

2021 ANNUAL REPORT OF IPU EXECUTIVE COMMITTEE

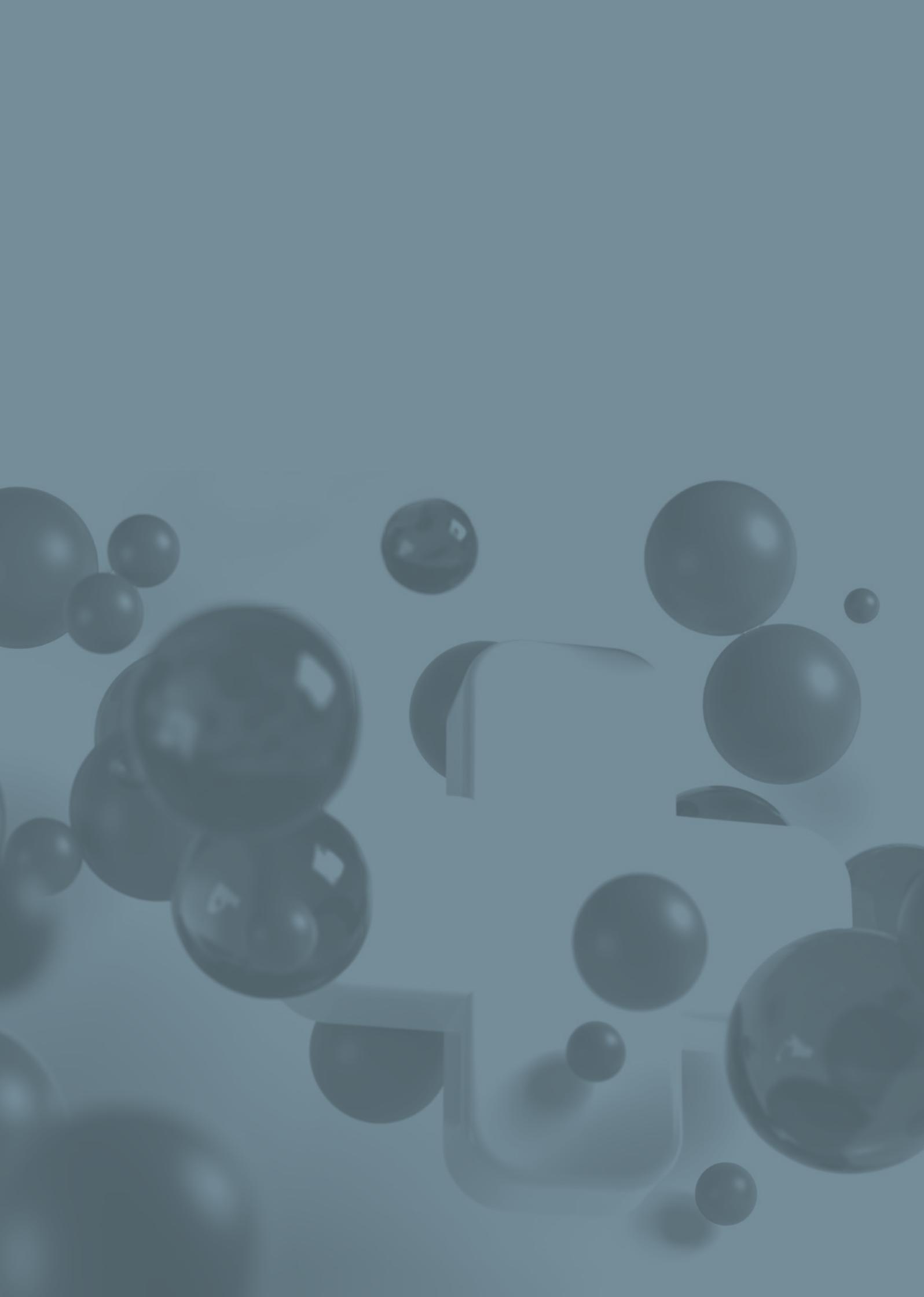
FINANCIAL STATEMENTS YEAR ENDED 31 DECEMBER 2020



**IRISH
PHARMACY
UNION**

The voice of
community pharmacy

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



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EXECUTIVE COMMITTEE 2020-2021*

President: Dermot Twomey
Vice-President: Ann Marie Horan
Honorary Treasurer: Tom Murray

Regional Representatives

Gemma Dwyer	Dublin
Brian McCartan	North East
Carmel Collins	Mid West
James Cassidy	North West
John O'Connell	South East
Adrian Dunne	Midlands
Vacant	South
Oliver McGuinness	West

Community Employee Group

Gillian McGrath
Rebecca Barry
Sinéad Ryan

Past President

Daragh Connolly

Co-options

Denis O'Driscoll
Caoimhe McAuley
Niamh Murphy
Stephen Nolan

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

* Eoghan Hanly resigned as President in May 2021 and Caitriona O'Riordan resigned as Regional Representative (South) in July 2021

2021 IPU AGM AND IPU SERVICES LTD AGM

7.00pm Thursday 30 September 2021

(Confined to paid-up members of the IPU)

AGENDA

Chairperson: Mr Dermot Twomey, President

7.00pm	1. Welcome
	2. One minute's silence in memory of pharmacists who died since the 2020 AGM
	3. Minutes of IPU 2020 AGM
	4. Minutes of IPU Services Ltd 2020 AGM
	5. Financial Report and Consolidated Accounts 2020
	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
7.30pm	6. Address by President
7.50pm	7. Group Reports
	a. Community Pharmacy Committee Report
	b. Employee Pharmacists' Committee Report
	c. Pharmacy Contractors' Committee Report
	d. Communications Report
	e. International Pharmacy Matters
8.25pm	8. Report on Motions from 2020 AGM
8.30pm	9. 2021 AGM Motions and Open Forum
9.45pm	Conclusion of AGM Procedures and Closing Remarks from IPU President

MESSAGE FROM THE PRESIDENT DERMOT TWOMEY

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.

We are now more than a year and a half into the global pandemic and, while COVID has not gone away, things are infinitely better than when this forum last took place.

The vaccination of the Irish public against COVID-19 has been singularly instrumental in that upturn in fortunes.

As pharmacists we should be proud of the impact that our profession has had in making our communities safer for all. We are now approaching 300,000 vaccinations – a magnificent achievement given the short time we have been involved and the less than ideal circumstances of the vaccination programme as it related to community pharmacy.

It is important to remember that, when things were at their worst, pharmacies stayed open and provided an invaluable service in communities across the country despite the immensely challenging circumstances and throughout numerous lockdowns.

It is no coincidence that the stock of community pharmacy has never been higher. Ipsos MRBI's annual Veracity Index this year shows that pharmacists are now the most trusted profession among any sector in Ireland, surpassing nurses for the first time.

Through our involvement in the National COVID-19 Vaccination Programme, we have once again resoundingly demonstrated the value of community pharmacy and our ability to collaborate and to deliver when called upon. Crucially, we are set to play a key role in ensuring that people in our communities are protected from COVID-19 into the future.

We are taking this positive momentum forward in our approach to the delivery of our other most important strategic objectives, namely: the commencement of negotiations on the new pharmacy contract; the reversal of FEMPI cuts; and the expansion of pharmacy services.

I am also determined to work constructively with the PCRS to secure a reduction of unnecessary bureaucracy in the community drug schemes.

The pharmacy contract is a quarter of a century old and is simply not fit for purpose. The Programme for Government and correspondence from the Department of Health both commit to commencing talks with pharmacists on a new contract and we continue to push for these talks to start.

COVID has absorbed the energies and attention of the State and delayed progress up to now, but we have made it clear to Government and the HSE that we need to move forward. The PCC is working hard on a framework in preparation for the promised contract talks and I will keep you updated on any progress in this regard.

On other matters, it is clear that there is a significant manpower issue in pharmacies and it's putting pressure on many of us. This has been especially apparent in recent months and particularly in relation to locums. The IPU is engaging with the Department of Health, PSI, HSE and Schools of Pharmacy to address this issue. However, that's a long term project. In the interim we have set up a working group within the IPU to identify and make progress on measures we can take immediately to address the problem.

We continue to engage with the PCRS to minimise the day-to-day bureaucratic workload on pharmacists and to make sure we get paid appropriately. While the Healthmail service has brought many advantages, we still want to progress a fit for purpose ePrescribing system and not return to the paper-based labour-intensive system we had pre-pandemic. We have also set out our new Statement of Strategy which will inform the work we do for the next three years. While some of our very popular Academy services were disrupted last year, we have updated them and can now deliver them online going forward.

