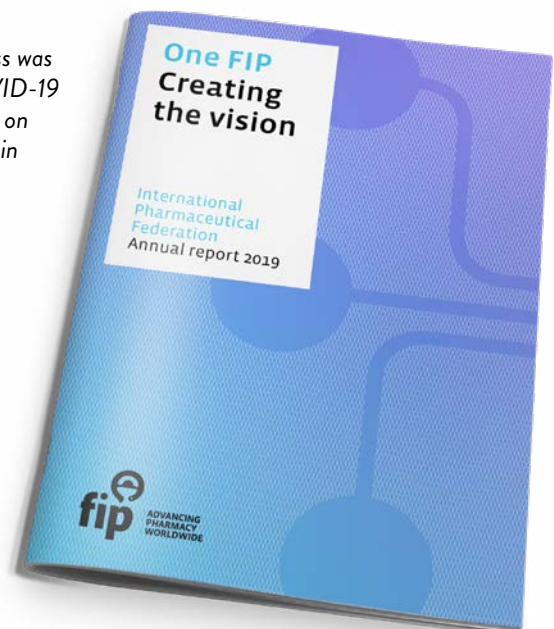
Decreasing the gaps in pharmaceutical science, practice, and education between different regions of the world is among the aims of a new *One FIP Strategy* announced at the World Congress by FIP President, Dominique Jordan. The intended outcomes of this strategy are that everyone has access to medicines. All pharmacists, pharmaceutical scientists and educators have a key role in this and in the evolution of the profession around the world.

All pharmaceutical professionals must adapt to new challenges and be integrated partners in the health system. Pharmacists can play an active role in all ten current threats to global health identified by the World Health Organisation. By 2022, the profession should be able to prove that pharmacists are important players in making a difference in a region or country.

In line with the new strategy, FIP is working on Global Development Goals, which will incorporate its existing goals for pharmaceutical workforce development alongside goals for services, patient and public needs, and innovations in practice and science. These goals will be underpinned by FIP standards and evidence.

FIP is also in the process of developing a Global Pharmacy Observatory, which will provide valuable pharmacy data from around the world. The new strategy will be delivered at global and local levels, through new programmes such as regional conferences.

*The 2020 FIP Congress was postponed due to COVID-19 and will now take place on 12-16 September 2021 in Seville, Spain.*



# 2020 AGM MOTIONS

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

1. **Proposed:** Jonathon Morrissey  
**Seconded:** Paul Kenny

“That this AGM welcomes the commitment in the Programme for Government to expanding the scope of pharmacists, and urges the Government not to miss the opportunity presented by COVID-19 to the expansion of pharmacy services as part of reforming and modernising healthcare in Ireland.”

2. **Proposed:** Niall Doyle  
**Seconded:** Patrick O’Sullivan

“That the individual remuneration package details (including pension, bonus, health insurance, expenses, etc and all other benefits, as relevant) of the Secretary General, the President and all other officers and trustees of the IPU are published annually, to provide proper governance and transparency to members.”

3. **Proposed:** Richard Collis  
**Seconded:** Pat Sweeney

“That this AGM demands that the IPU vigorously oppose the new contract imposed on pharmacists who are looking for or are forced to seek a new contract, from July 1st 2020. This was a step by the HSE which fundamentally changed the nature of contract negotiation from bilateral to unilateral.”

4. **Proposed:** Sean Reilly  
**Seconded:** Paddy Hickey

“That this meeting expresses its disapproval of the use of IPU funds (believed to currently run to several million Euros) in supporting Health Market Research Ireland Limited (“HMR”) and requires the Executive Committee to undertake an immediate investigation by an appropriately qualified independent third party in order to assess IPU’s investment in/support of HMR and to issue a report to the Executive Committee and make recommendations for consideration by the Executive Committee in order to protect IPU funds and the interests of members, in respect of its exposure to HMR.”

5. **Proposed:** Edward MacManus  
**Seconded:** Séan Kiely

“This AGM insists, that in the interests of good governance including the exercising of proper control over the use of members’ resources, all information required for decision-making be comprehensively provided in a timely manner to all members of the Executive Committee in advance of all material decisions being made by the Executive Committee on behalf of the IPU”

6. **Proposed:** Edward MacManus  
**Seconded:** Roy Hogan

“This AGM insists that, having regard to the relevant provisions of the IPU Constitution, the Executive Committee shall immediately prepare and approve (i) a schedule of delegated functions and reserved functions to provide clarity on the authority of other committees referred to in the Constitution and (ii) terms of reference for the Standing Committee and any other sub-committee of the IPU in order to provide clarity on the role and function of each committee.”

7. **Proposed:** John MacNamara  
**Seconded:** Michael Austin

“That this AGM requires the Executive Committee to undertake an immediate investigation by an appropriately qualified independent third party into the Dublin regional meeting held in Autumn 2019, into how the meeting was conducted and also into the conduct of the IPU Past President and Secretary General in using an unprecedented large number of proxy votes to thwart the will of the meeting. It also demands that all future proxy votes are to be independently verified.”

8. **Proposed:** Richard Collis  
**Seconded:** Donncha McDermott

“This meeting requests the Executive to act immediately to appoint an external person who has a track record in negotiation and can add a sense of emotional detachment and flexibility to the upcoming negotiations with the HSE. This person should be added to the negotiation team involved directly in the face to face negotiations with the Department of Health. We further recommend that the negotiation team be engaged to work under a formally approved structure and that any proposed agreement with the DoH requires formal ratification at a full sitting of the IPU Executive Committee the ultimate decision making committee of the IPU. The urgency of the situation is crystallised by the recent unilateral actions of the HSE in terms of the new contract.”

# FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

## **1. Irish Pharmacy Union Financial Reports and Accounts for Year Ended 31 December 2019**

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 are available on the members' area of [www.ipu.ie](http://www.ipu.ie).

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 2019. In accordance with Article 26.b of the IPU Constitution, the Trustees have appointed JPA Brenson Lawlor as Auditors for the IPU and IPU Services Ltd. Members will be asked to 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 2019 as submitted to this meeting, be and hereby are adopted.”*
- b. *“That this meeting agrees to the election of JPA Brenson Lawlor as Auditors for the IPU and IPU Services Ltd.”*

## **2. IPU Services Limited Financial Reports and Accounts for Year Ended 31 December 2019**

At this Annual General Meeting of IPU Services Ltd, members are asked to consider the Directors' Report and the Auditor's Report on the Accounts for the Year Ended 31 December 2019. The full accounts and financial reports are available on the members' area of [www.ipu.ie](http://www.ipu.ie).

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 2019 as submitted to this meeting, be and are hereby adopted.”*

## **Irish Pharmacy Union Report & Financial Statements for the Year Ended 31 December 2019**

Information	45
Officers' Report	46
Independent Auditors Report to IPU Members	48
Profit and Loss Account for the year ended 31 December 2019	51
Balance Sheet as at 31 December 2019	52
Notes to the Financial Statements	53

## **IPU Services Limited Directors' Report and Financial Statements for the Year Ended 31 December 2019**

Annual General Meeting Minutes 2019	60
Information	61
Directors' Report	62
Directors' Responsibilities Statement	64
Independent Auditor's Report to the Members of IPU Services Limited	65
Profit and Loss Account for the year ended 31 December 2019	68
Balance Sheet as at 31 December 2019	69
Notes to the Financial Statements	70

# IRISH PHARMACY UNION INFORMATION

**President**

Eamon Daragh Connolly

**Vice President**

Eoghan Hanly

**Honorary Treasurer**

Caitríona O’Riordan

**Secretary**

Darragh O’Loughlin

**Registered office**

Butterfield House  
Butterfield Avenue  
Rathfarnham  
Dublin 14

**Auditor**

JPA Brenson Lawlor  
Argyle Square  
Morehampton Road  
Donnybrook  
Dublin 4  
D04 W9W7

**Business address**

Butterfield House  
Butterfield Avenue  
Rathfarnham  
Dublin 14

**Bankers**

Allied Irish Banks Plc,  
10 Main Street  
Dundrum  
Dublin 14

**Solicitors**

DAC Beachcroft  
Three Haddington Buildings  
Percy Place  
Dublin 4  
D04 T253

# OFFICERS' REPORT

## Responsibilities of IPU's Officers

The Irish Pharmacy Union's ("IPU") Officers are responsible for preparing the annual report and the financial statements in accordance with applicable Irish law and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (Generally Accepted Accounting Practice in Ireland) issued by the Financial Reporting Council.

The financial statements reflect the activities of the IPU, and do not include the financial affairs of regional committees.

The IPU's Officers acknowledge their responsibility for ensuring that adequate financial controls are in place, and that competent financial management is employed. The IPU's Officers also understand and concur with the major judgements and estimates which underlie the financial statements.

In accordance with current accounting practice and financial reporting standards it is recommended that the IPU's Officers prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the IPU as at the end of the year and of the profit or loss of the IPU for that year.

In preparing these financial statements, the IPU's Officers are required to:

- select suitable accounting policies for the financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent; and
- prepare the financial statements on the going concern basis.

The IPU's Officers are responsible for keeping adequate accounting records which correctly explain and record the transactions of the IPU, enable at any time the assets, liabilities, financial position, and profit or loss of the IPU to be determined with reasonable accuracy and to enable them to ensure that the financial statements comply with current accounting practice and financial reporting standards. They are also responsible for safeguarding the assets

of the IPU and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

## Review of the development activities and achievements of IPU during the year

The Irish Pharmacy Union continued to follow its Statement of Strategy 2017-2021, Putting Community at the Centre of Primary Healthcare in Ireland, under which it has continued to promote the professional and economic interests of its members throughout the year. The key achievement of the IPU was successfully resisting and preventing cuts to pharmacy fees which were proposed by the Department of Health in the last quarter of 2019 and would have reduced total State fees to pharmacies by an estimated 12-14%.

## Other services/ supports

At 1 January 2019 the IPU had 2,326 members. During the year, 229 members joined and 260 members cancelled or let their membership lapse. At 31 December 2019 the IPU had 2,295 members. Additionally, 153 student pharmacists have joined as members since October 2019.

The IPU provides members with;

- A National Voice: The IPU represents more than 95% of community pharmacies in Ireland. We negotiate on behalf of all Community Pharmacies with the HSE, Government and other bodies in relation to a variety of issues, including the Community Pharmacy Contractors Agreement;
- Exclusive access to IPU Product File, with details of approximately 55,000 products and regular updates on products which have been discontinued, are in short supply etc.;
- Professional advice and support in relation to practice guidelines, compliance and regulation;



- Pharmacy and Retail Business advice and training for you and your employees;
- Up to date listing of Locum support available;
- Advice and support in relation to financial and employment issues;
- IPU website with members' only area and on-line information which can be tailored to individual pharmacies;
- IPU Publications including weekly e-newsletter, monthly General Memorandum, the *IPU Review* and the *IPU Yearbook and Diary*;
- Detailed information and advice on all Community Drugs Schemes and individual support in resolving claim and payment issues with HSE PCRS, which is an area of increasing activity;
- IPUnet, a web-based application to support member pharmacists in delivering and recording services to patients; and
- IPU Academy, an educational service to support members with their Continuing Professional Development (CPD), which is now mandatory for all pharmacists.

The IPU also provides a significant number of training courses and other business supports to help IPU members develop their professional services, staff and business. In addition to providing advice on professional issues, the IPU issued a number of guidelines and protocols to assist its members in compliance with legislation and in the provision of new services. IPU also provides a whole range of other support and advice to members and members are encouraged to avail of these services. The IPU's business intelligence service hmR Ireland, which was launched in 2014 to provide members with benchmarking reports for their businesses and to provide essential data to support IPU lobbying and policy proposals on behalf of members, continued to develop and

evolve and by year-end had in excess of 1,300 pharmacies sharing data. The value of the project was most clearly demonstrated when the IPU was able to calculate the precise cost to community pharmacy of the government's ongoing reference pricing policy, as well as the impact on pharmacy revenues of the August 2016 Medicines Pricing and Supply framework agreement between the Department of Health, the HSE and the pharmaceutical industry, for the purposes of responding to the Department of Health's proposed cuts to Pharmacy Fees in late 2019, and to support our analysis of the potential cost and resource benefit to the HSE of implementing services such as the Minor Ailment Scheme and other proposed pharmacy services.

### **Review of the transactions and financial position of IPU, and an explanation of the salient features of the financial statements**

IPU is conscious of the significant direct and indirect cuts that have been imposed on its members over the past decade and continues to lobby actively to have those cuts reversed. The IPU is also conscious of the need to have a strong Union and a united voice to deal with the challenges we face as a sector and a profession and we have worked hard to keep our costs under control and deliver best value services and support to members.

It is important that IPU has sufficient funds to meet its liabilities and sufficient resources to promote the professional and economic interests of members and to continue delivering services and supports to them. The Executive Committee will keep the funding and resources of the IPU under continuous review and will apply the resources to the continuing support, development and advancement of the pharmacy profession and the interests of community pharmacy sector as a whole.

**Eamon Daragh Connolly**  
President

8 October 2020

**Darragh O'Loughlin**  
Secretary

# INDEPENDENT AUDITOR'S REPORT TO IPU MEMBERS

## Opinion

We have audited the financial statements of Irish Pharmacy Union for the year ended 31 December 2019 which comprise the Statement of Comprehensive Income, the Statement Of Financial Position and the related notes. The relevant financial reporting framework that has been applied in their preparation is FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion the financial statements:

- give a true and fair view of the state of the entity's affairs as at 31 December 2019 and of its profit for the year then ended; and
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and relevant legal and regulatory requirements. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the entity in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- the officers' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the officers' have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the IPU's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The IPU's Officers are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work

we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Opinions on other matters

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- the information given in the Officer's Report is consistent with the financial statements; and
- the Officer's Report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

In our opinion the accounting records of the IPU were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

Based on the knowledge and understanding of the IPU and its environment obtained in the course of the audit, we have not identified any material misstatements in the Officers' Report.

### Matters on which we are required to report by the the Industrial and Provident Societies Act 1893 to 2018

As required by Section 13(2) of the Industrial and Provident Societies Act 1893 to 2018, we examined the Statement of Financial Position showing the receipts and expenditure, funds and effect of the IPU, and verified same with the books, deeds, documents, accounts and vouching relating threats and found them to be correct, duly vouched and in accordance with law.

### Responsibilities of Officers for the financial statements

As explained more fully in the Statement of Responsibilities in the Officer's Report, the Officers are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Officers determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Officers are responsible for assessing the IPU's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Officers either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

### Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-\(Ireland\)/ISA-700-\(Ireland\)](http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-(Ireland)/ISA-700-(Ireland)). This description forms part of our auditor's report.

INDEPENDENT  
AUDITOR'S  
REPORT TO  
IPU MEMBERS

*Continued*

**The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the IPU's members, as a body. Our audit work has been undertaken so that we might state to the IPU's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the IPU and the IPU's members as a body, for our audit work, for this report, or for the opinions we have formed.

**Ian Lawlor**  
**for and on behalf of**  
**JPA Brenson Lawlor**

**Chartered Accountants**  
**Statutory Audit Firm**  
**Argyle Square**

8 October 2020  
Argyle Square  
Morehampton Road  
Donnybrook  
Dublin 4  
D04 W9W7

# PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2019

	Notes	2019 €	2018 €
<b>Income</b>			
Subscriptions		550,170	501,724
Levy income		3,149,123	3,243,156
Other income		131,298	239,107
		3,830,591	3,983,987
<b>Expenditure</b>			
Payroll and related expenses		2,100,031	1,939,227
Travel and meetings		167,820	151,883
Members' expenses		211,573	180,730
Subscriptions paid		63,567	65,623
Depreciation		48,052	45,632
Staff costs		14,275	8,122
Other expenses		1,570,461	1,720,492
		4,175,779	4,111,709
<b>Operating loss</b>		(345,188)	(127,722)
Fair value gain / (loss) on investments	6	281,370	(65,440)
Profit / (loss) on disposal of investments		115,471	(6,821)
Investment income		25,125	37,292
Bank charges and fees		(3,879)	(4,696)
		72,899	(167,387)
<b>Profit / (loss) before taxation</b>		72,899	(167,387)
Tax		3,937	(322)
		76,836	(167,709)
<b>Profit / (loss) after taxation</b>		76,836	(167,709)

The Statement of Comprehensive Income has been prepared on the basis that all operations are continuing operations.

# BALANCE SHEET AS AT 31 DECEMBER 2019

	Notes	€	2019 €	€	2018 €
<b>Fixed assets</b>					
Tangible assets	5		869,446		891,591
Financial assets	6		5,522,709		5,840,589
			<u>6,392,155</u>		<u>6,732,180</u>
<b>Current assets</b>					
Debtors	7	1,721,338		1,769,701	
Cash at bank and in hand		1,102,395		525,771	
		<u>2,823,733</u>		<u>2,295,472</u>	
<b>Creditors: amounts falling due within one year</b>	8		<u>(340,687)</u>		<u>(229,287)</u>
<b>Net current assets</b>			<u>2,483,046</u>		<u>2,066,185</u>
<b>Total assets less current liabilities</b>			<u>8,875,201</u>		<u>8,798,365</u>
<b>Capital and reserves</b>					
Revaluation reserve	9		389,194		398,048
Profit and loss reserves	10		8,486,007		8,400,317
<b>Total equity</b>			<u>8,875,201</u>		<u>8,798,365</u>

The financial statements were approved by the officers and authorised for issue on 8 October 2020 and are signed on its behalf by:

**Eamon Daragh Connolly**  
Director

**Darragh O'Loughlin**  
Secretary

# IRISH PHARMACY UNION NOTES TO THE FINANCIAL STATEMENTS

## 1. Accounting policies

### Entity information

Irish Pharmacy Union is an entity domiciled and incorporated in Republic of Ireland. The registered office is Butterfield House, Butterfield Avenue, Rathfarnham, Dublin 14.