Your Union will continue to promote the professional and economic interests of members despite the challenges faced and I would like to commend all committee members, staff of the Union and the Secretary General for their efforts in keeping such a high level of service throughout this difficult time.

Stay safe and hopefully we can meet again in person soon.



Dermot Twomey
IPU President



MINUTES OF THE 47TH ANNUAL GENERAL MEETING OF THE IRISH PHARMACY UNION AND IPU SERVICES LTD

Via GoToWebinar
8 October 2020

Present: The President, Daragh Connolly and 247 members

In attendance: Darragh O’Loughlin, Ciara Browne, Jim Curran, Siobhan Kane, Pamela Logan, Roisin Molloy, Alan Reilly and Derek Reilly. Auditors from JPA Brenson Lawlor were also present.

Apologies: Apologies were received from two members.

1. The President welcomed the attendees to the 47th 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 2019 AGM.
3. **Minutes of 2019 AGM**
The report of the 46th Annual General Meeting, previously made available on the members’ section of www.ipu.ie, was taken as read.

4. Financial Reports and Accounts 2019

Caitriona O’Riordan (Treasurer) presented the IPU’s Financial Report and answered members’ queries that had been submitted by email in advance of the AGM.

Following the presentation, the following motion approving the accounts was proposed by Caitriona O’Riordan, seconded by Eoghan Hanly and carried with 28 abstentions and 11 votes against: *“That the Executive Committee Report and Audited Statement of Accounts for the Irish Pharmacy Union for the year ended 31 December 2019 as submitted to this meeting be and are hereby adopted.”*

IPU Auditors

The following motion was proposed by Caitriona O’Riordan, seconded by Eoghan Hanly and carried with 12 abstentions and 13 votes against: *“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 2019 AGM of IPU Services Ltd were taken as read.

The following motion approving the accounts was proposed by Cairiona O’Riordan, seconded by Eoghan Hanly and carried with 32 abstentions and 15 votes against: *“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.”*

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 Dermot Twomey, Chairperson of the Pharmacy Contractors’ Committee.

The report had been circulated to members in advance of the meeting and Committee and Officers’ addresses were recorded in advance of the AGM to mitigate any technical difficulties that may have occurred. The recording was published on the members’ section of www.ipu.ie.

b. Community Pharmacy Committee (CPC) Report

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

The report had been circulated to members in advance of the meeting and Committee and Officers’ addresses were recorded in advance of the AGM to mitigate any technical difficulties that may have occurred. The recording was published on the members’ section of www.ipu.ie.

c. Community Employee (EPC) Report

This report was delivered by Rebecca Barry, Chairperson of the Employee Pharmacists’ Committee.

The report had been circulated to members in advance of the meeting and Committee and Officers’ addresses were recorded in advance of the AGM to mitigate any technical difficulties that may have occurred. The recording 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 Committee and Officers’ addresses were recorded in advance of the AGM to mitigate any technical difficulties that may have occurred. The recording was published on the members’ section of www.ipu.ie.

10. Report on Motions from 2019 AGM

The report on motions from the 46th Annual General Meeting was taken as read.

11. 2019 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. The Motions were voted on using the Polls functionality within GoToWebinar. The voting was overseen by the auditors.

Motion 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.”

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

Motion 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.”

Proposer unable to deliver the motion on the night of the AGM due to technical difficulties.

**MINUTES OF THE
47TH ANNUAL
GENERAL
MEETING OF
THE IRISH
PHARMACY
UNION AND
IPU SERVICES LTD**

Continued

Motion 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.”

Following some debate and discussion, this motion was carried with 15 abstentions and 39 votes against.

Motion 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.”

Following some debate and discussion, this motion was defeated with 31 abstentions and 91 votes against.

Motion 5

Proposed: Edward MacManus

Seconded: Seán 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.”

Following some debate and discussion, this motion was carried with 20 abstentions and 67 votes against.

Motion 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.”

Following some debate and discussion, this motion was carried with 20 abstentions and 66 votes against.

Motion 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.”

This motion was disallowed and was not put forward for voting.

Motion 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.”

Following some debate and discussion, this motion was carried with 16 abstentions and 85 votes against.

Communication during the webinar

AGM attendees were able to communicate to the Chair using the Question box in GoToWebinar and also by using the Raise Hand function. Due to time limitations and the high number of members in attendance, not everyone who had raised their hand had an opportunity to speak. Any questions that were not answered directly through the platform were noted. These questions/comments were subsequently considered by the Executive Committee.

New President

Before the closing procedures of the AGM, Daragh Connolly passed the IPU President's chain to Eoghan Hanly, officially announcing him as President of the IPU. Eoghan paid tribute to Daragh and acknowledged the support and leadership of the Standing Committee and the Secretary General. He stated that there are going to be challenges ahead for the entire profession that we must face together and that his priority during his term as President would be a new, fair pharmacy contract.

PRESIDENT'S ADDRESS TO THE IPU AGM

Thursday, 8 October 2020

Fellow pharmacists and members of the IPU.

I would like to welcome you all here this evening to discharge the requirements of the Annual General Meeting of the Irish Pharmacy Union.

Due to circumstances beyond our control, it is now 16 months since our last AGM, and it is not an exaggeration to say that things have changed dramatically in that period as we all attempt to live with COVID-19.

COVID-19

In the four years that I have had the privilege to be President of this wonderful organisation, I have never been prouder than I have in the last few months at the response of you, my fellow pharmacists, to the scourge that is this pandemic. You have delivered in every possible way in dealing with the unprecedented challenges posed by the COVID-19 crisis.

While other healthcare providers closed their doors to the public, pharmacists and pharmacy staff worked tirelessly over the past number of months to ensure your doors remained open, while continuing to provide safe, effective and timely professional healthcare to your patients and the wider community. Your response in the face of this global pandemic has been nothing short of heroic.

Your herculean efforts have not gone unnoticed with the public either. A recent survey showed that the public's trust level in pharmacists is at 97%, the second highest figure of any profession, which is a remarkable achievement. These efforts have also been recognised at official level, with the Minister for Health, as recently as last week, publicly thanking the sector for the trojan work being done on the frontline.

It is said that out of every crisis comes opportunity and some welcome recent changes have been introduced. These include the introduction of new regulations, that allow for

the electronic transfer of prescriptions to the pharmacy, an increased maximum period of validity of a prescription, and the introduction of changes to the way in which prescriptions can be repeated. Isn't it amazing what can be achieved in extraordinary circumstances if the will is there; a salient lesson to the health authorities.

We believe these measures are working well and we will be working towards keeping them in place after the crisis subsides. This did not happen in isolation. The work done by the IPU over the last number of years has enabled us to introduce these initiatives seamlessly.

I would like to take this opportunity to commend the work of the Pharmacy Contractors' Committee and staff at Butterfield House for securing a sizeable increase in the fee for the flu vaccination in preparation for the upcoming flu season.

I don't think it is stretching it too much to say that the assistance and support we have received from Butterfield House during the pandemic has been crucial in assisting us on a day-to-day basis in carrying out our important work in these difficult times, and I would like to commend all involved for their efforts.

Statement of Strategy

When I took over the presidency four years ago, one of my key aims was to introduce and deliver a new Statement of Strategy that would guide the IPU over the next number of years.

The foundations of the strategy are around five key objectives, which were developed to ensure that the IPU is ahead of the curve, and that we are the ones influencing future policy, by setting the agenda and shaping the future of the pharmacy sector.

The strategy has helped shape the work of the IPU over the last number of years and provided us with the structures that have enabled us,

for example, to be in a position to negotiate a long overdue contract for the sector. We need a contract that is based on fairness and sustainability and is reflective of modern pharmacy, and not a previous bygone era.

Pharmacy Contract

Negotiations on a new pharmacy contract, when they eventually commence, will not be straightforward, particularly against a background where the Department of Health inexplicably and unjustifiably attempted to reduce our fees at the end of last year. Obviously, it came as a great relief that the Minister's ultimate decision was that the cuts would not be implemented. This is the first and only time that any measure put out to consultation under the FEMPI Act or its successor legislation has not been implemented exactly as first proposed. The fact that we succeeded in preventing the proposed fee cuts from being implemented reflects the clear strategy laid down by the Pharmacy Contractors' Committee, the strength of our submission and the extraordinary efforts and unity of community pharmacists throughout the country who exerted pressure on the political system that was felt the length and breadth of the country. I would like to thank each and every one of you for your contribution to this successful campaign, which also culminated in our PR campaign against the cuts receiving a very distinguished national award.

The basis of contract talks will revolve around pharmacies being able to maintain a high-quality healthcare service funded on a sustainable basis, and we look forward to working with Minister Donnelly and his officials in ensuring Irish patients are able to fully benefit from the professional expertise of their local pharmacist.

Sláintecare has set the vision for future healthcare in Ireland with their slogan *Right Care, Right Place, Right Time*, and a new contract is badly needed to reflect the pivotal role that pharmacy has in delivering on that vision.

Young Pharmacists

Contrary to the negativity that pervades, which is understandable in the current environment, I genuinely believe that there is a bright future ahead for community pharmacy. This belief is based on my faith in you my fellow pharmacists, who have proven time and time again to be resilient in the face of adversity.

This is a proud and respected profession, and as we all push in the same direction, I have no doubt that we will overcome any obstacles put in our way, and at the same time advance the profession to develop and prosper.

I believe that this is a profession that will continue to provide a challenging but rewarding career for the next generation. 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. I am delighted, therefore, that under my Presidency, the IPU Constitution has been amended to provide for a new category of membership for eligible pharmacy students. It is important for all organisations to have an infusion of youth that will help sustain and maintain the good work done to date. I am delighted to announce that, to date, 160 students have taken up the offer of affiliate membership.

Conclusion

Before I conclude I would like to thank the many members who put themselves forward and were elected at the regional meetings. The lifeblood of any organisation is the quality and dedication of the volunteers and staff within that organisation, and I have to say that we have exceptional individuals who have shown huge commitment towards achieving our goals.

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, as I prepare to hand over the chain of President to my worthy successor, I would like to thank you all for your support and kindness over the past four years. It has been an honour and a pleasure to serve you my fellow members.

2020 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: 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.”

In December, the IPU met with the Minister for Health, Stephen Donnelly and his officials to discuss current pharmacy issues including the urgent need for fee increases, the impact of COVID-19 on pharmacies and the essential contribution of pharmacists to primary healthcare and the potential to build on that in future through properly resourced pharmacy services. The Minister reaffirmed his commitment to developing additional pharmacy services and, ultimately, to a renegotiation of the current outdated pharmacy contract. He confirmed that community pharmacists would play a full role in the national COVID-19 vaccination programme.

2. 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.”

The Pharmacy Contractors’ Committee is strongly of the view that any changes or pre-conditions to the pharmacy contract should only be countenanced as part of future contract negotiations and has made this clear to the PCRS. The PCC has taken legal advice on this issue, which confirms that the HSE has not imposed a new Community Pharmacy Contractors Agreement; rather the HSE has put in place an additional pre-condition prior to the awarding of a new Contract. This precondition requires that the pharmacy put in place ‘transparency of claims’ – a software solution through the existing vendors (McLernons, Touchstore and Clanwilliam) that specifically relates to “owings” – to ensure that pharmacy claims for owings are reimbursed at the time they are supplied to the patient rather than at the initial dispensing of the prescription.

This new requirement has not been agreed by the IPU. However, the imposition of this precondition arises from a High Court judgment in a case taken by a pharmacy multiple in which the Court ruled that under the Health Act that the HSE is not under a duty to enter into a contractual arrangement with any particular individual pharmacist; rather, the HSE enjoys a discretion to do so.

Notwithstanding the High Court ruling, in considering the above motion from the IPU AGM, the PCC agreed that an IPU member pharmacy owner applying for a new contract who is prepared to legally challenge this new pre-condition will be supported by the IPU on a case-by-case basis. However, the Committee recognised that ultimately it is the pharmacist's decision if they wish to forego a contract in their pharmacy pending the challenge being heard in Court. In our dealings with a number of members around the "owings fix", none have wished to take a court case on the matter.

The PCC also noted in the context of this issue that in addition to Court action by the HSE, a number of other HSE investigations have taken place recently, following which the HSE has recouped very significant sums from certain pharmacy contractors. Additionally, several pharmacy contracts have been terminated and a number of cases are under investigation by the Gardaí, including some specifically related to owings.

3. **Proposed:** Edward MacManus
Seconded: Seán 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."

Before every meeting of the Executive Committee, the President liaises with the Secretary of the Committee on the agenda and ensures that adequate and appropriate information is included for each item on the agenda. As a matter of policy and

practice, the agenda for all meetings of each IPU Committee is sent by email a week in advance of the meeting to allow Committee members sufficient time to read and consider the issues covered in the agenda before attending the meeting. Whenever a member wishes to have a matter included on the agenda, they notify the Chair of the Committee and/or the Secretary of the Committee at least 10 days in advance of the meeting so that it can be included on the written agenda. However, from time to time, discussion on matters of an urgent nature which could not have been included in the Agenda are permitted by the Chairperson. Because meeting agendas and supporting documentation are often confidential, agendas are not intended for circulation beyond the committee.

4. **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."

The Executive Committee has drafted and approved a schedule of delegated and reserved functions which is based on the IPU Constitution and the existing approved Terms of Reference of the Committees of the IPU.

The Executive Committee noted that written Terms of Reference for all IPU Committees provide clarity on the role and function of each committee have been in place since 2014, that relevant Terms of Reference are always included in the agendas for meetings and that these Terms of Reference are reviewed regularly by the respective committees.

**2020 AGM
MOTIONS AND
REPORT ON
ACTION TAKEN**

Continued

5. 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.”

The Pharmacy Contractors’ Committee considered the above motion and took advice from their professional advisors, former Government Minister Noel Dempsey and professional negotiation consultants, Stratis Consulting, who both stated their view that negotiations should be conducted by people from the IPU/PCC and not by third parties. However, the IPU continues to use the services and advice of Mr Dempsey and Stratis Consulting in relation to strategy for negotiations, and Stratis attends PCC meetings to advise on preparations for and conduct of negotiations.

OVERVIEW FROM THE SECRETARY GENERAL DARRAGH O'LOUGHLIN

After a tumultuous 2019, pharmacists would have been forgiven for expecting a calmer and more settled 2020 but that is not how the year turned out.

The year started with a general election campaign, in which the IPU managed to get all of the main parties to commit in their pre-election manifestos to development and expansion of the role of pharmacists. Following the election, when a coalition government was eventually formed, we managed to secure a commitment in the Programme for Government that there would be a renegotiation of the pharmacy contract with an expansion of the role of community pharmacists. Unfortunately, the onslaught of COVID-19 meant that all non-COVID related issues were set aside by Government while they focused on battling the pandemic. Nevertheless, in the background the IPU has kept pushing the issue so that when the pandemic recedes, as we all hope it will, we will still be high on the agenda.

Throughout the pandemic, the primary focus of the IPU has been on supporting our members and ensuring that pharmacies' needs have been recognised by Government and the HSE. As an essential service, pharmacies remained open, providing medicines and uninterrupted in-person support to patients and communities nationwide when most other parts of the health service retreated behind locked doors or pivoted to a telephone-only service. While providing essential information and updates to pharmacies on a daily basis, the work of the IPU was heavily impacted. Although we kept the office open, in line with Government protocol we had to switch many staff to working from home and upgrade our IT and communications systems to support that move. All existing

IPU Training was moved online, extra time was granted to trainee technicians to accommodate the difficulties they faced keeping up with their studies in very trying circumstances, and IPU Academy events which had been scheduled to take place face-to-face became webinars instead. Notwithstanding the efforts made to maintain the full programme of professional development and training, the pressures on individual pharmacists and their staff resulted in a significant fall-off in training income for the IPU. The annual IPU National Pharmacy Conference was also cancelled, which resulted in the loss of a valuable opportunity for interaction between colleagues and also the loss of sponsorship income to the IPU.



**OVERVIEW
FROM THE
SECRETARY
GENERAL
DARRAGH
O'LOUGHLIN**

Continued

The comparative lack of State support for pharmacy through the pandemic was frustrating, with the Department of Health most strenuously opposed to giving grant aid or advance payments to assist pharmacies with their cash flow, despite repeated requests; they even blocked the distribution of PPE that the HSE had agreed to provide to pharmacies. On the other hand, we secured a pharmacy-specific concession from the Department of Jobs, Enterprise and Innovation (now the Department of Enterprise, Trade and Employment), which put in place special arrangements with the IPU to make the Restart Grants available to pharmacies based solely on a drop in retail turnover excluding payments for medicines. Achieving universal compliance by local authorities with the arrangement proved challenging but ultimately this concession provided significant relief to many pharmacy businesses throughout the country.