### 1.1 Accounting convention

These financial statements have been prepared in accordance with FRS 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland” (“FRS 102”), as adapted by Section 1A of FRS 102.

The financial statements are prepared in euros, which is the functional currency of the entity. Monetary amounts in these financial statements are rounded to the nearest €.

The financial statements have been prepared under the historical cost convention, modified to include the revaluation of freehold properties and to include investment properties and certain financial instruments at fair value. The principal accounting policies adopted are set out below.

### 1.2 Going concern

At the time of approving the financial statements, the Officers have a reasonable expectation that the entity has adequate resources to continue in operational existence for the foreseeable future. Thus the officers continue to adopt the going concern basis of accounting in preparing the financial statements.

### 1.3 Income

- (a) Amounts due under the levy scheme are recognised as income in the month when cash is received.
- (b) All other income is accounted for on an accruals basis.
- (c) All revenue comprises the fair value of consideration received and receivable exclusive of value added tax and after discounts and rebates.

### 1.4 Tangible fixed assets

Tangible fixed assets are initially measured at cost and subsequently measured at cost or valuation, net of depreciation and any impairment losses.

Depreciation is recognised so as to write off the cost or valuation of assets less their residual values over their useful lives on the following bases:

Premises	2% straight line
Fixtures and fittings	10%/33% straight line
Office equipment	33% straight line

The gain or loss arising on the disposal of an asset is determined as the difference between the sale proceeds and the carrying value of the asset, and is credited or charged to profit or loss.

### 1.5 Fixed asset investments

Interests in subsidiaries, associates and jointly controlled entities are initially measured at cost and subsequently measured at cost less any accumulated impairment losses. The investments are assessed for impairment at each reporting date and any impairment losses or reversals of impairment losses are recognised immediately in profit or loss.

IRISH PHARMACY  
UNION NOTES TO  
THE FINANCIAL  
STATEMENTS*Continued*

A subsidiary is an entity controlled by the company. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

An associate is an entity, being neither a subsidiary nor a joint venture, in which the entity holds a long-term interest and where the company has significant influence. The entity considers that it has significant influence where it has the power to participate in the financial and operating decisions of the associate.

Entities in which the company has a long term interest and shares control under a contractual arrangement are classified as jointly controlled entities.

**1.6 Impairment of fixed assets**

Assets not measured at fair value are reviewed for any indication that the asset may be impaired at each statement of financial position date. If such indication exists, the recoverable amount of the asset, or the asset's cash generating unit, is estimated and compared to the carrying amount. Where the carrying amount exceeds its recoverable amount, an impairment loss is recognised in profit or loss unless the asset is carried at a revalued amount where the impairment loss is a revaluation decrease.

**1.7 Cash at bank and in hand**

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

**1.8 Financial instruments**

The entity has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the entity's statement of financial position when the entity becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a

legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

**Basic financial assets**

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest. Financial assets classified as receivable within one year are not amortised.

Trade debtors, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method, less any impairment.

Interest is recognised by applying the effective interest rate, except for short-term receivables when the recognition of interest would be immaterial. The effective interest method is a method of calculating the amortised cost of a debt instrument and of allocating the interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the debt instrument to the net carrying amount on initial recognition.

**Classification of financial liabilities**

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

**Basic financial liabilities**

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument



is measured at the present value of the future payments discounted at a market rate of interest. Financial liabilities classified as payable within one year are not amortised.

Debt instruments are subsequently carried at amortised cost, using the effective interest rate method.

Trade creditors are obligations to pay for goods or services that have been acquired in the ordinary course of business from suppliers. Amounts payable are classified as current liabilities if payment is due within one year or less. If not, they are presented as non-current liabilities. Trade creditors are recognised initially at transaction price and subsequently measured at amortised cost using the effective interest method.

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

## 1.9 Equity instruments

Equity instruments issued by the entity are recorded at the proceeds received, net of direct issue costs. Dividends payable on equity instruments are recognised as liabilities once they are no longer at the discretion of the entity.

## 1.10 Taxation

The tax expense represents the sum of the tax currently payable and deferred tax.

### **Current tax**

The tax currently payable is based on taxable profit for the year. Taxable profit differs from net profit as reported in the income statement because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The entity's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.

### **Deferred tax**

Deferred tax liabilities are generally recognised for all timing differences and deferred tax assets are recognised to the extent that it is probable that they will be

recovered against the reversal of deferred tax liabilities or other future taxable profits. Such assets and liabilities are not recognised if the timing difference arises from goodwill or from the initial recognition of other assets and liabilities in a transaction that affects neither the tax profit nor the accounting profit.

The carrying amount of deferred tax assets is reviewed at each reporting end date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax is calculated at the tax rates that are expected to apply in the period when the liability is settled or the asset is realised. Deferred tax is charged or credited in the income statement, except when it relates to items charged or credited directly to equity, in which case the deferred tax is also dealt with in equity. Deferred tax assets and liabilities are offset when the company has a legally enforceable right to offset current tax assets and liabilities and the deferred tax assets and liabilities relate to taxes levied by the same tax authority.

## 1.11 Employee benefits

The costs of short-term employee benefits are recognised as a liability and an expense, unless those costs are required to be recognised as part of the cost of stock or fixed assets.

The cost of any unused holiday entitlement is recognised in the period in which the employee's services are received.

Termination benefits are recognised immediately as an expense when the entity is demonstrably committed to terminate the employment of an employee or to provide termination benefits.

## 1.12 Foreign exchange

Transactions in currencies other than euros are recorded at the rates of exchange prevailing at the dates of the transactions. At each reporting end date, monetary assets and liabilities that are denominated in foreign currencies are retranslated at the rates prevailing on the reporting end date. Gains and losses arising on translation are included in the income statement for the period.

## 2. Employees

The average monthly number of persons employed by the company during the year was 26 (2018 - 26).

## 3. Number of members

The number of members in 2019 was 2,295 (2018: 2,326).

During the financial year ended 31 December 2019 the Irish Pharmacy Union refunded €349,283 to contractor members in proportion to the amount paid by each individual member in levy payments in 2018 (2018: €244,254).

## 4. Interest receivable and similar income

	2019 €	2018 €
Interest receivable and similar income includes the following:		
Income from other financial assets	25,125	37,292

## 5. Tangible fixed assets

	Premises €	Fixtures and fittings €	Office equipment €	Total €
<b>Cost</b>				
At 1 January 2019	950,000	261,245	441,585	1,652,830
Additions	-	5,590	23,842	29,432
Disposals	-	(7,118)	(26,106)	(33,224)
At 31 December 2019	950,000	259,717	439,321	1,649,038
<b>Depreciation and impairment</b>				
At 1 January 2019	95,000	243,622	422,617	761,239
Depreciation charged in the year	19,000	7,361	21,691	48,052
Eliminated in respect of disposals	-	(5,679)	(24,020)	(29,699)
At 31 December 2019	114,000	245,304	420,288	779,592
<b>Carrying amount</b>				
At 31 December 2019	836,000	14,413	19,033	869,446
At 31 December 2018	855,000	17,623	18,968	891,591

## 6. Financial assets

	2019 €	2018 €
Shares in group undertakings	127	127
Other investments other than loans	5,522,582	5,840,462

### Movements in fixed asset investments

	Shares in group undertakings €	Other investments other than loans €	Total €
<b>Cost or valuation</b>			
At 1 January 2019	127	5,840,462	5,840,589
Additions	-	794,817	794,817
Valuation changes	-	281,370	281,370
Matured	-	(604,843)	(604,843)
Transferred out of investments	-	(533,672)	(533,672)
Disposals	-	(255,552)	(255,552)
At 31 December 2019	127	5,522,582	5,522,709
<b>Carrying amount</b>			
At 31 December 2019	127	5,522,582	5,522,709
At 31 December 2018	127	5,840,462	5,840,589

## 7. Debtors

	2019 €	2018 €
<b>Amounts falling due within one year:</b>		
Trade debtors	28,836	22,439
Corporation tax recoverable	7,220	66,567
Amounts owed by group undertakings	1,675,334	1,671,733
Other debtors	309	1,912
Prepayments	9,639	7,050
	1,721,338	1,769,701

IRISH PHARMACY  
UNION NOTES TO  
THE FINANCIAL  
STATEMENTS*Continued***8. Creditors: amounts falling due within one year**

	2019 €	2018 €
Trade creditors	113,816	90,581
Deferred income	-	4,400
Other creditors including tax and social insurance	177,909	85,994
Accruals	48,962	48,312
	<u>340,687</u>	<u>229,287</u>

**9. Revaluation reserve**

	2019 €	2018 €
At beginning of year	398,048	406,902
Other movements	(8,854)	(8,854)
At end of year	<u>389,194</u>	<u>398,048</u>

**10. Profit and loss reserves**

	2019 €	2018 €
At the beginning of the year	8,400,317	8,559,171
Profit/(loss) for the year	76,836	(167,708)
Transfer from revaluation reserve	8,854	8,854
At the end of the year	<u>8,486,007</u>	<u>8,400,317</u>

**11. Retirement benefit schemes****Defined contribution schemes**

The IPU operates a defined contribution pension scheme for all qualifying employees. The assets of the scheme are held separately from those of the IPU in an independently administered fund.

**12. Capital commitments**

There were no capital commitments contracted for, or authorised, at the statement of financial position date.

**13. Events after the reporting date**

There were no post reporting date events which require disclosure.

**14. Related party transactions**

IPU Services Limited is a wholly owned subsidiary of the IPU. The IPU has availed of the exemption provided in FRS 102 (section 33), "Related Party Disclosures", for wholly owned subsidiary undertakings, from the requirement to give details of transactions with entities that are part of the group.

Touchstore Limited is an associate as IPU Services Limited owns share capital in this company.

Health Market Research Ireland Limited is a jointly controlled entity, as IPU Services Limited owns shares in this company. There were no transactions during the year between the IPU and Health Market Research Ireland Limited.

## **15. Approval of financial statements**

The executives approved the financial statements on the 8 October 2020.

# IPU SERVICES LTD ANNUAL GENERAL MEETING MINUTES

Galmont Hotel, Galway  
12 May 2019

1. The notice convening the meeting was taken as read.
2. The minutes of the 2018 AGM were taken as read.
3. The Report of the Directors on the Accounts for the year ended 31 December 2018, previously circulated, was taken as read.
4. The Auditors' Report on the accounts for the year ended 31 December 2018, previously circulated, was taken as read.
5. The following motion was proposed by Eoghan Hanly, seconded by Michael Tierney and carried unanimously:

*"That this meeting agrees to the election of JPA Brenson Lawlor as Auditors for the IPU and IPU Services Ltd".*

6. The accounts were presented by the Vice President and on the proposal of Michael Tierney seconded by John Carey it was resolved:

*"That the Directors' Report and Audited Statement of Accounts for the year ended 31 December 2018 as submitted to this meeting, be and are hereby adopted."*

This motion was carried.

In conclusion, the Honorary Treasurer thanked Ciara Enright, Secretary to the Finance Committee, and her colleagues on the Committee for all their work over the past year and their continued oversight over the IPU finances.

Signed:

Date:

# IRISH PHARMACY UNION SERVICES LTD INFORMATION

**Directors**

Eamon Daragh Connolly  
Darragh O'Loughlin  
Eoghan Hanly  
Caitriona O'Riordan

**Secretary**

Darragh O'Loughlin

**Registered office**

Butterfield House  
Butterfield Avenue  
Rathfarnham  
Dublin 14

**Auditor**

JPA Brenson Lawlor  
Argyle Square  
Morehampton Road  
Donnybrook  
Dublin 4  
D04 W9W7

**Business address**

Butterfield House  
Butterfield Avenue  
Rathfarnham  
Dublin 14

**Bankers**

Allied Irish Banks Plc,  
10 Main Street  
Dundrum  
Dublin 14

**Solicitors**

DAC Beachcroft  
Three Haddington Buildings  
Percy Place  
Dublin 4  
D04 T253

# DIRECTORS' REPORT FOR THE YEAR ENDED 31 DECEMBER 2019

The directors present their annual report and financial statements for the year ended 31 December 2019.

## Principal activities

The principal activity of the company is the production of a yearbook and a monthly trade journal, the supply of drugs database information and the provision of business supports, courses and other CPD services to Irish Pharmacy Union members and their employees.

## Directors and secretary

The directors who held office during the year and up to the date of signature of the financial statements were as follows:

Eamon Daragh Connolly  
Darragh O'Loughlin  
Eoghan Hanly  
Caitriona O'Riordan

## Directors' and secretary's interests

The directors' and secretary's interests in the shares of the company were as stated below:

	Ordinary shares of €1.27 each	
	1 January 2019	31 December 2019
Eamon Daragh Connolly	-	-
Darragh O'Loughlin	-	-
Eoghan Hanly	-	-
Caitriona O'Riordan	-	-

Irish Pharmacy Union holds 100% of the issued share capital of the company.

## Results and dividends

The results for the year are set out on page 68.

No ordinary dividends were paid. The directors do not recommend payment of a final dividend.

## Accounting records

The company's directors are aware of their responsibilities, under sections 281 to 285 of the Companies Act 2014 as to whether in their opinion, the accounting records of the company are sufficient to permit the financial statements to be readily and properly audited and are discharging their responsibility by employing qualified and experienced staff, ensuring that sufficient company resources are available for the task and liaising with the company's auditor.

The accounting records are held at the company's registered office, Butterfield House, Butterfield Avenue, Rathfarnham, Dublin 14.

## Post reporting date events

There are no post reporting date events which require disclosure.



## Auditor

In accordance with the Companies Act 2014, section 383(2), JPA Brenson Lawlor offer their willingness to continue in office as auditor of the company.

## Statement of disclosure to auditor

Each of the directors in office at the date of approval of this annual report confirms that:

- so far as the director is aware, there is no relevant audit information of which the company's auditor is unaware, and
- the director has taken all the steps that he / she ought to have taken as a director in order to make himself / herself aware of any relevant audit information and to establish that the company's auditor is aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of section 330 of the Companies Act 2014.

The entity has availed of the small companies exemption contained in the Companies Act 2014 with regard to the requirements for exclusion of certain information in the Directors' report.

On behalf of the board.

**Eamon Daragh Connolly**  
President

8 October 2020

**Darragh O'Loughlin**  
Secretary

# DIRECTORS' RESPONSIBILITIES STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2019

The directors are responsible for preparing the Directors' Report and the financial statements in accordance with applicable Irish law and regulations.

Irish company law requires the directors to prepare financial statements for each financial year. Under that law, the directors have elected to prepare the financial statements in accordance with Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (Generally accepted Accounting Practice in Ireland) issued by the Financial Reporting Council. Under company law, the directors must not approve the financial statements unless they are satisfied that they give a true and fair view of the assets, liabilities and financial position of the company as at the financial year end date and of the profit or loss of the company for that financial year and otherwise comply with the Companies Act 2014.

In preparing these financial statements, the directors are required to:

- select suitable accounting policies for the company financial statements and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;

**Eamon Daragh Connolly**  
President

8 October 2020

- state whether the financial statements have been prepared in accordance with applicable accounting standards, identify those standards, and note the effect and the reasons for any material departure from those standards; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the company will continue in business.

The directors are responsible for ensuring that the company keeps or causes to be kept adequate accounting records which correctly explain and record the transactions of the company, enable at any time the assets, liabilities, financial position and profit or loss of the company to be determined with reasonable accuracy, enable them to ensure that the financial statements and Directors' Report comply with the Companies Act 2014 and enable the financial statements to be audited. They are also responsible for safeguarding the assets of the company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

On behalf of the board

**Darragh O'Loughlin**  
Secretary

# INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF IPU SERVICES LIMITED

We have audited the financial statements of IPU Services Limited (the 'company') for the year ended 31 December 2019 which comprise the statement of comprehensive income, the statement of financial position and the related notes. The relevant financial reporting framework that has been applied in their preparation is the Companies Act 2014 and FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

In our opinion the financial statements:

- give a true and fair view of the assets, liabilities and financial position of the company as at 31 December 2019 and of its profit for the year then ended;
- have been properly prepared in accordance with FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland; and
- have been prepared in accordance with the requirements of the Companies Act 2014.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (Ireland) (ISAs (Ireland)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the company in accordance with the ethical requirements that are relevant to our audit of financial statements in Ireland, including the Ethical Standard issued by the Irish Auditing and Accounting Supervisory Authority (IAASA), and we have fulfilled our

other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (Ireland) require us to report to you where:

- the directors' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## Other information

The directors are responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

INDEPENDENT  
AUDITOR'S  
REPORT TO THE  
MEMBERS OF IPU  
SERVICES LIMITED

*Continued*

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Companies Act 2014**

Based solely on the work undertaken in the course of the audit, we report that in our opinion:

- the information given in the directors' report is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

We have obtained all the information and explanations which we consider necessary for the purposes of our audit.

In our opinion the accounting records of the company were sufficient to permit the financial statements to be readily and properly audited, and the financial statements are in agreement with the accounting records.

### **Matters on which we are required to report by exception**

Based on the knowledge and understanding of the company and its environment obtained in the course of the audit, we have not identified any material misstatements in the directors' report.

We have nothing to report in respect of our obligation under the Companies Act 2014 to report to you if, in our opinion, the disclosures of directors' remuneration and transactions specified by sections 305 to 312 of the Act are not made.

### **Responsibilities of directors for the financial statements**

As explained more fully in the directors' responsibilities statement, the directors are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the company or to cease operations, or have no realistic alternative but to do so.

## **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (Ireland) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the IAASA's website at: [http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-\(Ireland\)/ISA-700-\(Ireland\)](http://www.iaasa.ie/Publications/Auditing-standards/International-Standards-on-Auditing-for-use-in-Ire/International-Standards-on-Auditing-(Ireland)/ISA-700-(Ireland)). This description forms part of our auditor's report.

**Ian Lawlor**  
for and on behalf of  
**JPA Brenson Lawlor**

**Chartered Accountants**  
**Statutory Audit Firm**  
**Argyle Square**

## **The purpose of our audit work and to whom we owe our responsibilities**

This report is made solely to the company's members, as a body, in accordance with section 391 of the Companies Act 2014. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the company and the company's members, as a body, for our audit work, for this report, or for the opinions we have formed.

8 October 2020  
Argyle Square  
Morehampton Road  
Donnybrook  
Dublin 4  
D04 W9W7

# PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2019

	Notes	2019 €	2018 €
<b>Turnover</b>		1,344,007	1,340,229
Administrative expenses		(1,385,240)	(1,312,807)
<b>Operating (loss)/profit</b>		(41,233)	27,422
Interest receivable and similar income	3	419,836	279,083
<b>Profit before taxation</b>		378,603	306,505
Tax on profit		(29,062)	(39,010)
<b>Profit for the financial year</b>		349,541	267,495

# BALANCE SHEET AS AT 31 DECEMBER 2019

	Notes	€	2019 €	€	2018 €
<b>Fixed assets</b>					
Financial assets	4		345,000		345,000
<b>Current assets</b>					
Stocks	6	47,320		49,719	
Debtors	5	2,020,353		1,595,309	
Cash at bank and in hand		179,982		270,454	
			<u>2,247,655</u>	<u>1,915,482</u>	
<b>Creditors: amounts falling due within one year</b>	7	(1,879,997)		(1,897,365)	
<b>Net current assets</b>			<u>367,658</u>	<u>18,117</u>	
<b>Total assets less current liabilities</b>			<u>712,658</u>	<u>363,117</u>	
<b>Capital and reserves</b>					
Called up share capital presented as equity			127		127
Profit and loss reserves	8		712,531		362,990
<b>Total equity</b>			<u>712,658</u>	<u>363,117</u>	

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies regime and in accordance with Financial Reporting Statement 102 'The Financial Statement Reporting Standard applicable in the UK and Republic of Ireland'.

The financial statements were approved by the board of directors and authorised for issue on 8 October 2020 and are signed on its behalf by:

**Eamon Daragh Connolly**  
Director

**Darragh O'Loughlin**  
Director

# IPU SERVICES LIMITED

## NOTES TO THE FINANCIAL STATEMENTS

### 1. Accounting policies

#### Company information

IPU Services Limited is a private company limited by shares, domiciled and incorporated in Republic of Ireland. The registered office is Butterfield House, Butterfield Avenue, Rathfarnham, Dublin 14 and its company registration number is 124242.

#### 1.1 Accounting convention

These financial statements have been prepared in accordance with FRS 102 “The Financial Reporting Standard applicable in the UK and Republic of Ireland” (“FRS 102”), as adapted by Section 1A of FRS 102, and the requirements of the Companies Act 2014.

The financial statements are prepared in euros, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest €.

The financial statements have been prepared under the historical cost convention. The principal accounting policies adopted are set out below.

#### 1.2 Turnover

Turnover is recognised at the fair value of the consideration received or receivable for goods and services provided in the normal course of business, and is shown net of VAT and other sales related taxes with the exception of course fees, which are not liable to VAT. The fair value of consideration takes into account trade discounts, settlement discounts and volume rebates.

#### 1.3 Fixed asset investments

Interests in subsidiaries, associates and jointly controlled entities are initially measured at cost and subsequently measured at cost less any accumulated impairment losses. The investments are assessed for impairment at each reporting date and any impairment losses or reversals of impairment losses are recognised immediately in profit or loss.

A subsidiary is an entity controlled by the company. Control is the power to govern the financial and operating policies of the entity so as to obtain benefits from its activities.

An associate is an entity, being neither a subsidiary nor a joint venture, in which the company holds a long-term interest and where the company has significant influence. The company considers that it has significant influence where it has the power to participate in the financial and operating decisions of the associate.

Entities in which the company has a long term interest and shares control under a contractual arrangement are classified as jointly controlled entities.

#### 1.4 Stocks

Stocks are stated at the lower of cost and estimated selling price less costs to complete and sell. Cost comprises direct materials and, where applicable, direct labour costs and those overheads that have been incurred in bringing the stocks to their present location and condition.

Stocks held for distribution at no or nominal consideration are measured at the lower of replacement cost and cost,



adjusted where applicable for any loss of service potential.

### 1.5 Cash and cash equivalents

Cash and cash equivalents are basic financial assets and include cash in hand, deposits held at call with banks, other short-term liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities.

### 1.6 Financial instruments

The company has elected to apply the provisions of Section 11 'Basic Financial Instruments' and Section 12 'Other Financial Instruments Issues' of FRS 102 to all of its financial instruments.

Financial instruments are recognised in the company's statement of financial position when the company becomes party to the contractual provisions of the instrument.

Financial assets and liabilities are offset, with the net amounts presented in the financial statements, when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis or to realise the asset and settle the liability simultaneously.

#### **Basic financial assets**

Basic financial assets, which include debtors and cash and bank balances, are initially measured at transaction price including transaction costs and are subsequently carried at amortised cost using the effective interest method unless the arrangement constitutes a financing transaction, where the transaction is measured at the present value of the future receipts discounted at a market rate of interest.

#### **Classification of financial liabilities**

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

#### **Basic financial liabilities**

Basic financial liabilities, including creditors, bank loans, loans from fellow group companies and preference shares that are classified as debt, are initially recognised at transaction price unless the arrangement constitutes a financing transaction, where the debt instrument is measured at the present value of the future payments discounted at a market rate of interest.

Financial liabilities and equity instruments are classified according to the substance of the contractual arrangements entered into. An equity instrument is any contract that evidences a residual interest in the assets of the company after deducting all of its liabilities.

### 1.7 Equity instruments

Equity instruments issued by the company are recorded at the proceeds received, net of transaction costs. Dividends payable on equity instruments are recognised as liabilities once they are no longer at the discretion of the company.

### 1.8 Taxation

The tax expense represents the sum of the tax currently payable and deferred tax.

#### **Current tax**

The tax currently payable is based on taxable profit for the year. Taxable profit differs from net profit as reported in the income statement because it excludes items of income or expense that are taxable or deductible in other years and it further excludes items that are never taxable or deductible. The company's liability for current tax is calculated using tax rates that have been enacted or substantively enacted by the reporting end date.

#### **Deferred tax**

Deferred tax liabilities are generally recognised for all timing differences and deferred tax assets are recognised to the extent that it is probable that they will be recovered against the reversal of deferred tax liabilities or other future taxable profits. Such assets and liabilities are not recognised if the timing difference

IRISH PHARMACY  
UNION NOTES TO  
THE FINANCIAL  
STATEMENTS*Continued*

arises from goodwill or from the initial recognition of other assets and liabilities in a transaction that affects neither the tax profit nor the accounting profit.

The carrying amount of deferred tax assets is reviewed at each reporting end date and reduced to the extent that it is no longer probable that sufficient taxable profits will be available to allow all or part of the asset to be recovered. Deferred tax is calculated at the tax rates that are expected to apply in the period when the liability is settled or the asset is realised. Deferred tax is charged or credited in the income statement, except when it relates to items charged or credited directly to equity, in which case the deferred tax is also dealt with in equity. Deferred tax assets and liabilities are offset when the company has a legally enforceable right to offset current tax assets and liabilities and the deferred tax assets and liabilities relate to taxes levied by the same tax authority.

**1.9 Leases**

Rentals payable under operating leases, including any lease incentives received, are charged to profit or loss on a straight line basis over the term of the relevant lease except where another more systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

**2. Going concern**

The directors have prepared budgets and cash flows for a period of at least twelve months from the date of the approval of the financial statements which demonstrate that there is no material uncertainty regarding the company's ability to meet its liabilities as they fall due, and to continue as a going concern. On this basis the directors consider it appropriate to prepare the financial statements on a going concern basis. Accordingly, these financial statements do not include any adjustments to the carrying amounts and classification of assets and liabilities that may arise if the company was unable to continue as a going concern.

**3. Interest receivable and similar income**

	2019 €	2018 €
Interest receivable and similar income includes the following:		
Income receivable from joint venture	421,660	273,507

**4. Financial assets**

	2019 €	2018 €
Participating interests	345,000	345,000

**Movements in fixed asset investments**

	<b>Shares in group undertakings and participating interests €</b>
<b>Cost or valuation</b>	
At 1 January 2019 and 31 December 2019	345,000
<b>Carrying amount</b>	
At 31 December 2019	345,000
At 31 December 2018	345,000

**5. Debtors**

	<b>2019 €</b>	<b>2018 €</b>
<b>Amounts falling due within one year:</b>		
Trade debtors	381,082	263,581
Corporation tax recoverable	8,127	1,733
Amounts owed by group undertakings	1,625,000	1,325,000
Prepayments	6,144	4,995
	<u>2,020,353</u>	<u>1,595,309</u>

**6. Stocks**

	<b>2019 €</b>	<b>2018 €</b>
Finished goods and goods for resale	47,320	49,719

**7. Creditors: amounts falling due within one year**

	<b>2019 €</b>	<b>2018 €</b>
Trade creditors	96,516	104,178
Amounts due to group undertakings	1,675,334	1,671,732
Deferred income	97,049	115,005
Accruals	11,098	6,450
	<u>1,879,997</u>	<u>1,897,365</u>

IRISH PHARMACY  
UNION NOTES TO  
THE FINANCIAL  
STATEMENTS*Continued***8. Profit and loss reserves**

	2019 €	2018 €
At the beginning of the year	362,990	95,495
Profit for the year	349,541	267,495
	<hr/>	<hr/>
At the end of the year	712,531	362,990

**9. Financial commitments**

At the financial year end the company had financial commitments in relation to Health Market Research Ireland Limited (joint venture) of €300,000 (2018: €300,000).

**10. Related party transactions**

The company is a 100% subsidiary of Irish Pharmacy Union. The company is exempt under the terms of FRS 102 (Section 33) “Related Party Disclosures” from disclosing related party transactions with other members of the group.

The company holds 25,000 “A” ordinary shares in Health Market Research Ireland Limited. During the year the company incurred expenses on behalf of Health Market Research Ireland Limited totalling €323,245 (2018: €273,507). The expenses incurred are part of a joint venture arrangement entered into on 26 September 2014.

At the statement of financial position date, an amount of €1,625,000 (2018:€1,325,000) was owed by Health Market Research Ireland Limited to the company.

**11. Parent company**

Irish Pharmacy Union holds 100% of the issued share capital of IPU Services Limited.

**12. Events after the reporting date**

There are no post reporting date events which require disclosure.

**13. Approval of financial statements**

The directors approved the financial statements on the 8 October 2020

# APPENDIX I

## A LIST OF SUBMISSIONS MADE SINCE THE 2019 AGM

The following submissions were made since the 2019 AGM, most of which are available on [www.ipu.ie](http://www.ipu.ie).

### 2019

- **MPharm Accreditation Standards**  
– PSI – March and May (meetings)
- **Recognition of Prescriptions**  
– Department of Health – April 2019
- **Orphan Medicinal Products**  
– Joint Oireachtas Committee on Health – April 2019
- **HTA on PrEP Programme**  
– HIQA – April 2019 (online)
- **VAT on Food Supplements**  
– Department of Finance and Public Expenditure and Reform – May 2019
- **Access to Contraception**  
– Department of Health – July 2019
- **Expansion of Pharmacy Vaccination Service**  
– Department of Health – August 2019
- **Pre-Budget Submission 2020**  
– Department of Finance and Public Expenditure and Reform – July 2019
- **PSI Registration Rules**  
– PSI – October 2019 (online)
- **Fees for PPV Vaccination**  
– Department of Health – October 2019
- **Fee Increases for Pharmacy Contractors**  
– Department of Health – October 2019
- **Pharmacy Fees Consultation under Public Pay Act**  
– Department of Health – November 2019
- **Review of the current eHealth landscape in Ireland**  
– HIQA – December 19
- **HPRA Strategy 2021-2025**  
– HPRA – December 2019 (online)
- **Guide to Biosimilars**  
– HPRA – December 2019

### 2020

- **Comments on EU Veterinary Medicines Regulation**  
– DAFM – January 2020
- **Preferred Blood Glucose Test Strip and Meter**  
– MMP – February 2020
- **Supply Route on Antiparasitics**  
– HPRA – February 2020
- **HSE Corporate Strategy**  
– HSE – February 2020
- **Review of Core Competency Framework**  
– PSI – March 2020
- **PSI Education and Training Rules**  
– PSI – March 2020
- **PSI Registration Rules**  
– PSI – April 2020
- **Operational Standards for RPBs**  
– PSI – May 2020
- **Guidance on Flu Vaccination for Children**  
– May 2020

# APPENDIX II

## KEY CORRESPONDENCE

### SINCE THE 2019 AGM

#### PSI

- Expansion of Pharmacy Vaccination Service
- Pharmacy at a Distance
- Expansion of Pharmacy Vaccination Services
- English Language Competence

#### Department of Health

- IPU National Pharmacy Conference
- Brexit
- Proposed Fee Changes
- Commitment to Unwind FEMPI and Proposed Cuts to Pharmacy Fees
- Community Pharmacy Covid-19 Urgent Measures
- Health Care Professionals returning to Front Line
- Community Pharmacy Covid-19 Urgent Measures
- Community Pharmacy Covid-19 Urgent Measures
- Community Pharmacy Covid-19 Response – Expansion of Vaccination Programme

#### HSE

- Health Service and Pharmacy
- Health Service and Community Pharmacy
- Pharmacists' Access to NMIC
- Community Pharmacist Covid-19 Testing

#### PCRS

- Inclusion of Rheumatology, Dermatology and Gastroenterology medicines in the High Tech Hub
- Community Pharmacy Contractor Agreement – Changes to Claiming Arrangements
- Owings
- Owings
- Community Pharmacy Contractor Agreement – Changes to Claiming Arrangements

#### Oireachtas Committees

- Report of the Working Group on Access to Contraception

#### Other Government Departments

- New Pharmacy Contract / Unwinding FEMPI (Minister for Finance and Public Expenditure & Reform)
- Commitment to Unwind FEMPI and Proposed Cuts to Pharmacy Fees (Taoiseach)
- Health Care Professionals returning to Front Line

#### National Centre for Pharmoeconomics

- MMP Best-value Biologicals Policy

## Manufacturers

- Compassionate Access Programmes – Impact on Pharmacists
- PRODUCT RECALL Emerade 150/300/500 micrograms solution for injection in pre-filled pens
- PRODUCT RECALL Emerade 150/300/500 micrograms solution for injection pre-filled pens

## Revenue

- Irish Pharmacy Union Members' PSWT Tax Refunds
- Irish Pharmacy Union Members' PSWT Tax Refunds

## MEPS

- Elections to the European Parliament 2019
- PGEU 60th Anniversary Event

## Other

- Tailored Regimens for Combined Hormonal Contraception
- Thank you on behalf of Irish community pharmacists

APPENDIX II

Continued

PSI

**Expansion of Pharmacy Vaccination Service**

**Secretary General to PSI Registrar,  
16 April 2019**

I am writing to you in relation to the expansion of the existing Pharmacy Vaccination Service. In the attached proposal, which was previously sent to the Minister for Health, we reviewed all the vaccines within the guidelines produced by the National Immunisation Advisory Committee (NIAC) and made recommendations as to the suitability of certain selected vaccines for supply and administration within the existing Pharmacy Vaccination Service. We also believe that pharmacists should be permitted to administer vaccines outside the pharmacy setting, such as to patients in a nursing home, where a flu outbreak can have very serious consequences. At a meeting with the Minister in late March, his officials indicated that the PSI should take the lead on this proposal and subsequent amendment of legislation. Consequently, we are addressing this issue to you, in the hope that the PSI will secure the long-sought expansion of the Pharmacy Vaccination Service.

Statistics produced by the HSE indicate that the existing flu vaccination service has led to improved accessibility of vaccination for the public. Pharmacy flu vaccination now accounts for 15% of all flu vaccinations. Moreover, since pharmacists first started vaccinating in 2011, flu vaccine deliveries through the National Immunisation Office (NIO) have increased overall by 48% and, within that, deliveries to GPs are up 23%, demonstrating that when pharmacists vaccinate, public awareness increases and vaccination rates increase. A study carried out by the Pacific Research Institute<sup>1</sup> in the USA last year showed that:

- Pharmacies are well placed to address barriers to uptake of vaccination as they tend to be more effective, lower-cost providers of vaccinations;
- Pharmacies also offer greater convenience including expanded hours of operation, more flexible scheduling than other providers, and multiple locations near where people live;
- Regulations implemented to expand pharmacists' role in health care delivery through the administration of seasonal influenza immunisations have had a

positive impact on the national efforts to increase immunisation rates.

The report summarises the benefits of pharmacy-provided vaccination as:

1. Pharmacies typically have lower costs and higher productivity in administering vaccines;
2. Pharmacies offer patients greater time and locational convenience;
3. Pharmacies are well positioned to serve under-vaccinated populations, particularly in rural communities;
4. Pharmacists are well positioned to educate patients on the benefits from vaccines.