The IPU campaigned hard in early 2021 to secure COVID-19 vaccination for pharmacists and their staff at a time when vaccine supplies were still scarce. We were pleased that, despite some areas proving particularly difficult, through dogged persistence by IPU staff we ultimately managed to get pharmacy teams throughout the country access to the vaccine.

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 has engaged in throughout the year. 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. The IPU Statement of Strategy 2021-2024 has been finalised by the Executive Committee and will guide us as we continue striving to secure recognition of community pharmacy as being at the centre of accessible, equitable and patient-focused primary healthcare and fighting to ensure pharmacies are 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, in very difficult circumstances. The term of office of the current committees will finish at the end of this year.

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 despite the challenges that they face. 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 25 MARCH 2021)

a. Membership of the IPU	Pharmacist	Non-Pharmacist	TOTAL
Community Proprietors		854	
Industry & Wholesale		2	
Community Employees		1,466*	
Hospital		0	
Army, Academic & Admin		1	
Associate Members		6	2,329
Student Members		142	

b. Number of Community Pharmacies	Pharmacist	Non-Pharmacist	TOTAL
Pharmacist Owned:			
Single shops	667		
Chains	727		
Non -Pharmacist Owned:			
Single shops		62	
Chains		376	(1,832)

c. Total Number of Chains (2 and over)	Pharmacist	Non-Pharmacist	TOTAL
One Pharmacy	667	62	729
Two pharmacies	118	7	250
Three	42	2	132
Four	10	1	44
Five	12	0	60
Six	7	1	48
Seven	4	1	35
Eight	3	0	24
Nine	1	0	9
Ten	3		30
Eleven	1	0	11
Twelve	1	1	24
Thirteen	1	1	26
Seventeen	3		51
Eighteen	1		18
Twenty-Seven	1		27
Thirty Five		1	35
Thirty Six		1	36
Sixty Six		1	66
Eighty Six		1	86
Ninety One		1	91
	(1,394)	(438)	(1,821)

* Notes on Employee Membership

854 are Supervising Pharmacists availing of the free membership for additional pharmacies. 2 are Supervising Pharmacists in non-pharmacist owned pharmacies and are covered by the sub paid by the pharmacy. 22 are joint owners of a pharmacy. 104 are availing of the free membership.

3. ADMINISTRATION UNIT

The Administration Unit has three staff members. Róisín Molloy as Executive Assistant to the Secretary General and Corporate Affairs Manager is responsible for all aspects of membership and the management of the Secretary General's office. Patrice O'Connor is Membership and Office Manager and looks after membership and manages the day-to-day running of the office. Ciara Enright, who works part-time as the IPU's Finance Manager, is Secretary to the Finance Committee. She maintains books of account and advises members on a range of taxation and accountancy issues.

4. NATIONAL HEALTH PRODUCTS CATALOGUE (NHPC)



The National Health Products Catalogue 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:

- Product sourcing;
- General queries on the National Health Products Catalogue;
- GMS pricing issues;
- Medicine Shortages; and
- Discontinued Lists.

National Health Products Catalogue Update

- We were invited to and presented at the DMF Webinar on *Best Practice for Patient Discharge Planning & Medication Management*, in September 2020. We presented on our Virtual Medicinal

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Product (VMP) and SNOMED CT mapping projects.

- We were invited to and presented at the SNOMED Medicinal Product User Group at the end of October 2020. We presented on SNOMED CT mapping projects.
- It has been a long-standing strategic objective to maintain the IPU Product File as the definitive file on the Irish market for medicines and medical devices and, for years, the IPU has been committed to eHealth initiatives and the delivery of a high-quality information service that will help to integrate the Irish health service and improve stakeholder access to medicinal information. To that end, we launched the National Health Products Catalogue in October 2020. We developed a new website www.nhpc.ie and an information brochure.

ISO Certification awarded to National Health Products Catalogue

- Continued certification to ISO 27001:2013 and ISO 9001:2015 awarded May 2020 via a two-day online audit; and
- ISO Certification maintained, through quarterly audits.

National Health Products Catalogue Distribution

- Work on developing a new distribution method for the National Health Products Catalogue is complete;
- Rollout has begun on Web Service Distribution; and
- The FTP download of the National Health Products Catalogue will cease once all users have been moved over to Web Service Distribution.

Enhancements to the National Health Products Catalogue

- In August 2020, a new category for “Services” was created for the National Health Products Catalogue to allow pharmacists track services provided to their patients. The main aim of the new category is to develop and circulate details of additional services that pharmacists provide. This creates a central list of such services with a unique identifier that is common across all pharmacy systems. This information will only be distributed through the NHPC Web Service.

- Concepts not currently in SNOMED CT were identified by the National Health Products Catalogue and, from July 2020, a series of updates from the National Health Products Catalogue were part of the SNOMED International Files. This is a substantive contribution from the IPU and Ireland to a standardised set of clinical terms used globally.
- A new Web Portal was also launched in October 2020 to allow manufacturers and suppliers view and update their listings on the National Health Products Catalogue.

5. CONTRACTUAL ISSUES



The Contract Unit consists of three staff members: Derek Reilly, Head of Contract; Linda Ahern, Contract Administrator; and Clare Fitzell, Professional Services Pharmacist. Derek is responsible for all remuneration and pharmacy contract related issues and resolution of reimbursement disputes. Derek is Secretary to the Pharmacy Contractors’ Committee (PCC) and is responsible for coordinating, guiding and supporting the meetings, the work plan and other activities of the PCC. Linda supports members with reimbursement, remuneration and other contractual queries or issues and proactively keeps members apprised of all relevant information, updates and advice. Clare is responsible for providing professional advice on pharmacy contract and remuneration issues, and also supports and informs the work of the PCC.

The Contract Unit supports the PCC 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;

- Ensure that changes to the administration of the community drug schemes do not disadvantage members and that they are kept informed of such changes; and
- Implement motions passed at the AGM pertinent to the community pharmacy contract.

6. COMMUNICATIONS AND PUBLIC AFFAIRS



Jim Curran, as Director of Strategy and Operations, 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 IPU Statement of Strategy. Jim is also Secretary to the Executive Committee and represents the IPU in 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, including the *IPU Review*, the *IPU Yearbook & Diary* and the *Annual Report*. Danny Rowan will replace Siobhán when she is on maternity leave.

Ciara Browne, as Communications and Events Executive, is responsible for coordinating the advertising campaigns for the IPU, maintaining the IPU's presence on social media channels and managing the IPU website, www.ipu.ie. She organises the IPU AGM and the IPU National Pharmacy Conference. Ciara is an editorial associate of the *IPU Review* and 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. 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 2020, the IPU ran a COVID-19 Radio Ad campaign on both national and regional radio stations. The first radio ad ran from 20 March to 13 April and informed the public that their local pharmacy is working hard in difficult circumstances to continue supplying their medicines and the advice they trust. The second ad ran from 6 – 19 July and assured people that, while pharmacies have made some changes to comply with social distancing guidelines, the quality of care pharmacists provide, supplying vital medicines and the advice people trust, hasn't changed. Both radio ads were broadcast on RTÉ Radio 1, Newstalk and multiple regional stations, and were well received by the public and our members.

- **Publications**
The *IPU Review*, *IPU Yearbook & Diary* and *Annual Report* are all produced in-house.