Furthermore, the President of the European Commission, Jean-Claude Juncker, called for action to increase vaccination coverage in his 2017 State of The Union address<sup>2</sup>. Empowering pharmacists to administer vaccines serves as an important case study for the broader healthcare system. Increasing access across the healthcare system can provide patients with more choices, increase overall health care quality, and effectively “bend the healthcare cost curve”.

In light of the ongoing success of the pharmacy flu vaccination service in Ireland and the recommendations of the US report, we ask you to give serious consideration to expanding the range of vaccines that pharmacists can administer by way of amendment of the Medicinal Products (Prescription and Control of Supply) Regulations (Amendment) (No. 2) Regulations 2015 [S.I. No. 449 of 2015].

I would like to make it clear that our proposal is about allowing pharmacists to administer more vaccines; it is not about pharmacists being remunerated for vaccines, such as travel vaccines, which are not part of the HSE-remunerated vaccination programme. Neither should the capacity of the Irish Institute of Pharmacy (IIP) to produce online training programmes for new vaccines be a barrier to the expansion of the Pharmacy Vaccination Service. Many other jurisdictions, such as the UK, allow pharmacists to supply and administer a full range of vaccines and I am sure we could easily adapt their training programmes.

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



## Pharmacy at a Distance

**Registrar, PSI, to Secretary General,  
26 June 2019**

Thank you for your letter of 15th February in which you expressed concerns and the concerns of your members regarding the provision of pharmacy services at a distance by mail order or otherwise, together with the advertising or promotion of medicines on the basis of discounts.

The matters you refer to fall within the general categories of delivery and advertising and I will address them accordingly.

### 1. Delivery

The PSI considers that the optimal and safest way for dispensed medicines to be supplied is through direct supply to the patient or carer following a face to face interaction between a pharmacist and the patient or carer in the pharmacy. Prior to the development of PSI Guidance on the Delivery of Medicines Dispensed on Foot of a Prescription from a Retail Pharmacy Business (the "Guidance") it was recognised that the delivery of medicines to patients in one form or another was always a part of the service provided by pharmacies.

The Guidance sets out the obligations of pharmacy owners and pharmacists including superintendent, supervising and registered pharmacists, in assuring the security and safety of delivery systems and ensuring compliance with legal and professional requirements. In addition, the Guidance reminds those arranging their delivery systems of the requirements of Regulation 19 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) which expressly prohibits the supply by mail order of prescription-only medicinal products.

The legislation and guidance places certain professional requirements on the pharmacist supplying medicines. These obligations apply irrespective of whether a pharmacist is supplying a medicine face to face or by delivery. The pharmacist must review the prescription having regard to the pharmaceutical and therapeutic appropriateness of the medicine therapy for the patient and most importantly the pharmacist must be satisfied that the patient concerned has sufficient information and advice for the proper use and storage of the medicinal product concerned. The pharmacist must also offer to discuss with

the patient or their carer all such matters as the pharmacist, in the exercise of his or her professional judgement, deems significant. These are essential patient safety requirements which must be met by any pharmacy including those that provide a delivery system.

Where pharmacies are providing a delivery service the procedures for same are reviewed as part of routine inspections. Where issues arise these are addressed accordingly.

However, should you become aware of any pharmacy that is operating outside of the legislative and guidance provisions the PSI would investigate such matters should you bring them to our attention.

### 2. Advertising or promotion of medicines on the basis of discounts

The advertising of prescription-only medicines to the general public is not permitted by virtue of the Medicinal Products (Control of Advertising) Regulations 2007; however these regulations do not apply to factual informative announcements, including price lists, provided they include no product claims. The PSI published a Medicine Price Listing Clarification in the PSI Newsletter of May 2012. This clarification stated that factual information regarding the prices of prescription only medicines may be lawfully displayed.

In circumstances where additional services and/or information are provided from a pharmacy to the public it is the responsibility of pharmacy owners and pharmacists including superintendent, supervising and registered pharmacists to ensure that the pharmacy, and their practice, are at all times operating to the highest standards and are fully compliant with all relevant legislation, PSI guidance and the Code of Conduct for Pharmacists.

I hope the above information clarifies the PSI'S position. If you have a particular concern in relation to the mail order or inappropriate advertising of medicines in a particular pharmacy, you are invited to provide this information to the PSI in order for us to look into the matter further.

## APPENDIX II

Continued

**Expansion of Pharmacy  
Vaccination Services****Registrar, PSI to Secretary General ,  
24 July 2019**

Thank you for your letter dated 16 April 2019 and, as indicated at our last meeting, apologies for not coming back to you on this sooner.

The PSI'S Corporate Strategy 2018-2020 recognises that our regulatory approach must not stand in the way of innovation and developments that can facilitate improved healthcare outcomes for people receiving pharmacy care and advice. Further to discussions with the Department of Health, the National Immunisation Office and the HSE, the influenza vaccination training programme for pharmacists is being updated. At its June meeting, PSI Council approved amendments to the Programme Specification for the Administration of Influenza Vaccination Training Course, whereby the pharmacy 'flu vaccination training programme was expanded to include children 10 years and above for the 2019/20 'flu season. PSI council further approved expanding the training in the 2020/21 'flu season to include children 6 months and above.

In response to your assertion that the Department of Health indicated the PSI should take the lead on "...subsequent amendment of legislation" in the area of expanded pharmacy vaccination services, I can confirm that introducing such legislative amendments is beyond the remit of the PSI. My understanding is that the Department of Health have subsequently clarified this with you.

In your letter you also address how the location of administration of vaccines and current training programmes should not be a barrier to the expansion of the Pharmacy Vaccination Service. These matters are currently being explored by the PSI, notwithstanding the parameters set out in Regulation 48 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003, as amended.

The PSI is committed to ensuring that pharmacists in patient-facing roles are, and remain, competent to offer individualised advice and treatments to patient and the public into the future.

I trust the above information clarifies the PSI's position.

**English Language Competence****Secretary General to PSI Registrar,  
14 October 2019**

I am writing to you about the current criteria that the PSI accepts as being satisfactory to assure language competence for pharmacists who have completed their training outside of Ireland and who are seeking registration with the PSI. It has been reported to us that significant numbers of EU pharmacists who wish to register and practise in Ireland are finding the language requirements to be an insurmountable barrier.

One of the PSI criteria is that the pharmacist must have a certificate issued by an internationally recognised body or authority, recognised by the PSI Council, attesting that the holder has attained a standard of competence in the English language. The PSI requires an overall band score of 7.0 and a minimum score of 7.0 in each module (speaking, writing, reading and listening). However, the Medical Council of Ireland requirements are somewhat less stringent, requiring an overall band score of 7.0, same as the PSI, but accepting a minimum score of 6.5 in each module.

Given that effective communication is as important in the practice of medicine as it is in pharmacy and the Medical Council is clearly satisfied that patient safety and public welfare are sufficiently well protected by its language requirements, we propose that the PSI adjust its minimum criteria to that of the Medical Council i.e. an overall band score of 7.0 and a minimum score of 6.5 in each module

I would be happy to meet with you to discuss this in more detail.

## Department of Health

### IPU National Pharmacy Conference

**Secretary General to Minister for Health  
Simon Harris TD, 13 June 2019**

I am writing to you to thank you most sincerely for coming to the recent IPU National Pharmacy Conference in Galway and for delivering the keynote opening address.

We very much appreciate that you took time to come and speak with us and took such interest in our issues, particularly at such a busy time for you. We were gratified at the positive note you struck in your address and your commitment to the IPU and our members that this year we would collectively start discussions on a new pharmacy contract, on moving past FEMPI and on a programme of investment in pharmacy services.

Pharmacists welcomed your acknowledgement of the cuts that were introduced to address the financial crisis and the effects on the sector, and your recognition that there are undoubted opportunities for us to work together in areas such as vaccinations, contraception and a new contract, and to move beyond FEMPI to a higher terrain. You committed that there would be significant State investment in primary care, and we acknowledge in that context that such expanded remuneration will be tied to improved and extended services.

I do have to apprise you that, prior to the National Pharmacy Conference, the IPU had begun preparing detailed submissions to send to you calling upon you to reverse the FEMPI cuts, as their continuation would clearly be unfair and disproportionate.

Between 2009 and 2016, the State, through both FEMPI and non-FEMPI related measures, extracted a total of approximately €2.686 billion from the community pharmacy sector in reduced medicine reimbursements and cuts to pharmacy fees. I cannot emphasise enough that what is reasonable and proportionate in a financial crisis is not so in the current economic circumstances.

One of the IPU's concerns was that the 2017 and 2018 'annual reviews' by your Department under the FEMPI Act (obtained under the Freedom of Information Act) appear to suggest that pharmacy contractors, unlike some other

contractors, had no legitimate expectation of an unwinding of the FEMPI cuts.

The conclusion of the 2017 annual review notes that "*pharmacy contractors do not have a legitimate expectation for the unwinding of FEMPI measures, unlike some other contractors or public servants.*" [our emphasis]

The 2017 and 2018 annual reviews for other contractors seem to suggest that dentists and opticians may have had an expectation of FEMPI being unwound based upon increases and/or the expansion of fees to dentists and opticians paid by the Department of Social Protection.

Not only was this highly dubious, it is clear from your commitments at the National Pharmacy Conference that pharmacy contractors very much do have a legitimate expectation around moving beyond FEMPI.

We look forward to engaging with you and your officials, along with colleagues in Sláintecare and the HSE, to commence the comprehensive engagement that you referred to, which we are confident will deliver tangible benefits for Irish patients and the public, as well as for the health system itself.

### Brexit

**Secretary General, Department of Health;  
Chief Executive, HPRAs; CEO Health Service  
Executive; Chief Executive, Food Safety  
Authority of Ireland; to Secretary General,  
12 August 2019**

We wish to acknowledge and thank you for the substantial work already completed in respect of Brexit Preparedness Planning. It is important that your organisation and those you represent continue to prepare for a no deal Brexit, to ensure full compliance with all legislative and regulatory requirements, particularly in relation to services or products sourced in or through the UK.

It is the Government's assessment that there is a significant risk of a no deal Brexit on 31 October.

The Government recently published the *Brexit Contingency Action Plan Update*, reflecting the extensive work which has taken place at EU level and on a whole-of-Government basis, to

## APPENDIX II

Continued

prepare for a no deal Brexit, and setting out the steps to be taken between now and 31 October.

The Department of Health, in conjunction with the Health Service Executive (HSE), the Health Products Regulatory Authority (HPRA) and the Food Safety Authority of Ireland (FSAI) has been engaged in extensive Brexit planning and action to ensure that the health sector is prepared, to the greatest extent possible, for any adverse impacts as a result of Brexit.

Some key messages to emphasise are:

- In Ireland we have, since 2016, been working to determine and address the risks to medicines supply as a result of Brexit. As a consequence, we have developed a comprehensive and coordinated set of preparations to ensure, as far as is possible, continuity of supply of medicines.
- Unlike in the UK, there are already additional stocks of medicines routinely built into the Irish medicine supply chain and these stocks will help to absorb any short-term delays that may occur. The health system is therefore well placed to anticipate and respond to any additional shortages, should they arise because of Brexit.
- There is no need for hospitals, pharmacists or patients to order extra quantities of medicines, or for doctors to issue additional prescriptions. Doing so could disrupt existing stock levels and hamper the supply of medicines for other patients.
- No shortages currently affecting the Irish market are attributable to Brexit.
- Suppliers of medicines and medical devices should review their supply chain for products that travel from or through the UK, determine any products or services that are certified for compliance with EU standards by a UK body and communicate any vulnerabilities to the Department of Health, the HPRA or the HSE.
- In order to avoid unnecessary delays of medicines at ports it is vital that you and your members are as prepared as possible. Businesses will need to familiarise themselves fully with all relevant customs procedures, ensure that all necessary documentation is completed in advance and that any logistic companies engaged

are aware of their new responsibilities. They must also consider the implication, for example, of carrying mixed loads, where some products are likely to be 'green-routed' but may be delayed if they are in a consignment with other products that may be subject to additional checks.

### **Brexit Preparedness – Supply of medicines and medical devices**

Significant work has been undertaken by the Department of Health, the HPRA and the HSE, together with industry, to minimise and address any risks to continuity of supply.

The HPRA has encouraged and supported the transfer of medicines authorisations and other industry functions from the UK to Ireland. While the joint labelling of medicines with the UK will continue to be acceptable after Brexit, the HPRA has also issued guidance that it will work with companies and other European regulators to help facilitate multi-lingual labelling solutions between Ireland and other EU27 Member State markets.

Nationally, the HSE and the HPRA have facilitated ongoing engagements with manufacturers of medicines and medical devices, to ensure that they are Brexit-ready, to discuss any potential issues that could affect the supply of medicines to Ireland and to identify solutions to maintain supply to the market.

A group of experts on medicines and medical devices were convened by the HSE and HPRA as subgroups to the Department of Health's Brexit Operations Team. The experts were tasked with scoping out key risk areas and focusing contingency planning efforts on potentially vulnerable medicines and medical devices. Ongoing engagements with manufacturers and suppliers have been facilitated, to ensure that they are Brexit-ready, to discuss any potential issues that could affect supply to Ireland and to identify solutions to maintain supply to the market.

The expert groups have completed the first phase of a criticality assessment exercise which included seeking assurances from stakeholders, including pharmaceutical manufacturers, wholesalers and healthcare professionals on their preparedness, understanding their contingency planning to date and, where necessary, identifying clinically appropriate alternatives for those products most critical to public health with potential to be vulnerable to supply issues. Between four and five thousand

medicines have been assessed to date. A similar process is underway in respect of medical devices. Work on this will continue up to, and in the months following, Brexit.

Outside of this process it is important for businesses and enterprises to further reflect on the products they use, consider where they originate and how those products are imported into Ireland. Ordinarily medicines are not subject to additional physical checks if all documentation is in order. However, to prepare appropriately, the classification of products and their respective 'CN codes' should be ascertained, which will help to determine the nature of documentation required and whether additional Sanitary-Phytosanitary checks may be required on the import of these products.

More information can be found here.

#### **Brexit Preparedness – Access to health services**

On 8 May 2019, Ireland and the UK signed an important Memorandum of Understanding on the Common Travel Area (CTA), reaffirming their commitment to maintaining it in all circumstances. Under this long-standing reciprocal arrangement, which predates Irish and UK membership of the EU and is not dependent on it, Irish citizens can move freely to live, work, study and access public services in the UK on the same basis as British citizens, while British citizens can do the same in Ireland. Through the Memorandum of Understanding, both Governments have committed to undertaking all the work necessary, including through legislative provision, to ensure that the agreed Common Travel Area rights and privileges are protected.

On healthcare, the Irish and British Governments have committed to the shared objective of maintaining the CTA arrangements, which have long facilitated Irish and UK residents in accessing health services in each other's jurisdictions. Provision has been made to ensure the arrangements necessary to maintain health service cooperation for the period after a no deal Brexit. These include the maintenance of current arrangements for access to routine, planned and emergency health services for UK/Irish residents and visitors in the other jurisdiction. It also includes health cooperation on access to specialist health services in the other jurisdiction including, for example, continued access to specialist paediatric cardiology services on an all island basis and access to specialist cancer and cardiac services.

#### **Brexit Preparedness – Recognition of qualifications**

There is an EU Directive that currently allows for EU citizens to have professional qualifications recognised. In the event of a no deal Brexit all UK qualifications already recognised in Ireland will continue to be recognised.

In the event of a no deal Brexit, applications for UK qualifications to be recognised in Ireland after 31 October will be processed as 'third country' applications, similar to all applications from outside the EU, which may mean that the process will take longer. Further information can be found on the relevant health regulator's website.

#### **Brexit Preparedness – Food Safety**

In the event of a no deal Brexit, the UK will immediately become a 'third country' for trade and customs purposes. The FSAI, together with the HSE's Environmental Health Service and relevant Departments and Agencies is working with food businesses to ensure that they are aware of the new rules that will apply to food products being traded from or moving through the UK post Brexit. Food businesses should prepare now for the regulatory and legislative changes they will face after the UK leaves the EU.

#### **Conclusions**

We would appreciate if you could disseminate these important messages within your organisation, to your members and to those you represent and work with to provide advice and reassurance to patients, the general public and relevant businesses.

We would also encourage your organisation to engage as necessary with the work of the HSE, HPRA and FSAI, as the process of verifying contingency planning continues in the coming weeks and months, before and after Brexit. More information on steps that a business may need to take for issues covered in this letter and further information on business preparedness for Brexit can be found at [www.gov.ie/Brexit](http://www.gov.ie/Brexit).

We plan to continue to engage with you on Brexit matters during the very limited time available for further preparations up to 31 October 2019 and thereafter.

We thank you for your collaboration to ensure Ireland's public health is protected, whatever the Brexit outcome in the coming weeks.

## APPENDIX II

Continued

**Proposed Fee Changes****Assistant Secretary, Department of Health  
to Secretary General, 25 October 2019**

I refer to our meeting yesterday, 24th October, at which the Department and HSE set out proposals for certain fees which would apply from 1 January 2020, in accordance with section 42 (9) of the Public Service Pay and Pensions Act 2017.

I undertook to outline in writing the proposed structural changes which are as follows:

**Phased Dispensing Fee**

With effect from 1 January 2020, to replace the current phased dispensing fee of €3.27 payable per drug item for each dispensing phase, other than the first dispensing phase, with a patient care fee of €45 per month, where the dispensing of an item is being phased for one of the following reasons; at the request of a patients physician; due to the inherent nature of a medicinal product i.e. product stability and shelf life; where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regimen; in exceptional circumstances where the patient is incapable of safely and effectively managing their medication regimen.

**High Tech Arrangement Non Dispensing Fee**

With effect from 1 January 2020, to discontinue payment of a patient care fee per month under the High Tech Medicinal Products Scheme, where medicinal products prescribed under that scheme are not dispensed to the patient in a particular month. A patient care fee will only be paid where a high tech dispensing occurs for the patient within the month.

**Tiered Dispensing Fees**

With effect from 1 January 2020, to set the standard dispensing fee per item payable to a community pharmacy contractor under the General Medical Services Scheme, the Drug Payment Scheme, the Long Term Illness Scheme, the European Economic Area Scheme and the Health (Amendment) Act 1996 Scheme as follows:

- Each of the first 1,000 items dispensed by the community pharmacy contractor in a month €5.00;
- Each of the next 833 items dispensed by the community pharmacy contractor in that month €4.50;

- Each other item dispensed by the community pharmacy contractor in that month €3.50.

It is proposed that all other fees which will be maintained at the existing rates.

The existing statutory basis for the payment of all fees will expire at the end of this year, and to maintain a statutory basis for the payment of fees, new regulations need to be drafted and signed by the Minister with the consent of the Minister for Public Expenditure and Reform before the end of the year. In order to enable this timeline to be met, the consultation on the proposed fees to apply from 1 January 2020 will run until November 8th.

**Commitment to Unwind FEMPI and Proposed Cuts to Pharmacy Fees****Secretary General to Minister for Health,  
11 November 2019**

I am writing to you to express the shock and outrage of the Irish Pharmacy Union and the pharmacy profession at the recently communicated proposal by the Department of Health to make “structural changes” to the fees paid to pharmacists for providing services on behalf of the State, which changes amount to further cuts in pharmacy fees. These proposed cuts are contrary to and a clear betrayal of repeated commitments that you have made to the IPU and publicly to pharmacists generally.

In a meeting with the IPU in March this year, you clearly acknowledged the cuts to pharmacists’ incomes that had been introduced to address the financial crisis and the resulting financial pain felt by pharmacists, and you expressed your intention to unwind FEMPI cuts to pharmacists’ fees, to “move beyond FEMPI to a higher terrain”, committing to starting negotiations on a new pharmacy contract this autumn.

Subsequently, in your keynote address to the IPU National Pharmacy Conference in May this year, you again acknowledged the cuts that had been introduced and the effects on the pharmacy sector and reiterated your intention to move beyond FEMPI to a higher terrain. You repeated your clear commitment to start discussions on a new pharmacy contract, on moving beyond FEMPI and on a programme of investment, saying “let’s get that done this year”.

Pharmacists took you at your word and, based on your commitments to the IPU and at the National Pharmacy Conference, have a legitimate expectation around moving beyond FEMPI through a significant and immediate increase in investment in pharmacy services, which we are confident will deliver tangible benefits for Irish patients and the public, as well as for the health system itself. What is reasonable and proportionate in a financial crisis is not so in the current economic circumstances. The proposed further cuts in fees to pharmacy contractors are disproportionate and inequitable, inconsistent and irrational, not only in circumstances where the economic crisis is over, but also where pharmacists are the only major contractor group to have had no fee restoration and, despite Government austerities, continue to bear a burden of austerity that has been lifted from other sectors.

We are now seeking an urgent meeting with you and insist that the proposed changes to pharmacy fees be set aside and that, instead, we commence the repeatedly-promised negotiations on a new pharmacy contract and investment in pharmacy services, with an agreed deadline of 30 June 2020 for the conclusion of talks.

## **Community Pharmacy Covid-19 Urgent Measures**

**Secretary General to Minister for Health,  
20 March 2020**

Community pharmacists are the most accessible of all healthcare professionals and continue to provide an essential nationwide service to patients and the public in extraordinarily difficult circumstances, a fact that ought to be acknowledged by the Government and the HSE. All pharmacies are displaying the HSE Covid-19 posters and are advising significant and increasing numbers of patients on signs and symptoms of Covid-19, referring those who require testing to their GPs. They are also spending a great deal of effort resisting pressure from patients seeking additional supplies of medicines above their normal requirements, attempting to reassure them that contingency plans are in place to ensure continued supplies of medicines, although managing supply interruptions and stock-outs remains a challenge.

Retail sales in pharmacies and, consequently, pharmacy revenues have plummeted due to the

elimination of discretionary spending during the coronavirus/Covid-19 shutdown. It has previously been pointed out in Department of Health memoranda to the Minister in the context of the FEMPI legislation that these revenues can account for up to half of all income for pharmacies. The absence of this funding is having a significant impact on cash-flow and on pharmacies' ability to pay their staff and suppliers; we are already getting reports of pharmacies struggling to stay afloat financially. In spite of the evaporation of a significant portion of their income, pharmacies have had to invest in various measures to protect their staff and customers/patients from onward transmission of Covid-19. At considerable cost, they are actively changing their shop layouts and working practices to ensure social distancing guidelines are met, both to protect vulnerable patients and to protect staff to ensure continuity of service. The financial pressures on pharmacies will continue to intensify as this pandemic evolves and they will find it increasingly difficult to sustain their services.

In light of the extreme circumstances, it would be a welcome gesture of appreciation on the part of the State towards the unstinting efforts of pharmacists and their teams, and the very real danger they place themselves in every single day, for the State to take a measure of responsibility for their safety and fund the installation of social distancing infrastructure by way of a one-off grant to be paid to all community pharmacy contractors akin to that paid to pharmacies who volunteer to provide opioid substitution treatment services.

Our members are also concerned about their patients who are elderly or most vulnerable to Covid-19 infection – a cohort of patients who depend most on pharmacists due to their increased medication and care needs. Already socially distancing for their own safety, these

patients will soon be directed to cocoon. As such, many will require a medicine delivery service from the pharmacy, as will patients who are required to self-isolate for a period. The UK's NHS has already committed to funding pharmacies to provide a Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home. The Department of Health and HSE must do likewise here. We would be happy to work with the HSE to design and implement this scheme and agree designation of categories of vulnerable patients.

## APPENDIX II

*Continued*

One source of the increasing pressure on pharmacies and the key driver for the added responsibilities being assumed by pharmacists is the unbearable strain on general practice services and the on-going capacity issues that GPs are experiencing. Patients and pharmacists around the country are reporting that it is next to impossible to get repeat prescriptions from overwhelmed GPs and that pharmacies are increasingly being asked to renew and extend prescriptions, which they are perfectly positioned to do if systems were in place to facilitate it. Before extending a prescription, the pharmacist must assess the patient and satisfy themselves that it is clinically appropriate to do so, with the patient only being referred to a GP where the pharmacist's judgment is that there is a clinical need. The same is true for minor ailments. The professional input of the pharmacist in such circumstances must be recognised and, in the same way that GPs will now receive a fee for telephone consultations even when already in receipt of capitation payments in respect of those patients, a fee similar to that which applies for an emergency contraception consultation should apply for every patient assessment made to repeat a prescription. The UK's NHS has committed to funding an Urgent Medicines Supply Service for patients whose general practice is unavailable; the Department of Health and HSE must do likewise for Irish patients.

In order to ensure their survival during these unprecedented times, the NHS has also committed to payments to community pharmacy contractors who are required to close due to Covid-19 related reasons. Irish pharmacies, some of whom have already been compelled to close, urgently need similar arrangements put in place if they are to avoid insolvency and have any prospect of re-opening once the issue has passed.

Funding has rightly been put in place for GPs to support them through this crisis. Pharmacies, who unlike GPs have not yet had the benefit of any reversal of previous fee cuts, and the importance of whose role on the frontline has never been starker, urgently need equivalent support.

We recognise the gravity of the situation facing the country at present, and pharmacy teams are actively going above and beyond what could reasonably have been expected of them. The issues outlined in this letter are both urgent and critical and require immediate action if we are to be in a position to sustain that effort.

## Health Care Professionals returning to Front Line

**Secretary General to Minister for Health, 25 March 2020**

You recently put out a call for health care professionals who are not currently working on the front line in Ireland to return to work in front line roles as part of the national effort to fight the Covid-19 pandemic in Ireland. That call has been answered by thousands of qualified professionals who wish to return to work to support the health system during this crisis. Pharmacists are no exception; many of them have contacted the Irish Pharmacy Union volunteering to return to front line community pharmacy.

One anomaly has arisen, however, that requires an immediate resolution. It affects all professionals, not just pharmacists. A health care worker who is currently on maternity leave and in receipt of State maternity benefit will, if she returns to work temporarily even for a short period before returning to maternity leave, immediately lose the entitlement to the maternity benefit for the remainder of her maternity leave. This permanent loss of benefit is inhibiting eligible qualified women from a temporary return to the front line in a time of crisis.

We urge the Government as a matter of urgency to amend the existing rules for the duration of the current emergency, so as to allow women who break their maternity leave to assist in a time of crisis to retain the remainder of their maternity benefit eligibility when they return to the maternity leave to which they are properly entitled.

## Community Pharmacy Covid-19 Urgent Measures

**Secretary General to Minister for Health, 6 April 2020**

I write further to my letter of 20 March seeking urgent support for community pharmacies to help sustain the network of pharmacies and the essential access and services they provide during the current crisis. Pharmacies are at the forefront of the response to Covid-19, with pharmacists and their teams heroically placing themselves in danger all day every day in order to continue providing medicines, services and care to their patients and the public in



extraordinarily difficult circumstances. They are doing this with no official recognition and no additional support from the State, despite the severe acute financial pressures that are impacting on the sector.

We previously sought a grant to fund the installation of social distancing infrastructure in pharmacies to protect staff and customers/ patients from cross infection as well as HSE funding for a medicines delivery service to support Covid-19 positive and vulnerable patients self-isolating at home; an Urgent Medicines Supply Service for patients whose general practice is unavailable; and payments to community pharmacy contractors who are required to close due to Covid-19 related reasons. Since then, Regulations have been amended in a manner which places significant additional professional responsibility on pharmacists. Pharmacists will now, in already pressurised circumstances, be exercising their professional judgement to assess patient needs in order to extend and repeat prescriptions where appropriate, and will be held accountable by the Pharmaceutical Society of Ireland in relation to this. The knowledge and expertise necessary to take on this increased responsibility are within the professional scope of pharmacy training and practice; however, the expansion of professional responsibility and, consequently, professional liability exposure needs to be recognised by appropriate professional payment structures.

In contrast to the position here, the Department of Health in Northern Ireland recognises the extreme extraordinary cost pressures on community pharmacies and has already put in place measures to alleviate those pressures in order to sustain pharmacy services at a time of great risk. A grant package worth £10.5 million has been put in place for the approximately 500 pharmacies in Northern Ireland, with the initial tranche of £4 million paid last week: £1 million to cover staffing pressures, £2.5 million for Covid-19 related security and necessary alterations to premises, and £0.5 million for Business Continuity Planning. A further £35 million in advance payments has been paid, which will be managed out of the system after the Covid-19 situation has ended. This amounts to approximately £90,000 per pharmacy in grants and advance payments in Northern Ireland.

Meanwhile, pharmacies in Ireland are under exactly the same cost pressures but, additionally, have suffered an ongoing precipitous drop in retail income (not a feature

of the Northern Ireland system) due to the necessity to limit access to the premises to protect staff and patients from cross-infection with coronavirus. However, Irish pharmacies have not received one cent in compensatory funding. Unlike GPs, pharmacies do not have capitation payments to rely on and have not yet had the benefit of any reversal of previous fee cuts. However, significant additional funding has rightly been put in place for GPs to support them through this crisis. Equally, recognising the unique challenges faced by the private nursing home sector, a sizeable package has also been agreed to protect them at this time. It is worrying that, despite setting out the urgency of the situation facing pharmacies in our letter of March 20, we have had no material engagement with the Department on the issues raised.

As previously outlined, the pharmacy profession recognises the gravity of the situation facing the country at present, and pharmacy teams are actively going above and beyond what could ever reasonably have been expected of them. Many are close to breaking point as a result of the overwhelming additional workload and responsibilities they have shouldered. We are committed to working together in the national interests but need compensation for the expedited measures that have been put in place to ensure continuity of care for Irish patients. The issues outlined in this letter are both urgent and critical and require immediate action if pharmacies are to be in a position to sustain our efforts.

## **Community Pharmacy Covid-19 Urgent Measures**

***Secretary General to Minister for Health,  
10 April 2020***

I write further to my letters of 20 March and 6 April seeking urgent support for community pharmacies, who remain at the forefront of the response to Covid-19, providing medicines, services and care to their patients and the public in extraordinarily difficult circumstances – unsupported, isolated and forgotten by Government. As a direct result of the Covid-19 public health emergency, substantial protective and emergency measures have been required and have been put in place by pharmacies, and the unprecedented surge in demand for medicines during March also gave rise to significant additional staff, security and other costs.

## APPENDIX II

*Continued*

The IPU has been getting an increasing number of calls from distressed pharmacists who report that they have hit credit limits on their wholesale accounts and, as a result, have been told they will not be receiving any further orders until the outstanding balance is paid down. This is putting them in an impossible position, as the HSE reimbursement for medicines supplied in March is not scheduled to come through for another two weeks; meanwhile, there has been a precipitous drop in retail income which has resulted from government restrictions on movement and the need to protect pharmacy teams from infection, but which income is essential to fund the pharmacy service.

The severe acute cost increases borne by pharmacy businesses in the last number of weeks have had to be funded from their own resources and have depleted cash balances such that they are reliant on future payments from the HSE to fund current purchases of medicines for patients. However, community pharmacists have to meet patients' immediate healthcare needs as they arise. Today's patients cannot be told to wait two weeks or more for their medicines; to do so would put the health of many in jeopardy. These pressures have been compounded by the fact that, unlike our counterparts in England, Scotland, Wales and Northern Ireland, Irish pharmacists have had zero support from government to help meet the extraordinary Covid-19 related costs that have arisen.

Fears for the wellbeing of their patients, the safety of their staff and the survival of their businesses, combined with the overwhelming additional workload and responsibilities they have shouldered, have led to a worrying increase in the number of pharmacists requiring the support of organisations such as the Samaritans. The apparent callous indifference of the Department of Health to the serious situation facing pharmacies and their staff, evidenced by an inexplicable failure to respond to repeated correspondence seeking support, stands in stark contrast to the immediate extra funding for our colleagues in General Practice and the significant emergency supports from governments in neighbouring jurisdictions for their pharmacy sectors.

The IPU and its members are committed to patient welfare and the national interest but cannot, on our own, ensure the sustainability of our services or continuity of care for Irish patients. Government must step up to the mark, stop ignoring the issues outlined in

this and previous letters, and immediately put in place urgent and critical supports for pharmacies to sustain our efforts through this emergency situation.

### **Community Pharmacy Covid-19 Response – Expansion of Vaccination Programme**

***Secretary General to Minister for Health, 20 April 2020***

The Chief Medical Officer, Dr Tony Holohan (the CMO), has outlined the need to vaccinate early and in more significant numbers for the upcoming 2020/21 influenza season, as we will be dealing with more than one significant respiratory viral infection at this time, posing a significant challenge for our health system. In his Covid-19 briefing on 15 April, Dr Holohan said "one of the things we want to try to do is to greatly extend the flu vaccination programme and bring more people into the programme to receive flu vaccine than would normally receive it". He also stated that he hopes to see a greater uptake amongst healthcare workers.

Community pharmacy is ideally placed to support a universal vaccination programme, with pharmacists currently permitted to administer influenza vaccines to any patient aged six months and older, albeit only within community pharmacy settings. For a universal vaccination programme to be successful, barriers to uptake must be identified and eliminated. For example, access to the vaccine must be made as simple as possible and it should be universally State funded.

We wrote to you in August last year with a proposal to extend the current vaccination programme by allowing pharmacists to administer vaccines to patients outside the pharmacy setting, such as in a nursing home, where a flu outbreak can have grave consequences. In light of the ongoing Covid-19 pandemic and the need to extend the flu vaccination service in Ireland that was identified by the CMO, the locations where pharmacists can administer a vaccine should be expanded to include not just nursing homes but all workplaces.

Provision should also be made for pharmacists to participate in any pandemic vaccination programme. With over 1,850 community pharmacies serving all areas of the country, many with extended opening hours, this

valuable network could greatly enhance a national vaccination programme for Covid-19. In addition, reimbursement arrangements for pneumococcal vaccination in pharmacies, which were supposed to have been put in place last winter, must now be expedited.

The IPU and its members are committed to patient welfare and the national interest and see these proposed changes as necessary and aligned to the Sláintecare principles and public health priorities. Statistics produced by the HSE indicate that the accessibility of the existing

pharmacy flu vaccination service has led to improved uptake of vaccination by the public. Pharmacy flu vaccination deliveries now account for one in six flu vaccines nationwide.

Moreover, since pharmacists first started vaccinating in 2011, flu vaccine deliveries through the National Immunisation Office (NIO) have increased overall by 59.5% and, within that, deliveries to GPs are up 27%, suggesting that pharmacists' promotion of vaccination has helped increase public awareness and vaccination rates overall.

We look forward to working with your Department and the HSE to increase pharmacists' capacity to improve the vaccination rates for the 2020/2021 influenza season and help reduce the incidence of serious respiratory illness this winter and are available to discuss any aspect of this letter.

## HSE

### Health Service and Pharmacy

**Secretary General to Director General,  
HSE, 12 July 2019**

On behalf of the President and Executive Committee of the Irish Pharmacy Union, I write to congratulate you (belatedly) on your appointment as Director General of the HSE and to wish you well in achieving reform of the health service. You take on the role at a challenging time, as the health service in Ireland is undergoing a period of profound challenge, faced with the twin pressures of increasing demand and limited 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. In other jurisdictions, pharmacists have been enabled to practise to full scope and the network of community pharmacies has been used to deliver a broad range of high quality, accessible and trusted healthcare services that meet the needs of patients and the public. These services include treatment of minor ailments, medicines optimisation and adherence services, contraception, vaccination, smoking cessation and chronic disease management, and have been shown to improve access to healthcare, enhance health outcomes and, ultimately, result in long term efficiencies.