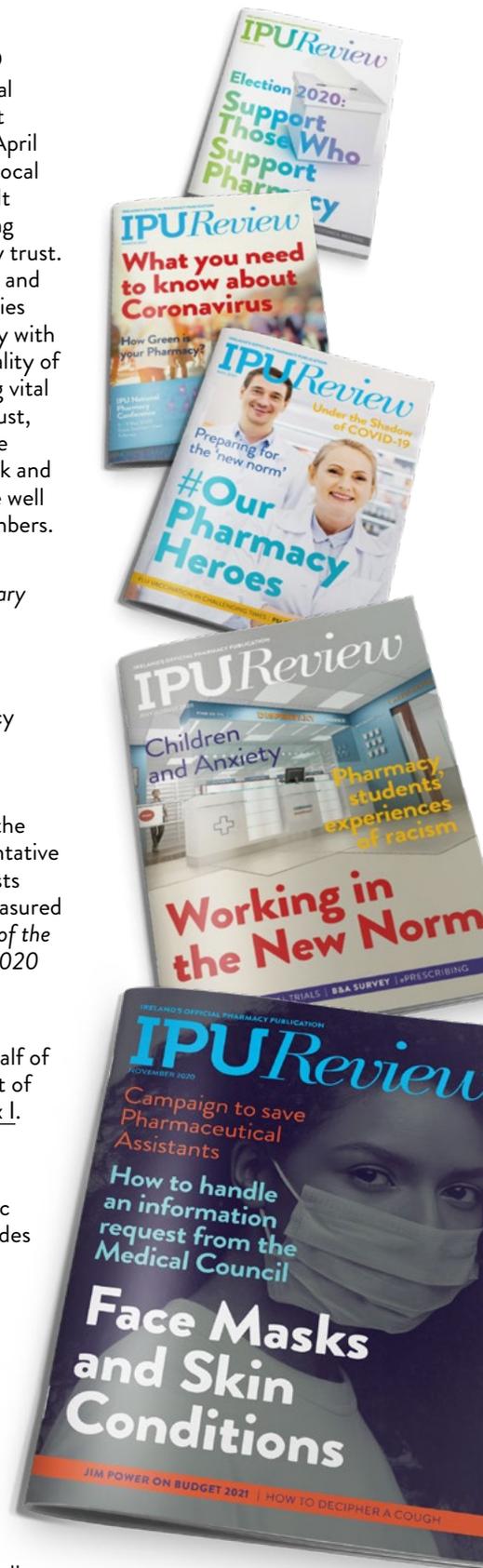
- **Annual Review**
The Annual Review of the Pharmacy Sector looks back at the sector's performance in the last year and quantifies the economic and social contribution of pharmacies across the country. It enables us, as a representative body, to promote members' interests based on credible facts that are measured consistently over time. The *Review of the Irish Community Pharmacy Sector 2020* was carried out by KPMG.

- **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 AGM 2020

The annual IPU National Pharmacy Conference could not take place in 2020 due to COVID-19 public health restrictions. Instead, we held a virtual AGM using GoTo Webinar on Thursday 8 October. The Standing Committee and Secretary General were gathered in Butterfield House adhering to social distancing guidelines to broadcast live to all members. There were **314** members registered on the AGM and it was attended by **247** members, giving an average attendance rate of 79%. Committee and Officers' Reports



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were recorded in advance to mitigate any technical difficulties that may have occurred. The Motions were voted on using the Polls functionality within GoToWebinar and the voting was overseen by auditors.

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 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 Hoctor is the Professional Development and Learning Manager and continues to drive and enhance IPU Academy. IPU Academy has gone from strength to strength in 2020, 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. 120 Pharmacy Technicians successfully completed the pharmacy technician course and are in receipt of their certificate from Pearson Edexcel as at 31 March 2021. There are 250 students at present participating in Year 1, and 252 students in Year 2 of the Pharmacy Technician course. In addition, 20 attended CPD, face-to-face, for qualified pharmacy technicians held in Dublin, in 2020. Due to the pandemic we had to move away from face-to-face to tutor delivered online courses through our Learning Management System (LMS). 44 students completed the Medicines Counter Assistant (MCA) Course ; 18 students completed the Supervisory Development Course; and 22 completed the Basics in Health & Nutrition in 2020. All of the aforementioned were successfully delivered on our LMS using Big Blue Button (BBB). We also continue to offer the 'Medicines in Care Homes' training package and the Pharmacy Interact course, of which there were 133 enrolments in 2020 and CPD eLearning courses, 152 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



Jim Curran and Joyce Mulpeter look after this area and provide business advice to members covering all aspects of their business. Jim represents 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, the retail apprenticeship scheme and digital training. We run a number of retail training programmes including the Executive Diploma in Strategic Pharmacy Business Management, in conjunction with the Dublin Business School, and the Retail Apprenticeship in conjunction with Retail Ireland Skillsnet.

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.

Joyce Mulpeter, our Member Relationship Manager, made 1,480 phone calls to pharmacies to see how members were coping during the COVID-19 pandemic and if the IPU could do anything to help support them. She also assisted on the IPU switchboard to help with the increased number of calls.

10. EXTERNAL CONSULTANTS

Noel Dempsey (former Minister and Government Chief Whip); Stratis Consultants (Negotiation and Industrial Relations Advisers); 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 Hayes Solicitors in relation to specific matters.

11. MAIN COMMITTEE MEETINGS

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

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. Throughout the COVID-19 pandemic, they have continued to innovate and adapt, to inform, support and help our members in very challenging 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

	2020	2019	2018	2017	2016	2015
Executive Committee	9	5	6	5	5	7
Community Pharmacy Committee	3	3	3	3	4	5
Pharmacy Contractors' Committee	6	5	4	5	4	6
Employee Pharmacists' Committee	1	2	2	3	3	3
Finance Sub Committee	7	7	6	6	6	5
All Committee Meetings	0	1	0	0	0	0

2020/21 AT A GLANCE

JANUARY 2020

Commitments to pharmacy are made in the pre-General Election 2020 party manifestos of Fine Gael, Fianna Fáil, Sinn Féin, the Green Party, Labour and Aontú. This follows an intense IPU public affairs campaign to highlight the important role of pharmacy and to ensure issues affecting community pharmacy are front and centre.

The campaign involves extensive engagement by Members with their local candidates and utilises IPU campaign materials including posters and policy messaging. An IPU social media campaign highlights the importance of pharmacy, targeting all candidates in each constituency.

FEBRUARY 2020

Following HPRAs recommendation that antiparasitics should be prescription only, IPU strongly makes the case that reclassifying antiparasitics in this way could result in increased costs to farmers, less frequent worming of animals, diseased animals being left untreated and reduction in the availability of antiparasitic products on the Irish market.

A number of outstanding claims are paid to members, including long standing claims for historical High-Tech non-dispensing fees following engagement between IPU Contract Manager and the HSE PCRS.

MARCH 2020

In response to the emerging COVID-19 crisis and the lockdown of the country, the IPU engages with various areas of Government and the commercial sector in order to protect pharmacists' wellbeing and income during a time of unprecedented pressure.



We source a number of suppliers for Covid-19 materials for our Members including PPE/ hand sanitiser and social distancing signage. In response to the global sanitiser shortage, we apply for and receive a licence for all IPU member pharmacies to manufacture and sell sanitiser according to the WHO formulation.

Central to our message to Government is the need for immediate financial support for pharmacies and the relaxation of administrative and legislative burdens.

Our ongoing engagement with the HSE PCRS to ensure that pharmacy claims are paid with the minimum of fuss during the COVID-19 crisis results in the streamlining of previous stringent administrative and legislative arrangements and the setting aside of most paper-based requirements. To ensure continued supply of medicines to patients, the Department of Health agrees to relaxation of prescription rules to facilitate extension of prescription validity subject to the clinical judgment of the pharmacist. Through Healthmail, electronic transfer of prescriptions becomes a reality.

We also urge Revenue Commissioners to ensure that HSE payments to pharmacies be made without the deduction of professional services withholding tax for the+ duration of COVID-19 crisis, to help support pharmacy cash flow. In response, Revenue implements changes to expedite and simplify the process for claiming interim refunds of withholding tax.

We repeatedly raise our concerns with the Department of Health and the Department of Business, Enterprise and Innovation about severe acute cost increases in pharmacies related to the Covid-19 Emergency and the emerging cash-flow difficulties that arise.

APRIL 2020

The IPU commissions and publicises a Business Trends Survey on the effects of COVID-19 on community pharmacies. This garners significant media coverage and highlights the immense contribution of pharmacies during the ongoing crisis together with the significant costs involved in keeping staff and patients safe.