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 healthcare strategy and delivers for patients and the public. We would welcome an opportunity to meet with you to discuss in more detail how pharmacists can support the development and delivery of a sustainable, accessible and best-in-class primary healthcare system in Ireland. I look forward to your reply.

## APPENDIX II

*Continued***Health Service and  
Community Pharmacy****Secretary General to Chief Executive Officer,  
HSE, 7 October 2019**

I am writing to thank you for meeting with us in September and for your willingness to listen to and discuss our proposals for the additional contribution that a properly resourced and empowered community pharmacy profession could make to healthcare in Ireland. We believe that our respective organisations have a shared interest in working together to meet the challenges that currently face the health service and to deliver a sustainable, accessible and best-in-class primary healthcare system in Ireland.

As we discussed, it is our belief that a new community pharmacy contract is now needed. The current contract has become outdated and no longer meets the needs of the pharmacy profession or the HSE, as has become increasingly evident in recent years. Additionally, the persistence of cuts imposed at a time of financial emergency continues to undermine the development and sustainability of pharmacy services, particularly in areas of greatest need such as rural, isolated and disadvantaged communities.

It has been recognised for more than a decade that a new community pharmacy contract is required. In May this year, the Minister for Health Simon Harris made a clear commitment to start discussions on a new pharmacy contract, on moving beyond FEMPI and on a programme of investment. The IPU has consistently stated our desire to enter into contract talks at the earliest opportunity. As we outlined at the meeting, we are prepared to enter such talks without precondition and to engage on a broad agenda of modernisation and development of pharmacy services along with contractual reform and sustainable investment.

We very much welcomed your agreement that a new contract is required and your willingness to engage with the IPU and the Department of Health on developing and agreeing such a contract. We look forward to an early engagement.

**Pharmacists' Access to NMIC****Secretary General to National Director,  
Quality Improvement, HSE, 3 January 2020**

Recently, the National Medicines Information Centre (NMIC) announced a decision to restrict their clinical enquiry answering service to prescribers as of 1 January 2020.

When this decision was announced in the Therapeutics Today bulletin published on 16 December, we emailed NMIC to find out why the decision had been taken. They advised us that the decision to restrict the service to prescribers only had been made following a recent review of NMIC services and in consultation with the HSE.

This move has caused some disquiet among pharmacists. Many of our members have contacted us to express their concern that this service will no longer be available to pharmacists. They report that they regularly use this valuable service, for example to confirm paediatric doses, clarify off-label use of medicines and/or to identify alternatives to medicines in short supply – all of which supports the safe prescribing and use of medicines and protects patient safety.

In July this year, we liaised with your department to promote the Know, Check, Ask Campaign to help improve the safe use of medicines. The campaign formed part of the World Health Organisation Medication without Harm initiative, which aims to reduce severe avoidable medication related harm by 50% over the next five years. Indeed, you were quoted in the campaign press release saying that “everyone has a role to play in medication safety and so before you prescribe, dispense or take medicine you need to make sure you know about it”. It seems to us that for the HSE to remove pharmacists' access to a valuable source of medicines information a few short months later is inconsistent with that position.

I therefore ask that, in the interests of patient safety, you request the NMIC to reverse this decision as a matter of urgency. I look forward to hearing from you.

## Community Pharmacist Covid-19 Testing

*Secretary General to Chief Executive Officer,  
HSE, 23 March 2020*

Community pharmacists continue to provide an essential nationwide service to patients and the public in extraordinarily difficult circumstances. Pharmacies are displaying the HSE Covid-19 posters and are advising significant and increasing numbers of patients on signs and symptoms of Covid-19, referring those who require testing to their GPs. They are also spending a great deal of effort resisting pressure from patients seeking additional supplies of medicines above their normal requirements, attempting to reassure them that contingency plans are in place to ensure continued supplies of medicines, although managing supply interruptions and stock-outs remains a challenge. Pharmacists are also managing repeat prescriptions, normally done by GPs, under a protocol circulated by HSE PCRS.

Fast-track testing for Covid-19 has been introduced for a range of healthcare workers, such as hospital healthcare professionals and GPs. Unfortunately, community pharmacists and their teams appear to have been overlooked, as they do not have access to Public Health or Occupational Health referrals. Community pharmacists who have developed symptoms of Covid-19 are reporting a wait of 4-5 days for a Covid-19 test and a further 3-4 days for the results. This means that the pharmacist is unable to work for 8-9 days or more. Given that, currently, most test results are negative for Covid-19, and that community pharmacy services are already operating above capacity, community pharmacists' testing needs to be fast-tracked to ensure the pharmacies can sustain their services. Some pharmacies have already had to close as a result of delays in testing and in getting their test results. If these delays are not reduced to the minimum and more pharmacies have to close pending testing, there is a risk of significant disruption to the service, potentially a complete breakdown in places.

Only this morning, on Morning Ireland, the Minister for Health said that said every effort will be made to protect healthcare workers and that priority testing for healthcare workers would be implemented. As a matter of urgency, can you please ensure that community pharmacy teams can access priority testing via GP referral.

## PCRS

### Inclusion of Rheumatology, Dermatology and Gastroenterology medicines in the High Tech Hub

*Contract Manager to Head of Operations,  
PCRS, 27 May 2019*

We note from your recent circular to pharmacists that the next phase of the deployment of the High Tech Hub is due to commence on 1st June and will encompass High Tech medicines used in rheumatology, dermatology and gastroenterology, thus affecting approximately 15,000 ( $\pm 1,000$ ) patients.

We have raised concerns and issues with you previously regarding the operation of the Hub and we acknowledge the work that has been done to address many of the concerns and resolve specific issues. However, given the high patient numbers and medicine volumes associated with this phase of the roll out, IPU members remain very concerned that it will impact on their ability to procure and supply medicines for their patients in a timely fashion and that unavoidable treatment interruptions and delays will result. Many medicine suppliers have expressed similar concerns regarding the impact of the Hub on their ability to supply medicines expeditiously to pharmacies, particularly in urgent or out-of-hours situations.

Pharmacists' experience to date suggests that clinicians are not universally familiar with or committed to the Hub and that, as a result, prescriptions have not been generated within the Hub, instead having to be entered by pharmacists or PCRS staff. This additional workload for pharmacists and their teams has so far been manageable, albeit unwelcome, but the significantly larger number of patients and clinicians implicated by the next phase of the Hub roll-out will make it unsustainable to continue in this fashion.

The HSE PCRS will need to put significant planning and resources in place to ensure that the Hub operates effectively without negatively impacting on patients. High Tech Hub staff will need to be facilitated to support pharmacies, consultants and suppliers while also ensuring that orders are being processed smoothly and efficiently. Workarounds will have to be put in place to provide for circumstances where patients have an immediate need for a medicine

## APPENDIX II

*Continued*

but the requirements of the Hub have, for whatever reason, not been met by the clinical team. It is these exceptional cases that have been seen to cause the most hardship for pharmacists and worry for patients. As the prescriptions are now restricted to consultant signed prescriptions, rather than GP, (with the exception of Urology) and as prescriptions are only legally valid for a maximum of six months, this will necessitate patients having six-monthly reviews, regardless of clinical need or clinician availability. Our members are concerned that this will prove to be unsustainable and that as a result patient access to medicines may be negatively impacted.

Other questions have also been asked. Has there been engagement with patient and clinical advocacy groups such as Arthritis Ireland, Ankylosing Spondylitis Association of Ireland, Irish Skin Foundation and the Irish Society for Colitis & Crohns Disease, advising them that there is a new system in place for managing the High Tech scheme and ordering medicines, and explaining the impact on their clinician and patient members? Given that the Hub has, at best, no impact on delivery times but more frequently has contributed to longer waiting times, have the patient groups been advised that they may have to wait before their medicine is received by a pharmacy? Have absolute assurances been received from all clinics and specialists that the capacity exists to review all patients every six months and to generate new prescriptions within the Hub; have they acknowledged that, if this is not done, medicines cannot be procured for or supplied to their patients?

We can discuss these issues further when we meet at the JCG next Wednesday 29th May. In the meantime, can you please provide us with the updated High Tech Hub User Guide and FAQ documents for our review and input, and for subsequent circulation to our members.

### **Community Pharmacy Contractor Agreement – Changes to Claiming Arrangements**

**Secretary General to Assistant National Director, HSE, 19 July 2019**

I am writing in response to your recent circular to community pharmacy contractors, Circular 025/19.

In a letter to pharmacy contractors on 25 May 2016, the PCRS acknowledged that ‘the majority of pharmacy claims are reasonable, valid and in compliance with contractual agreements in place’. It was also acknowledged in the same letter that ‘circumstances may arise in practice where the full quantity of a prescription item is not filled and supplied and, as a result, the pharmacy will owe their patient a balancing quantity.’

In the latest circular, you assert that ‘despite direct correspondence with contractors and discussions since 2016 with the IPU, the HSE PCRS does not have visibility of claims submitted where products have not actually been supplied’. This is disingenuous given that, as you are fully aware, the IPU has engaged with the HSE PCRS and jointly developed a specification known as the PCRS-Pharmacy Interface Project (PPIP) which, among other benefits, would provide the transparency that the HSE PCRS requires on this issue.

The IPU has delivered on a number of initiatives which have brought benefit to the State while the effort and costs have been borne by pharmacists. Community pharmacists have cooperated fully with the introduction of new validation arrangements for the dispensing of phased medicines, which ensure greater probity and financial transparency to account for State spending. Pharmacists also agreed to take on the task of ensuring all GMS prescriptions are signed for at the point of collection, a massive and time-consuming addition to their administrative workload. The IPU’s collaboration on projects such as the introduction of the High Tech Hub and the implementation in community pharmacies of medicines authentication under the Falsified Medicines Directive (FMD), both of which have been delivered, also clearly demonstrates our continued bona fides.

Furthermore, the IPU has committed to both the HSE and the Department of Health that we would implement the Interface Project as soon as the Department honoured its earlier commitment, first made in January 2016, to release an additional €2.5m in remuneration to pharmacy contractors. The IPU has repeatedly sought immediate release of the payment (to which we are entitled) to support the roll-out of medicines authentication and the implementation of the PPIP. It is worth noting that an economic assessment by Ernest & Young (EY), a copy of which has already been submitted to the Department of Health and copied to the HSE PCRS, illustrates that

the true cost impact on the pharmacy sector associated with medicines authentication is a multiple of the €2.5m currently sought.

The IPU made this commitment to deliver the PPIP at the beginning of the year and we have reiterated it on a number of occasions since, to both the HSE and the Department of Health. It was possible to have implemented it several months ago, were it not for the delay in releasing the already committed funds. Indeed, we believed it would be in place long before now. Furthermore, in response to apparent concerns regarding potential complications surrounding making such payments, the IPU provided a memo of advice from Eileen Barrington SC confirming that there is no legal or legislative impediment to such a payment being made under the contract. The reality is that the ongoing delay in the implementation of the PPIP is solely down to foot-dragging on the part of the Department of Health, not any action or inaction on the part of the IPU.

It has always been the IPU's consistent position that we do not and have never supported or condoned wrongful or dishonest behaviour. Where proven, such instances must be dealt with appropriately. As is acknowledged in previous circulars, there is no issue with the overwhelming majority of pharmacy claims. If there have been invalid claims, the HSE can and should utilise the procedures provided for in the Contract.

For the avoidance of doubt:

- i. Claims for medicines/products supplied must be reimbursed in accordance with the Contract.
- ii. Clause 1(4)(i) of the Contract, which states that 'a medicine dispensed and awaiting collection in the pharmacy shall be deemed to have been supplied', stands.
- iii. There are no changes to the arrangements for the non-dispensing fee, which will continue to be claimable and payable as set out in the contract.

The circular which you have issued should be withdrawn. It clearly contravenes the terms of the Contract, which has been in place for 23 years. The HSE is not entitled to change the contractual arrangements in place in respect of the schemes except with the agreement of the Minister / Department and the IPU. In this case, there has been no such agreement with the IPU. As such, the HSE is acting ultra vires in seeking to implement this new circular. Non-

payment of pharmacy contractors in respect of legitimate owings is not a matter which can be determined by the HSE unilaterally and imposed by circular. Owings have formed part of payments to pharmacists under the Contract since its inception. Pharmacists who continue to comply with their contract as written are entitled to be reimbursed on that basis unless and until such time as revised arrangements have been agreed and put in place. In the meantime, Department of Health should release the funding required to advance the PPIP and thereby resolve this issue once and for all.

I await your response.

## Owings

**Assistant National Director, Primary Care Eligibility & Reimbursement, HSE to Secretary General, 24 July 2019**

I refer to your letter of the 19th July 2019 in relation to HSE PCRS Circular number 025/19. I refer also to previous correspondence in relation to the matter of 'owings'.

I note and acknowledge the various areas where the IPU has worked with the HSE.

In your letter you quote from the Circular 025119 'despite direct correspondence with contractors and discussions since 2016 with the IPU, the HSE PCRS does not have visibility of claims submitted where products have not actually been supplied'. You suggest this is disingenuous on the basis that the IPU did engage in the pharmacy interface project. However, it was the IPU who unilaterally withdrew from the project after the first pharmacy had successfully submitted an 'owings' file via the project.

The pharmacy interface project was agreed in 2016 following consultation between the HSE and the IPU, and the principles and provisions were set out in a Memorandum of Understanding agreed between both parties. The parties worked together in a project group governance structure. The interface was deployed to the first site just before the IPU withdrew its support. The pharmacy interface project could deliver benefits for pharmacy contractors and the HSE which have been well described. The interface would also deliver full visibility for the HSE and pharmacists in relation to owing's which the HSE do not currently have.

APPENDIX II

Continued

Our routine inspections have not given reassurance to the HSE that repeated owings have ceased and therefore the issue remains a probity concern. In fact, it is our experience that ‘owings’ visibility has become even more difficult to achieve on site in pharmacies due to changes in software implemented by contractors. However, available evidence gathered through inspections and investigations will be considered in the context of the provisions of the Contract.

Owings had been included in the Pharmacy Contract since 1996 when the clear understanding and spirit of the arrangements were ‘that circumstances may arise in practice where the full quantity of a prescription item is not filled and supplied and, as a result, the pharmacy will owe their patient a balancing quantity. At that time claims were presented manually for reimbursement and issues did not arise such that are now presented electronically to PCRS where full month’s requirements are placed in owings files and submitted automatically via the current software for reimbursement. While it might be understood that prescription charges have created momentum on the rise of ‘owings’ as patients choose whether they wish to access further supplies (exactly as the legislation intended), it is not acceptable to opaquely raise a cost to the State in a manner that was never envisaged nor intended in 1996. A number of inspections and investigations have demonstrated repeated owings claims for the same patient which were submitted for reimbursement of a product(s) which has been entered in the pharmacy system and it was neither supplied nor intended for supply to the patient. It is our firm opinion that inserting quantities owed on a repeated basis for the same patient extinguishes any rationale for ‘genuine expectation’ of supply.

It is important to state that the interface project would not only give assurance to the HSE in relation to owings, but it would also give a protection to the pharmacy profession in relation to the submission of valid claims.

I have discussed and communicated with you on many occasions in relation to the responsibilities of the HSE in terms of the public funding it receives which include:

1. The HSE is accountable to the Minister for Health for the expenditure of all public monies it receives.
2. The HSE is accountable to the Oireachtas through the Public Accounts

Committee, which body consider the reports of the Comptroller and Auditor General on the expenditure and activity of the HSE.

3. The HSE is also accountable to the Joint Oireachtas Committee on Health in respect of matters relating to the health service.
4. The financial management of the monies (and other resources) available the HSE is fundamental to the exercise of its functions.
5. Pursuant to Section 7(1) of the 2004 Act, the objective of the HSE is to ‘use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public’.

It is incumbent therefore, on the HSE to meet its responsibilities and to engage Pharmacy Contractors to support us in this regard.

The actions of the IPU since February 2018 and your recent correspondence and direction to pharmacists not to engage are obstructing and preventing the HSE need to resolve the matter of owings.

**Owings**

**Interim Assistant National Director, Primary Care Eligibility & Reimbursement, HSE to Secretary General, 25 November 2019**

I refer to our previous correspondence in relation to the matter of ‘owings’.

You will be aware that in 2016, the HSE PCRS and the IPU entered into a Pharmacy Interface Project underpinned by a Memorandum of Understanding which, when delivered, would provide benefits to all stakeholders. While the Project is designed to deliver a number of benefits for pharmacy contractors including electronic claiming for all schemes and enhanced reporting on payments, one key priority for the HSE PCRS was to bring transparency of items filed under owings through an enhancement of the pharmacy software interface.

I reiterate that the interface project would not only give assurance to the HSE in relation to owings but it would also give a protection to the pharmacy profession in relation to the submission of valid claims.



In circumstances where the interface has not progressed, I am notifying you that from a date to be specified and no later than 1 July 2020, the HSE will not grant a new contractor agreement to a pharmacy that does not have the enhanced assurance for the HSE provided by the transparency of 'owings' functionality developed during the interface engagement.

The HSE will be informing pharmacy system vendors accordingly to give them sufficient time to develop their software systems and have them available for contractors next year. The HSE will be clear that the vendors will require to have the functionality in place if they wish to supply software to new contract holders after the specified date.

### **Community Pharmacy Contractor Agreement – Changes to Claiming Arrangements**

**Secretary General to Assistant National Director, HSE, PCRS, 19 June 2020**

Further to our recent JCG meeting, it has come to our attention that a system vendor has recently issued a communication to community pharmacy contractors declaring that they are now "HSE-certified for Transparency of Claims". We understand that it is now the position of the HSE that it will not enter into a new Community Pharmacy Contractors Agreement unless the applicant pharmacy confirms to the PCRS that their computer software complies with "HSE standards of transparency of claims". This, we understand, relates to "owings", the correct management of which is set out in the Contract. Furthermore, it now appears that the changed arrangements sought by the HSE differ from those previously agreed in the yet to be implemented PCRS-Pharmacy Interface Project.

As outlined in our previous correspondence to the HSE PCRS in July 2019 (copy attached), the HSE is not entitled to change the contractual arrangements in place in respect of the schemes except with the agreement of the Minister/Department of Health and the IPU. In this case there has been no such agreement with the IPU.

The Secretary General of the Department of Health, Mr Jim Breslin, recently confirmed to the IPU the Department's intention to progress work in a substantive way over the

coming months on a new community pharmacy contract to promote greater use of the capacity and scope of practice of pharmacists. Furthermore, the draft Programme for Government also contains a commitment to commence talks on a new pharmacy contract and enhancement of pharmacists' role.

Proposed changes in contractual arrangements are appropriately dealt with in the context of the forthcoming negotiations. The constructive and collaborative approach of the IPU has been acknowledged by Department of Health, which has expressed hope that this approach can be maintained into the future. For the HSE to adopt a unilateral approach is not conducive to maintaining constructive and collaborative relationships.

We look forward to engaging with the Department and the HSE on the terms of a new contract; any proposals for change which the HSE wishes to make can be addressed in that context.

## **Oireachtas Committees**

### **Report of the Working Group on Access to Contraception**

**Clerk to the Committee, Joint Committee on Health, 11 November 2019**

I am writing to you in relation to the recent publication of the Report of the Working Group on Access to Contraception. The Working Group held a public consultation in July, to which the Irish Pharmacy Union (IPU) made a submission. We also met with the Group in August to further discuss the details of our proposal that the Department of Health and HSE put in place a scheme to enable women to access contraception directly from their community pharmacist without prescription and, subject to policy decisions on funding, without charge.

The IPU proposal is that:

- Pharmacists will only be able to supply contraceptives after undertaking additional training and according to strict criteria. Clear criteria and formal assessment that are used internationally when certain contraceptives are supplied will be applied in the controlled pharmacist-only model of supply;

## APPENDIX II

## Continued

- Supply of contraceptives will include oral contraceptives, patches, rings and injections;
- It would not be a requirement for the woman to have previously been prescribed a contraceptive;
- Supply of contraceptives by the pharmacist would initially be restricted to women aged 17 years and older;
- A woman will need to have a formal consultation and BP/BMI check with the pharmacist every 6 months. Following the consultation, the pharmacist can supply up to 3 months' contraceptive, followed by a further 3 months' contraceptive in the same pharmacy before a follow-up consultation is required;
- A record of the supply of the contraceptive will be kept on the patient's medication record (PMR).

We welcome that the Report from the Working Group details our proposal and highlights that there is precedent internationally for such an approach, with a 2015 review of contraceptive services across 147 countries finding that oral contraceptives were legally available in 35 countries over the counter; informally available in 56 countries; and available on a "behind the counter" basis following eligibility screening by trained pharmacy staff in a further 11 countries.

The Report also acknowledges that The Lancet has twice recommended non-prescription availability for oral contraception, while pharmacist prescribing and supply of oral contraceptives is permitted in California and other US states. Furthermore, the Report confirms that the World Health Organisation (WHO) has recently recommended that over the counter oral contraceptives should be made available without a prescription.

It is therefore incongruous that the Report would conclude, in relation to the IPU proposal, that the provision of contraception through pharmacy raises questions about patient safety with a supposed risk that pharmacists will prescribe without sufficient knowledge of the woman's medical and family history. No evidence is provided for this assertion and it has certainly not been an issue in the aforementioned countries where pharmacists have been supplying oral contraceptives for years without any patient safety concerns arising; indeed, evidence to the contrary has been found, as outlined below. The Report acknowledges that contraindications and side-

effects of oral contraceptives may be rare, but they do occur. It is the role of the pharmacist to identify and address such contraindications and side-effects; therefore, it makes no sense for this to be used as a reason not to permit pharmacist supply.

The Report states that, by reducing the level of interaction with a health professional, women may lose the wider health benefits that can be associated with more regular visits to their GP. Again, no evidence is provided for this statement. Pharmacists are health professionals and have the knowledge, skills and competence to provide a wide range of health advice to patients and know when to refer to the GP where appropriate.

The Report acknowledges that medical supervision of access to contraception can be associated with increased costs, reduced accessibility and restricted development of informed self-care. The IPU agrees with this statement. The Report goes on to say that medical management of patients allows for education, counselling and helps to ensure that the patient correctly avails of the contraceptive method most suitable to them. Pharmacists are more than capable of carrying out this role, as they already do with emergency contraception.

The Report states that the Working Group is not opposed, in principle, to the concept of pharmacist prescribing of contraception but suggests that a more detailed examination of the issue is required. How much more detail does the Group require? We have evidence from over 100 countries and recommendations from *The Lancet* and the WHO. Two studies carried out by Oregon Health & Science University and published in the journal *Obstetrics and Gynecology* in May 2019 show that the safety profile seen with pharmacists is equal to that seen among clinicians prescribing contraception. The studies also found that, in the first two years after the policy change, pharmacist prescribing of contraception averted more than 50 unintended pregnancies and saved the state of Oregon, with a population of 4.2 million people, an estimated \$1.6 million (€1.42m) in public costs. There is no reason the same benefits could not be seen in Ireland.

It is worth noting that not all barriers to contraception are financial, and free contraception alone may not necessarily lead to increased use. Financial and non-financial barriers to access are often connected; a woman who can't afford to take time off work

can't access a free consultation with a GP, but she can often see a pharmacist in her free time. The WHO reports that, in Scotland and Spain, making emergency contraception available without prescription was more effective at meeting unmet demand than making it available free of charge with a prescription. That is why, if the Government is sincere about improving access for all, the prescription-free element of the proposal is at least as important as the free-of-charge component.

In summary, the IPU is surprised that the Working Group inexplicably chose to ignore the weight of evidence in favour of pharmacist prescribing of oral contraceptives and instead suggested alternative approaches to expanding access to contraception that will, in our opinion, have limited success.

We ask that you circulate this letter to the members of the Joint Committee on Health and request that they challenge the Group on their conclusions and recommendations in the Report when they next meet.

We would welcome the opportunity to meet with the Joint Committee to discuss or clarify any of the issues raised in this letter and our proposal, which was previously circulated to the Committee.

## Other Government Departments

### New Pharmacy Contract / Unwinding FEMPI

**Secretary General to Minister for Finance and Public Expenditure & Reform, 12 November 2019**

In a meeting with the IPU in March this year, the Minister for Health, Simon Harris, clearly acknowledged the cuts to pharmacists' incomes that had been introduced to address the financial crisis and the resulting financial pain felt by pharmacists, and expressed the Government's intention to unwind FEMPI cuts to pharmacists' fees, to "move beyond FEMPI to a higher terrain", committing to starting negotiations on a new pharmacy contract this autumn.

Subsequently, in his keynote address to the IPU National Pharmacy Conference in May, the Minister again acknowledged the cuts and the

effects on the pharmacy sector and reiterated the intention to move beyond FEMPI to a higher terrain. He repeated the previous clear commitment to start discussions on a new pharmacy contract, on moving beyond FEMPI and on a programme of investment, saying "let's get that done this year".

Pharmacists took the Government at its word and, based on clear commitments, have a legitimate expectation around moving beyond FEMPI through a significant and immediate increase in investment in pharmacy services, which we are confident will deliver tangible benefits for Irish patients and the public, as well as for the health system itself. Following the announcement of increases in payments to general practitioners, community pharmacists are now the only major contractor group to have had no fee restoration and, despite Government commitments, continue to bear a burden of austerity that has been lifted from other sectors.

We are now urgently seeking that the Government commence the repeatedly-promised negotiations on a new pharmacy contract and investment in pharmacy services, with an agreed deadline of 30 June 2020 for the conclusion of talks, and that no changes to pharmacy payments be implemented until the conclusion of those talks.

### Commitment to Unwind FEMPI and Proposed Cuts to Pharmacy Fees

**Secretary General to Taoiseach, 21 November 2019**

I am writing to you on a matter of grave concern to the IPU and to all community pharmacists. Compared with public servants and other contracted professions, our members have been treated unfairly, inequitably and in bad faith regarding the unwinding of FEMPI cuts and reform of our contract and the situation is now unsustainable.

In 2016, when you were Minister for Health, you committed to commencing the unwinding of FEMPI for pharmacists but no unwinding ever occurred. In that year, the Government committed to the IPU to increase pharmacy remuneration by €2.5 million per annum, describing it as a statement of intent. Despite being a tiny sum, it was never paid.

APPENDIX II

Continued

In a meeting with the IPU in March this year, the Minister for Health Simon Harris TD, clearly acknowledged the financial pain felt by pharmacists as a result of cuts to pharmacists’ incomes which had been introduced to address the financial crisis. Minister Harris expressed the Government’s intention to unwind FEMPI cuts to pharmacists’ fees, and to “move beyond FEMPI to a higher terrain”. He clearly committed to starting negotiations on a new pharmacy contract this autumn.

Subsequently, in his keynote address to the IPU National Pharmacy Conference in May, the Minister reiterated this commitment to the IPU’s 2,300 members. He again acknowledged the cuts and the effects on the pharmacy sector and repeated his intention to move beyond FEMPI to a higher terrain. He restated the previous clear commitment to start discussions on a new pharmacy contract and on moving beyond FEMPI to a programme of investment, saying “let’s get that done this year”.

We were therefore surprised and alarmed to be informed recently by the Department of Health that, instead of the long-promised increased investment in pharmacy services, the opposite is planned with significant cuts proposed to be introduced from 1 January.

The proposed cuts, which in many cases equate to a crippling 9% cut in fees, would have a negative long-term impact on community pharmacies throughout the country. However, they would disproportionately damage pharmacies serving rural, isolated and disadvantaged areas and will have dire consequences for pharmacy services in these local communities. These pharmacies operate on the thinnest margins and cannot survive any further reduction in their incomes.

These proposed cuts are nothing less than a betrayal of clear public commitments your Government has made to the pharmacy profession. Pharmacists took the Government at its word and, based on those commitments, have a legitimate expectation around moving beyond FEMPI through a significant and immediate increase in

investment in pharmacy services, which we are confident will deliver tangible benefits for Irish patients and the public, as well as for the health system itself.

I am now requesting an urgent meeting to discuss the issue and insist that the Government row back on these unfair and unjustifiable cuts and instead immediately start the repeatedly promised negotiations on a new pharmacy contract and investment in improved pharmacy services – which will deliver benefit to Irish patients, the public and the health system overall.

**Health Care Professionals returning to Front Line**

***Secretary General to Minister for Employment Affairs and Social Protection, 25 March 2020***

The Government has put out a call for health care professionals who are not currently working on the front line in Ireland to return to work in front line roles as part of the national effort to fight the Covid-19 pandemic in Ireland. That call has been answered by thousands of qualified professionals who wish to return to work to support the health system during this crisis. Pharmacists are no exception; many of them have contacted the Irish Pharmacy Union volunteering to return to front line community pharmacy.

One anomaly has arisen, however, that requires an immediate resolution. It affects all professionals, not just pharmacists. A health care worker who is currently on maternity leave and in receipt of State maternity benefit will, if she returns to work temporarily even for a short period before returning to maternity leave, immediately lose the entitlement to the maternity benefit for the remainder of her maternity leave. This permanent loss of benefit is inhibiting eligible qualified women from a temporary return to the front line in a time of crisis.

We urge you as a matter of urgency to amend the existing rules for the duration of the current emergency, so as to allow women who break their maternity leave to assist in a time of crisis to retain the remainder of their maternity benefit eligibility when they return to the maternity leave to which they are properly entitled.

## National Centre for Pharmoeconomics

### MMP Best-value Biologicals Policy

**Director, National Centre for Pharmoeconomics,  
7 January 2020**

We are writing to you in relation to proposals by the HSE PCRS to introduce a reimbursement application system early this year to ensure uptake of the MMP Best-value Biological (BVB) medicines, on foot of recommendations by the Medicines Management Programme (MMP). Under such the proposed system, patients who are prescribed BVB medicines will automatically be approved for reimbursement and no application for reimbursement approval will be required. However, an application for reimbursement approval will be required for patients who are prescribed a non-BVB medicine, including the biological reference medicine.

The IPU and its members is concerned that this policy may have unintended consequences. There is an inherent danger in recommending one specific biosimilar to the exclusion of all others, as it will likely result in it becoming financially unviable for the other biosimilars and even the biological reference medicine to remain on the Irish market if their market share is to be shrunk to near zero. Consequently, if any shortage of the BVB biosimilar were to occur, patients may be left with no alternative medicine.

Using Humira as an example, there are currently three biosimilars on the Irish market in addition to the biological reference medicine: Amgevita, Hulio and Imraldi. The MMP recommends that prescribers prescribe Imraldi. If this recommendation is enforced across the entire relevant patient population, it is highly likely that this will result in Humira, Amgevita and Hulio disappearing from the Irish market, leaving us in the vulnerable position of having only one form of adalimumab to rely on, Imraldi.

It would make more sense for pharmacists to be given the right to switch patients from a biological reference medicine to a biosimilar. Prescribers could be made aware of this switch through the High Tech Hub, which would reflect to prescribing clinicians and to pharmacists which biosimilar has been ordered and dispensed to the patient.

The Health (Pricing and Supply of Medical Goods) Act 2013 sets out the rules for generic substitution of medicinal products identified as interchangeable by the HPRA. Pharmacists have demonstrated that they have the competence and capability to implement this legislation, resulting in a significant increase in the usage of generic medicines in Ireland, from 17% to over 40%, generating total savings for the State of over €1.145 billion since the introduction of reference pricing in 2013.

An amendment to primary legislation would be required to facilitate substitution by a pharmacist from a biological reference product to a biosimilar. The IPU has long advocated for this to happen, as it would be the most effective and easily implemented option to achieve increased uptake of biosimilars in Ireland. Such an amendment would permit a pharmacist, on receiving the initial High Tech prescription for a patient, to dispense and supply a biosimilar or the biological reference medicine. The HPRA could provide relevant information, mapping biological reference medicines to biosimilars, thus providing community pharmacists with a guide on which of a range of biosimilars could be dispensed.

Applied Strategic, a UK consultancy firm with expertise in biosimilar markets, previously identified a potential saving of €370 million over an initial three years with optimum biosimilar entry and preparation.

Pharmacists are concerned that current policies including the proposed implementation of the current BVB policy will result in many suppliers choosing not to place their biosimilars on the Irish market in future and believe that the most effective and efficient way to increase biosimilar usage is to allow pharmacists to substitute.

We would welcome the opportunity to meet with the MMP to discuss the above.

## APPENDIX II

Continued

**Manufacturers****Compassionate Access Programmes –  
Impact on Pharmacists  
Secretary General to CEO of the Irish  
Pharmaceutical Healthcare Association - 11  
April 2019**

As a result (most probably) of the ongoing and well-ventilated delays in granting reimbursement status for new medicines, an increasing number of compassionate access programmes have been put in place by IPHA member companies under which they provide medicines which are not yet eligible for reimbursement on a non-cost basis to specified patients. I am writing to you in relation to the impact of these arrangements on community pharmacists – an impact that has, for some time, been causing disquiet among our members.

Typically, it is reported to us that patients who are prescribed such medicines are advised by their consultant to go to their chosen pharmacy where they can collect the medicine “free of charge”, although the pharma companies generally will not have consulted with pharmacists, the benefit of whose premises and professional services they seem to expect to secure free gratis. Pharmacists are healthcare professionals whose primary concern is the health and wellbeing of their patients. However, their time has a value and their professional services come at a cost. As such, pharmacists regard it as presumptuous of anyone to assume that they would be prepared to provide their services free of charge in order to facilitate arrangements which pharma companies wish to enter into in advance of securing reimbursement from the HSE. Given the heavy workload that exists in community pharmacies and the significant professional and regulatory obligations on pharmacists, this kind of free service is simply not sustainable.

It is open to pharma companies to directly compensate pharmacists for providing such a dispensing service on their behalf; alternatively, in the interests of providing accurate information to prescribers and patients, they need to make it clear in their written information that, although the medicine is being provided at no cost to the HSE or the patient, a dispensing charge may apply at the pharmacy. Obviously it is a matter for each pharmacist to decide whether or not to charge for their services and, if so, to set the amount themselves but it is to nobody’s benefit for

patients to be informed that something will be “free of charge” when that is not necessarily going to be the case.

If you believe it would be helpful, I would be happy to discuss this issue with you further.

**PRODUCT RECALL Emerade  
150/300/500 micrograms solution  
for injection in pre-filled pens**

**Secretary General to Bausch Health,  
8 October 2019**

The Irish Pharmacy Union is the representative and leadership body for community pharmacists in Ireland, with a membership comprising approximately 2,200 pharmacists and almost 1,800 pharmacies. Our members received and have implemented the recent patient-level product recall of all in-date batches of Emerade which was required due to a serious defect in the product. This recall has created significant administrative and cost implications for pharmacies. Pharmacists are healthcare professionals whose primary concern is the health and wellbeing of their patients. However, their time has a value and their professional services come at a cost. Although it is a matter for each pharmacist to decide whether or not to charge for their services and, if so, to set the amount themselves, it would be unrealistic of you to assume that pharmacists should provide their professional services free of charge to rectify an issue caused solely by a defect in your product.