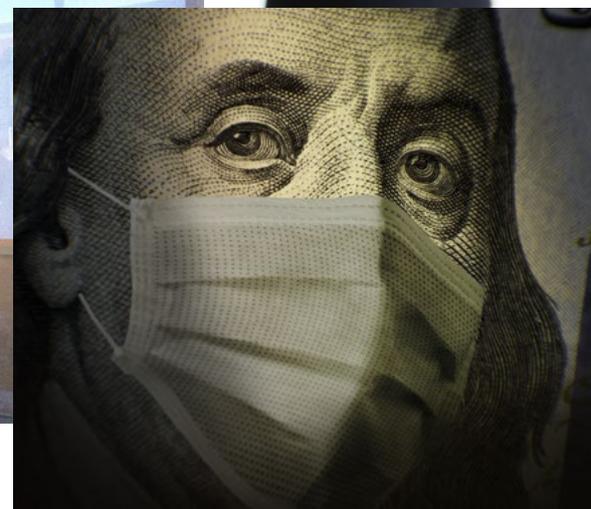
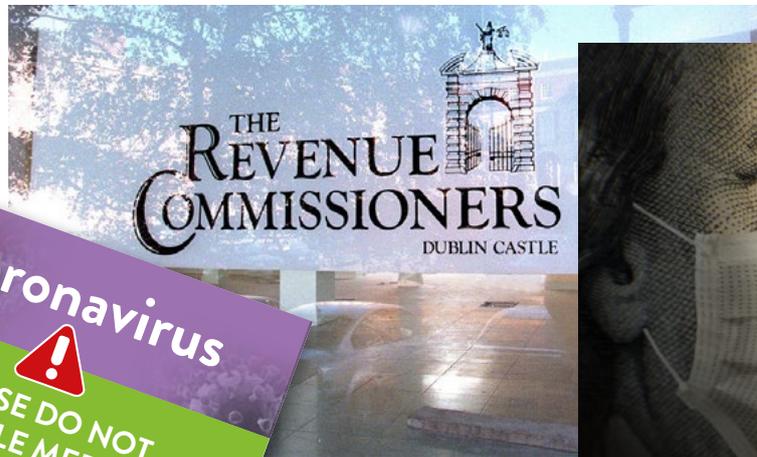
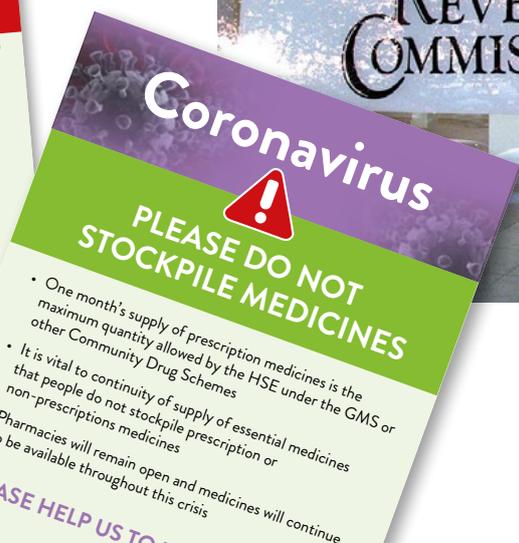
We run a national and regional radio advertisement campaign, informing the public of the service being provided by pharmacies in providing medicines and advice during this emerging crisis. The average radio listener hears the ad approximately three times.

The IPU Academy hosts a three-part COVID-19 webinar series which has over 400 Member participants.

MAY 2020

After significant IPU engagement with Government, we secure a significant relaxation of the qualifying criteria for the Restart Grant for Small Businesses from which pharmacists had initially been excluded. This enables them to avail of this vital grant of between €2,000 and €10,000.

Work safety protocols launched by Government in response to COVID-19 are streamlined for pharmacies. We develop IPU templates for risk assessments, a Safety Checklist, and COVID-19 Policy statement to facilitate Member compliance with HSA inspections.



2020/21 AT A GLANCE

Continued

JUNE 2020

The IPU secures a commitment in the June 2020 Programme for Government that talks would commence 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.

We disseminate IPU commissioned Pharmacy Usage and Attitudes report by Behaviour and Attitudes focused on assisting Members in improving their business and, in turn, profitability. Survey results and learnings are also presented in a webinar. A key finding, which is widely publicised in national media, is that pharmacies are struggling to cope with soaring costs while providing frontline care during the COVID-19 crisis.

The IPU wins Best Public Affairs Campaign at National Public Relations Awards 2020 for the #SupportPharmacy campaign which took place in 2019 and which helped stop proposed cuts to pharmacy fees from being implemented.



JULY 2020

The IPU calls on the Government to ensure the July Stimulus recognises the unique challenges faced by pharmacies. We share the results of our Medicine Shortages survey in relation to planning for COVID-19 and Brexit with key stakeholders.

A national and regional radio advertisement campaign by IPU reminds the public that pharmacies remain open throughout the pandemic and assures people that the quality of care pharmacists provide has not changed.

AUGUST 2020

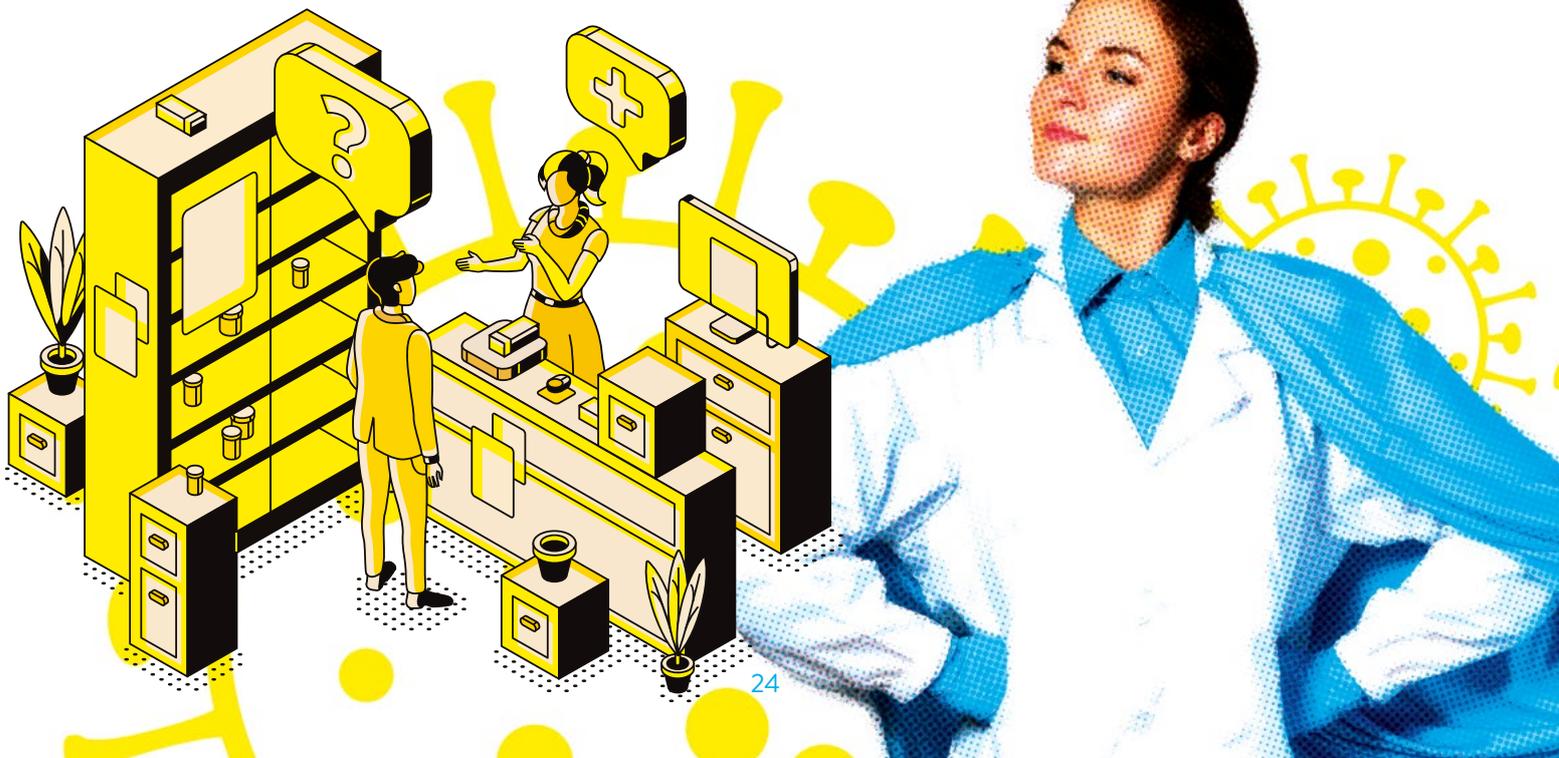
Agreement is reached between the IPU and the HSE which ensures that, due to the ongoing COVID-19 crisis, discretionary hardship, phased dispensing, ONS and other approvals would not expire until the HSE notifies otherwise.

The IPU Academy Autumn Webinar Programme is launched, covering five specific topics. Over 2,100 attendances will participate over the course of the Programme's 10 webinars.

SEPTEMBER 2020

After significant representations by the IPU, legislation which allows pharmacists to administer flu vaccines outside of the pharmacy premises is published, making Ireland the first EU country to introduce such legislation. Pharmacists can now offer a flu vaccination service wherever their patients need it. The IPU produces a checklist to help Members carry out a risk assessment in any location where they decide to offer a flu vaccination service. The flu vaccine is also made free to children as well as people in at-risk groups.

Following IPU lobbying of the Minister for Health, Stephen Donnelly TD, and negotiations with his Department, a substantial fee increase for influenza vaccination is agreed, resulting in fee payments of up to €25 per patient vaccinated with QIV – a €10 increase on the previous fee – and €35 for children's intranasal LAIV vaccinations.





OCTOBER 2020

The IPU launches the new National Health Products Catalogue and accompanying website and information brochure. The catalogue is a high-quality information service that will help to integrate the Irish health service and improve stakeholder access to medicinal information.

A new Web Portal is also launched to allow manufacturers and suppliers view and update their listings on the National Health Products Catalogue.

NOVEMBER 2020

The Sláintecare/IPU Pharmacy Headache Pilot is launched involving 50 pharmacies linked to headache clinics in four hospitals: St James, Tallaght, Beaumont and Galway. Under the pilot, pharmacies will complete a survey with patients presenting for advice or treatment for headache and patients referred from headache clinic with prescription for prophylactic medicine will have their adherence monitored by the pharmacist.

The IPU's Pharmacy Contractors' Committee continues a structured project of work in preparation for future contract talks towards ensuring a new pharmacy contract.

The IPU Academy broadcasts a November series of webinars in association with partners including Pfizer, Novo Nordisk and GSK. Topics covered include erectile dysfunction; Type 2 Diabetes and asthma care. Almost 700 Member pharmacists partake in the series.

DECEMBER 2020

Minister Donnelly confirms that, under the National COVID-19 Vaccination Programme Strategy and Implementation Plan, community pharmacists will be fully involved in the administration of COVID-19 vaccinations.

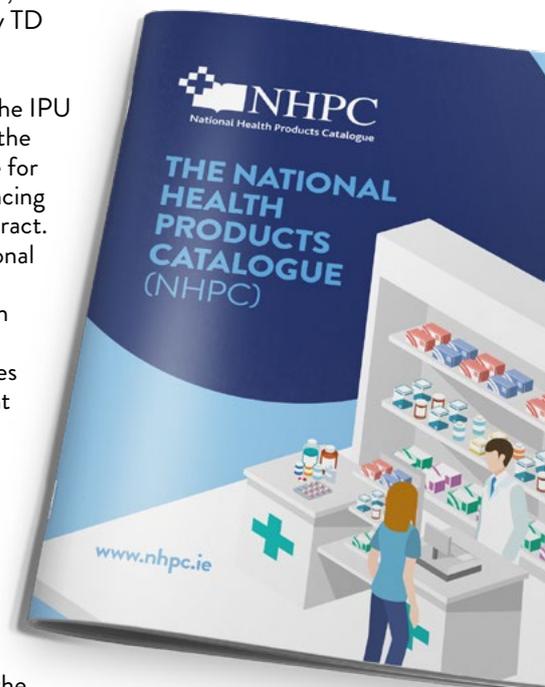
Following public calls from the IPU for extension of the nasal flu vaccination to 13-17-year olds and IPU lobbying of his office, the Minister for Health, Stephen Donnelly TD approves the IPU proposal.

In a meeting with Minister Donnelly, the IPU raises the reversal of FEMPI cuts and the need to make good on the Programme for Government commitment to commencing negotiations on a new pharmacist contract. We also highlight the benefit of additional remunerated pharmacy services and the need to include pharmacists fully in the National COVID-19 Vaccination Programme. The Minister acknowledges that the IPU proposals are well thought out and supported by evidence and reaffirms his commitment to developing pharmacy services and a renegotiation of the contract.

JANUARY 2021

The Cabinet approves fees to be paid to pharmacists for administering the COVID-19 vaccine. This follows negotiations between the Irish Pharmacy Union and the Department of Health and HSE.

Viagra Connect (sildenafil) goes on sale over the counter. The IPU worked with the manufacturer, Viatrix, to support the application for and launch of Viagra Connect as a non-prescription medicine.



2020/21 AT A GLANCE

Continued

FEBRUARY 2021

Vaccination of all pharmacy staff against COVID-19 commences (and is largely completed by April). This follows consistent engagement with Government and repeated insistence by the IPU that the full pharmacy team be vaccinated, including updating the HSE on individual pharmacies that still require vaccination.

The IPU Academy Spring Webinar Programme 2021 kicks off. Individual sessions cover areas such as Atrial Fibrillation and Arrhythmia; Management of Psoriasis; Inflammatory Bowel Disease Update; and Chronic Obstructive Pulmonary Disease.

COVID-19 Vaccination Pharmacy Workstream Working Group is established to develop and agree operational guidance and other details for the community pharmacy COVID-19 vaccination service. IPU participates, along with representatives from HSE and PSI.

MARCH 2021

The IPU runs a two-week COVID-19 advertising campaign on national and local radio and on social media. The ads thank the public for their patience, informs them of the safety measures in place to protect customers and

IPU ACADEMY WEBINARS

IPU Academy moved online in response to the pandemic. There were over 5,200 attendees at webinars run by IPU Academy in 2020. This seamless online migration of our CPD programme epitomised how our organisation and its members adapted to what was a uniquely challenging year.



staff, and reminds them that pharmacies have remained open during the pandemic.

An IPSOS/MRBI poll finds that local pharmacists are the most trusted professional group in Ireland. Over 1,000 members of the public were asked to indicate who they trusted out of 27 types of job or profession across a wide variety of fields including medical, commercial, public service, legal, media, advertising and politics. Pharmacists come out on top followed by nurses and then doctors, with 96% of people saying they trust local pharmacists.

APRIL 2021

The IPU hosts a series of webinars for Members covering areas such as administering the COVID-19 vaccine in pharmacies, HSE operational guidance and the Pharmavax IT system. Over 900 Members participate. HSE launches Expression of Interest process



to ascertain pharmacies’ interest in providing COVID-19 vaccination, with almost 1,200 pharmacies submitting responses.

The Executive Committee ratifies the revised IPU Statement of Strategy 2021-2024 for implementation later in 2021. The Committee also agrees on proposed changes to the IPU Constitution as recommended by the IPU Constitution Review sub-committee. These changes will be presented to Members for consultation and ratification.

MAY 2021

IPU launches a political and media campaign demanding that pharmacists start vaccinating immediately. In response, the Minister for Health publicly confirms that he wants pharmacists to play a bigger role, stating that he wants to see pharmacies incorporated into the rollout of the vaccine so that people can go to their local pharmacy to receive the jab.

IPU TRAINING – A NECESSARY RE-INVENTION

The IPU’s Training Department offers training programmes designed specifically for community pharmacy. Training is provided to ensure that pharmacists and pharmacy staff can up-skill to offer the best possible service to patients. In spring 2020, in response to the disruption of the pandemic, the IPU Training Department re-purposed itself from a face-to-face tuition service to an online service.

Despite the significant challenges involved in moving the service online, the work of the Department and its students continued, ensuring the successful completion of key courses.

For example, in 2020:

- 44 students completed the Medicines Counter Assistant (MCA) Course,
- 18 students completed the Supervisory Development Course
- 22 completed the Basics in Health and Nutrition

Other enrolments in 2020 included 133 students on the Pharmacy Interact course, 152 on CPD eLearning courses. A further six people availed of the Medicines in Care Homes’ training package.

One year on from the start of the pandemic, the Training Department is operating at a highly impressive scale. Earlier this year, 120 Pharmacy Technicians successfully completed the Pharmacy Technician Course and are now in receipt of their certificate from Pearson Edexcel. A further 500 students are currently participating in the Pharmacy Technician Course (years 1 and 2).