This recall required pharmacists to:

- Immediately quarantine all units in their possession and complete a fax back form for credit;
- Check dispensing records to identify all patients to whom Emerade products had been dispensed since 1 April 2018;
- Contact patients or their carers to ascertain if they have any unused units of Emerade and arrange for them to return the units to the pharmacy for replacement with an alternative;
- Contact any GP clinic, paramedic, other pharmacy or any other party to whom they may have supplied these products, to arrange for their return to the pharmacy for quarantine and uplift;

- As a priority, source the requisite number of pens of an alternative product(s) from the wholesaler to replace all pens returned by patients;
- Dispense and supply two equivalent replacement pens of the same type to each patient;
- Instruct patients on the use of their new pen using the package insert, the relevant company's website and/or simulator devices;
- Quarantine packs returned by a patients and contact the wholesaler to arrange for uplift.

As acknowledged in your recall notice, no replacement Emerade products are available to order at this time. This means that our members need to replace each Emerade 500mcg pen with 2x300mcg pens, which carry higher trade prices. Given that patients have a minimum of two pens to replace (if not more), there is a minimum €48.16 trade price differential per patient, before accounting for any additional dispensing fee or the cost of administration involved in complying with the recall notice.

The advice given to patients by the Health Products Regulatory Authority was "If you are in the possession of any Emerade pen, please return it to your pharmacy where you will receive a replacement alternative product". There was no suggestion that a charge would be applied to replace these pens and, as such, our members have not been able to recover the trade price differential or their usual dispensing fee when implementing the replacement of one Emerade 500mcg with two pens of 300mcg of another, more costly, brand.

We contacted your colleague Sobhey Nassar on 3 October regarding this issue, as our members were understandably concerned about the cost of complying with this recall notice. He informed us that pharmacists would be reimbursed for the returned pen only. That position is unacceptable to us, as your recall letter clearly states to our members that they should "ensure that the requisite number of pens of an alternative product(s) is ordered from your wholesaler, to replace all pens returned by your patients."

As acknowledged in your letter, our members were required to provide additional advice and instructions of use for any replacement product and they also needed to reassure patients. We therefore insist that not only

must you reimburse our members the price of the recalled product, but you should also reimburse them for the price differential of the replacement products plus their professional fee and a contribution to their administration costs.

I look forward to hearing your proposals for dealing with this important matter.

### **PRODUCT RECALL Emerade 150/300/500 micrograms solution for injection pre-filled pens**

**Secretary General to Bausch Health,  
11 November 2019**

The IPU wrote to you on the 8 October outlining our members' concerns with implementing the patient-level product recall of all in-date batches of Emerade, which recall was required due to a serious defect in the products. We outlined in our correspondence that this recall had created significant administrative and cost implications for pharmacies.

We have not received a response from you, which is disappointing given the inconvenience that the serious defect in your company's products caused to both our members and their patients. Our position remains the same: that you must reimburse our members the price of the recalled product plus any price differential arising with regards to the replacement products, plus their professional fee and a reasonable contribution to their administration costs.

In the absence of any proposal from your company as to how you intend to compensate pharmacists for their costs, we will recommend to our members that they raise invoices to your company in order to recoup the cost of providing professional advice, administration of the recall and, in the case of the 500mcg Emerade pre-filled pens, the cost differential for replacement products.

I look forward to hearing your proposals for dealing with this important matter.

## APPENDIX II

Continued

## Revenue

**Irish Pharmacy Union Members' PSWT Tax Refunds**

**Accountant to Medium Enterprises Division,  
Office of the Revenue Commissioners,  
10 September 2019**

The Irish Pharmacy Union (IPU) is the representative and professional body for community pharmacists in Ireland, with a membership of almost 1,800 or over 95% of all pharmacies.

Our members have been experiencing lengthy delays in the processing of their withholding tax refunds by way of offset or direct refunds. The delays in issuing the refunds are leading to significant problems for our members, including:

- Tax Clearance Certificates being rescinded (leads to a cessation of payments from HSE);
- Cashflow difficulties;
- Offsets not being allocated in advance of payment dates;
- Growth in members' frustrations.

In an environment of declining State revenues and ever-tightening margins, the above is a cause of great concern. It is unacceptable that refunds are being held for such a length of time before being issued. We would welcome an explanation as to what is causing these delays and your proposal as to how these matters will be addressed.

Should you wish to discuss the above in more detail or require additional information, please do not hesitate to contact us. We look forward to your reply.

**Irish Pharmacy Union Members' PSWT Tax Refunds**

**Assistant Principal, Medium Enterprises  
Division, Office of the Revenue Commissioners  
to Accountant, 21 October 2019**

I refer to your letter dated 10th September 2019, in which you highlight the delay your members are experiencing with their PSWT tax refunds.

I wish to advise you that due to operational changes within the Revenue's Service to Support Compliance units, processing times temporarily increased for PSWT interim refund claims.

In August, Revenue addressed this issue and implemented a plan to reduce the processing time of these items. Additional resources were directed to process outstanding claims and refunds were prioritised.

I expect your members will have noted reduced processing times more recently as a result of this action.

We regret any inconvenience this temporary issue has caused your members. If you have any queries, please contact me.

## MEPS

**Elections to the European Parliament 2019**

**Secretary General to European Election  
candidates, 3 May 2019**

The new term of the European Parliament will offer an unprecedented opportunity for Members of the European Parliament to determine the course of EU action on health issues.

A new regulatory framework, which will become binding in 2020 and 2022, is expected to increase the safety, development and performance of medical devices and in-vitro diagnosis medical devices. Furthermore, as of February 2019, the Falsified Medicines Directive requires that all prescription medicines packages entering the EU need to carry special safety features to prevent counterfeit medicines reaching Irish and European patients. A new Regulation on veterinary medicines, recently adopted by the European Parliament, will introduce more responsible ways to produce, supply and use medicated feed to tackle antimicrobial resistance. These three pieces of legislation are clear examples of what EU Member States can do together to provide added benefit and contribute to an EU in which a high level of health protection and access to safe and high-quality healthcare are a reality for everyone.



In addition to specific legislative initiatives, it is vital to maintain health matters high in the political agenda of the European institutions. For example, the European Commission has recently launched initiatives in the following areas:

- Vaccination;
- Anti-microbial resistance;
- e-health and digital health data;
- Medicines for children and rare diseases;
- Artificial Intelligence; and
- Health Inequalities.

In 2019, EU Member States as well as the EU institutions themselves will face an unprecedented challenge following the exit of the UK from the EU. At this stage, the impact of Brexit on the continuity of supply of medicines to patients and the recognition of professional qualifications for health professionals on both sides of the Channel is still uncertain. However, the European Medicines Agency has stated it is likely this will result in medicines shortages and it may also impact on clinical research, which is crucial in delivering innovative treatments to patients. The IPU is working closely with the Department of Health, the HSE, the Health Products Regulatory Authority (HPRA), the wholesalers, manufacturers and all stakeholders involved in the supply chain of medicines, to plan for any potential disruptions to medicine supplies as a result of Brexit. We have sought and received assurances that everything that can be done is being done to anticipate, plan for, and mitigate against any potential problems that may arise and to develop solutions to protect medicine supplies to Irish pharmacies and patients, with a particular focus on the supply of those that have been identified as critical medicines.

The Pharmacy profession strongly believes that, by working together, the Member States of the EU can add genuine value to national efforts to improve the effectiveness of health systems and delivering patient-centred care to their communities.

Pharmacists provide an essential service to the public in every town, village and community across the EU and have the expertise and the capacity to provide additional services to patients and the public as part of a Primary Healthcare Strategy. The international trend is to develop the role of the pharmacist in primary care in response to changing demographics,

health policies and life expectancy. In many European countries, the health authorities recognise that many services, which up to now were not provided at all, or were only provided by other healthcare professionals, can be provided in a more timely, accessible and cost-effective manner through community pharmacies. The authorities in these countries realise that community pharmacy is an untapped professional resource which, if used to its full potential, can relieve pressure in other parts of the health service, including Accident & Emergency facilities and institutional care. This can be achieved in a cost-effective manner for each country as well as saving patients time and money.

Members of the European Parliament have an important role in promoting and facilitating such coordination. We believe however that this should happen within the framework of certain principles:

1. All EU citizens, regardless of their position in life or their ability to pay, have the right to receive affordable, timely and high-quality healthcare. Guaranteeing the availability of medicinal treatment to patients within the EU is key in this regard.
2. To enhance the health status and quality of life of EU citizens it is crucial to involve healthcare professionals in raising public health awareness, participating in disease prevention and control and supporting self-care.
3. Promoting a responsible use of digital solutions in healthcare to complement the face-to-face advice delivered by health professionals to patients.
4. The main driver of EU policies concerning pharmaceuticals and health technologies should be promoting and protecting health and patient safety. The success of health systems must be measured by how healthy people are, not by their contribution to the EU single market or to economic growth.
5. Providing innovative and effective pharmaceutical services is essential to reduce the burden on other health care services and ultimately improve the sustainability and resilience of European health systems.

We would really appreciate your support on these issues.

APPENDIX II

Continued

Please also find attached a copy of Pharmacists: Healthcare at the heart of the Community, a brief paper which sets out our proposals for the provision of community pharmacy services in Ireland to better meet the needs of patients and the public.

We would also be very happy to meet with you after the election to discuss the issues further with you, if you so wish.

We look forward to hearing from you.

**PGEU 60th Anniversary Event**

*Secretary General to Irish MEPs, 23 July 2019*

As Secretary General of the Irish Pharmacy Union (IPU), the representative body for community pharmacists, I am writing to you on behalf of our 2,300 member pharmacists across the country to congratulate you on your election to the European Parliament and to wish you success in the position.

The new term of the European Parliament will offer an unprecedented opportunity for MEPs to determine the course of EU action on health issues. In addition to specific legislative initiatives, it is vital to maintain health matters high in the political agenda of the European institutions. The European Commission has recently launched initiatives in: Vaccination; Anti-Microbial Resistance; e-health and Digital Health Data; Medicines for Children and Rare Diseases; Artificial Intelligence; and Health Inequalities.

Through our membership of the Pharmaceutical Group of the European Union (PGEU), we seek to work together with our European pharmacy colleagues to add genuine value to national efforts to improve the effectiveness of health systems and deliver patient-centred care to their communities. Pharmacists provide an essential service to the public in every town, village and community across the EU and have the expertise and the capacity to provide additional services to patients and the public as part of a Primary Healthcare Strategy.

To celebrate their 60th Anniversary, PGEU is hosting an event in the European Parliament on 10 September 2019 at 16.30. I enclose an agenda and hope you are able to attend; you can register here.

We would also be very happy to meet with you, either in Ireland or in Brussels, to discuss the issues outlined above in more detail, if you so wish.

I look forward to hearing from you.

**Other**

**Tailored Regimens for Combined Hormonal Contraception**

*Director of Pharmacy Services to Women’s Health Co-ordinator, National Women’s Council of Ireland & Vice President for Welfare, The Union of Students in Ireland, 17 February 2020*

The Irish Pharmacy Union is the membership organisation that represents over 1,800 community pharmacies and over 2,200 individual pharmacists. Our vision is to be the authoritative voice of community pharmacy and the driving force in the evolution of accessible, equitable and patient-focused primary healthcare. Members of the IPU are committed to delivering a quality, accessible, personal and professional service that puts the patient first and have, as their primary goal, the optimisation of the health and wellbeing of society.

As you are probably aware, the Faculty of Sexual and Reproductive Healthcare (FSRH) of the Royal College of Obstetricians and Gynaecologists published a Guideline on Combined Hormonal Contraception (CHC) in January 2019<sup>1</sup>. This guideline supports the use of “tailored regimens” for CHC and highlights that there is no health benefit from the seven-day hormone-free interval and that a shorter interval or fewer intervals may increase contraceptive efficacy.

The FSRH guideline is summarised below:

- Tailored regimens for CHC allow users to have fewer and/or shorter hormone-free intervals, with fewer scheduled bleeds. All women who are medically eligible to use CHC can be given the choice of a tailored regimen;
- Fewer and shorter hormone-free intervals maximise the non-contraceptive benefits of using CHC and may increase patient satisfaction with CHC methods;

- Tailored regimens offer theoretically greater contraceptive efficacy than traditional regimens and have similar safety profiles, although long term studies are lacking.<sup>2</sup>

Community pharmacists have reported that many clinicians and prescribers are now tailoring the CHC regimes that they offer to their patients based on this expert guidance. However, the HSE PCRS has decided that they will only provide reimbursement support for traditional regimens, i.e. PCRS will reimburse a maximum of thirteen CHC packs per calendar year. This decision affects women who access their contraception via either the General Medical Card Scheme (GMS) or the Drug Payment Scheme (DPS).

This reimbursement decision impacts such patients in one of two ways: it limits clinicians' choice to tailor a CHC regime for women who access contraception via the State's medicines schemes or, alternatively, it financially penalises patients as they are required to pay privately for any additional packs over the thirteen packs currently being reimbursed. It is worth noting that the use of tailored CHC regimens is currently outside the manufacturer's product authorisation, which is the reason advanced by HSE PCRS for not reimbursing the cost of the medicine.

The IPU is concerned that this HSE PCRS reimbursement policy will act as a barrier to a woman's right to health and lead to inequality between groups of women. We note that your organisation advocates for the Irish healthcare system to develop policies and deliver services which respond to the needs of women, uphold women's right to health and reduce health inequity between groups of women. We believe the HSE PCRS reimbursement policy does not align to either of our organisation's positions on equitable access to healthcare and therefore wanted to make you aware of the current situation.

I am available to discuss this issue or provide additional information should you require.

1. <https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/>

2. <https://www.bmj.com/content/368/bmj.m200.full>

## Thank you on behalf of Irish community pharmacists

*Secretary General to Chairperson,  
Feed the Heroes, 28 April 2020*

I am writing on behalf of Irish community pharmacists to thank you and your team at Feed the Heroes for the generous hampers sent to pharmacies over the last number of weeks. This was a very welcome and kind gesture, which was gratefully received by pharmacists and pharmacy staff across the country.

We have received very positive feedback on your work, and it has provided a much needed morale boost at a time when, as you know, those working in our pharmacies are doing trojan work on the frontline during this health crisis.

We appreciate your solidarity and support. Thank you.

# APPENDIX III

## A LIST OF PRESS RELEASES ISSUED TO THE MEDIA SINCE THE 2019 AGM

### 2019

#### April

- IPU Statement on FEMPI Reversal for GPs
- Hay Fever warning issued by pharmacists as pollen count set to rise
- ‘Ridiculous’ Red Tape contributing to shortage of young pharmacists

#### May

- Pharmacists to demand reversal in FEMPI cuts
- *Sláintecare* requires more involvement from pharmacies
- Tips to reduce exam stress
- Pharmacists offer advice to students and parents
- Public urged to proactively manage health all year round

#### June

- Take the hassle out of your holidays – use the checklist at your local pharmacy
- Attention all men! Start your new health journey at your local pharmacy today
- New survey shows public want pharmacists to play expanded role in healthcare

#### August

- Pharmacists call for Better Access to Contraception
- Relieve GP waiting lists by expanding Pharmacy services
- Get the Facts on the HPV Vaccine! Talk to your Pharmacist
- Sex, Dehydration and Rock n’ Roll

#### September

- Schools are back and so are head lice, warn pharmacists
- Do you have questions about your child’s vaccinations? – Talk to your Pharmacist
- Lifesaving blood pressure screening could be delivered in pharmacies
- Lives could be saved with pharmacy based chronic disease management programme

#### October

- Pharmacists demanding reversal of recession era cutbacks in Budget 2020
- Avail of Flu Vaccine Early in the Season Advise Pharmacists
- Budget 2020: Reductions in prescription costs welcome

**November**

- IPU/IPHA campaign urges public to visit their pharmacy to manage winter illnesses
- Pharmacists can help manage Patients with Diabetes
- Pharmacists warn Antibiotic Overuse is a Major Threat to Irish Healthcare
- Attention all men! Start your new health journey at your local pharmacy today
- Pharmacy Based New Medicine Service would improve COPD patient outcomes

**December**

- Pharmacists' Shock at Minister's U-turn on Funding
- IPU welcomes Minister Harris' announcement that pharmacy contract talks will start in 2020
- Mixing Alcohol and Medicines can be Highly Dangerous warn Pharmacists
- Flu vaccine continues to be available in pharmacies nationwide

**2020****January**

- Flu season is here

**February**

- Irish Pharmacy Union urges all election candidates to Support Community Pharmacy
- Smokers being deprived of much needed help to quit

**March**

- Irish Pharmacy Union statement on Covid-19: Patients with Covid-19 symptoms should NOT attend at the pharmacy
- Irish Pharmacy Union statement on Covid-19: Public reassured that pharmacies remain open and well supplied

**April**

- Pharmacists say new Covid-19 prescription regulations are good for Irish patients
- Pharmacists and Age Action Recommend Deferral of Prescription Levy
- Know the Difference between Hay Fever and COVID-19 Symptoms – Pharmacists issue Advice







**Butterfield House, Butterfield Avenue,  
Rathfarnham, Dublin 14, D14 E126, Ireland**  
T: +353 (0)1 493 6401 | F: +353 (0)1 493 6407  
info@ipu.ie | [www.ipu.ie](http://www.ipu.ie)