In addition, this year:

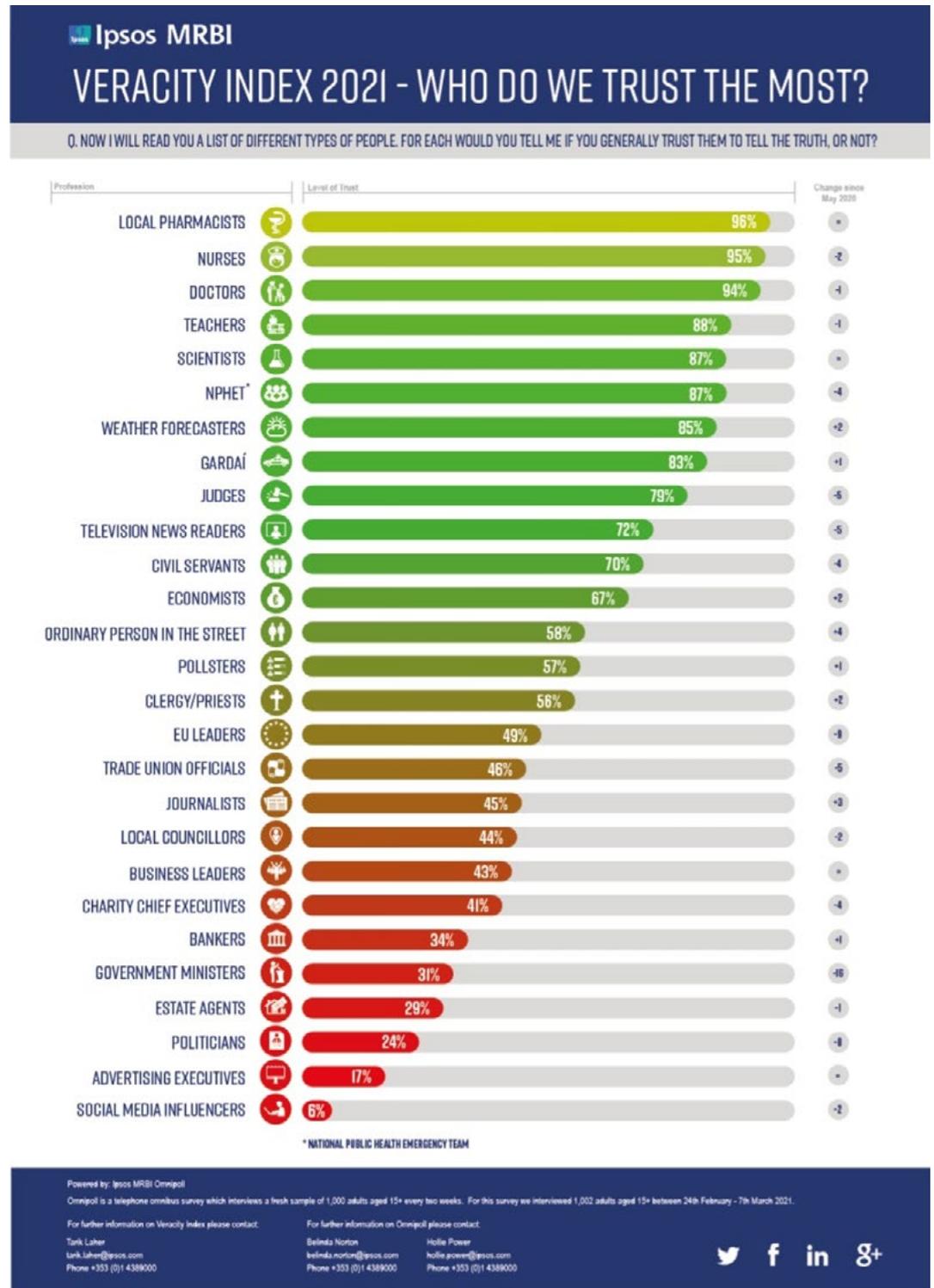
- 6 students completed the Supervisory Development course
- 8 completed the Basics in Health and Nutrition course
- 13 completed Skin Solutions at the Counter course
- 15 completed Step-up to Supervising Pharmacist course
- 14 completed Bootcamp in Pharmacy Finance
- 15 completed Delegation and Management.



2020/21 AT A GLANCE

Continued

MOST TRUSTED PROFESSION,
Ipsos MRBI POLL, MARCH 2021



COMMUNICATIONS REPORT 2020-2021

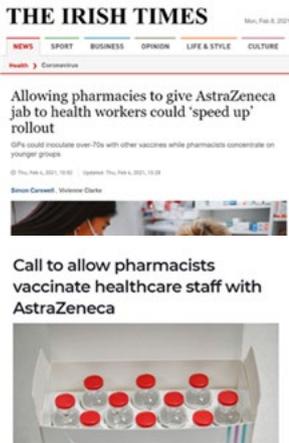
The Communications Team includes Jim Curran, Siobhán Kane, Ciara Browne and external advisors, and has an important role in communicating key messages to the media, the public, stakeholders and members. A wide range of communication tools, including newsletters, emails, text alerts, social media, the *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

The Communications Department regularly issues press releases to promote the role of pharmacists and raise concerns affecting community pharmacists. We receive regular coverage in 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. 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.

There has been a substantial amount of media coverage since the last AGM. COVID-19, not surprisingly, dominated our media in 2020. We have been consistently in the media on this topic throughout the year and we issued several media releases related to the topic which covered 75% of our media items overall. We also issued several press releases in relation to the flu vaccination campaign, which also gained considerable coverage.





In relation to COVID-19, we generated a significant amount of coverage in the media:

- We welcomed the new COVID-19 prescription regulations;
- We called for the medical card prescription levy to be suspended for the duration of the COVID-19 crisis;
- The IPU COVID-19 Pharmacy Business survey showed that pharmacies were struggling to cope with soaring costs while providing frontline care during the crisis;
- We called for full involvement of community pharmacists in the planning and administration of the COVID-19 vaccination programme;
- We advocated for pharmacy staff to be prioritised for the COVID-19 vaccine;
- RTÉ and the *Irish Mirror* both carried comments from the Secretary General outlining the frustration of pharmacists at being side-lined from the COVID-19 vaccination programme for people aged over 70;
- Following the Government decision that only mRNA vaccines should be used for the older age cohorts, the IPU proposed to the HSE that pharmacies be immediately tasked with vaccinating the remaining unvaccinated healthcare workers in our communities using all the available AstraZeneca vaccines, while GPs be supported to use the mRNA vaccines for use in the over-70 age groups;
- Positions as vaccinators in Mass Vaccination Centres being advertised on a salary scale which is considerably less than the hourly rate that was negotiated and agreed between the HSE and the IPU;

- The inconsistent approach to vaccinating priority groups, including pharmacy staff, in different parts of the country; and
- We called for urgent clarity on when pharmacists can begin vaccinating against COVID-19.

On top of all this, IPU members were also in the media to discuss COVID-19 and pharmacy being on the frontline during the COVID-19 crisis and pharmacy playing a key role in the care of the community during this difficult time.

As detailed above, the flu vaccination campaign was also a key subject for the IPU in the media:

- We called for the flu vaccine to be free to everyone for the 2020/21 season and ease the pressure on the overwhelming health system;
- We welcomed the announcement by the Minister for Health to make the flu vaccine available to all children aged 2-12 and all at-risk groups;
- We welcomed the expansion of the flu vaccination programme;
- We welcomed the announcement that pharmacists will be able to provide a vaccination service outside of the pharmacy premises;
- With the uncertainty over the flu vaccine, we shared in the public's frustration and urged everyone to bear with pharmacies as they manage queries about the availability of the flu vaccine, which was entirely outside of the control of pharmacists;
- We urged the HSE to release any available flu vaccine supplies, as they continue to have at-risk patients who have yet to receive their flu vaccine; and
- Following reports of poor uptake of the children's flu vaccine, we called for the programme to be extended to children aged 13-17.

Also during the last year, we had news stories in relation to many other topics:

- We issued a press release advising the public to know the difference in symptoms between COVID-19 and hay fever;
- HMR analysis identified that there had been a significant drop in the number of prescriptions being dispensed for oral contraception since the start of the COVID-19 crisis; following this, we issued a joint press release with the HSE's Sexual Health and Crisis Pregnancy Programme;

The infographic is titled "DIFFERENCE BETWEEN COVID-19, FLU AND COLD SYMPTOMS" and is presented in a table format. It compares the symptoms of COVID-19, Flu, and Cold. The table includes a "Symptoms" column and columns for each condition. The frequency of each symptom is listed as Common, Sometimes, Rare, or No.

Symptoms	COVID-19 Symptoms range from mild to severe	Flu Abrupt onset of symptoms	Cold Gradual onset of symptoms
Fever or chills	Common	Common	Rare
Cough	Common (usually dry)	Common (usually dry)	Mild
Shortness of breath	Common	No	No
Lost or changed sense of smell or taste	Common	Rare	Rare
Fatigue	Common	Common	Sometimes
Aches and pains	Common	Common	Common
Sore throat	Sometimes	Sometimes	Rare
Headaches	Sometimes	Common	Common
Runny or Stuffy Nose	Sometimes	Sometimes	Rare
	Rare	Sometimes	Common
		Sometimes in children	No

The number 30 is visible in the bottom right corner of the infographic.



- We were involved in promoting Men's Health Week;
- With the good weather at the end of June and peak levels of pollen, we advised hay fever sufferers on how to minimise the effects;
- National newspapers covered our warning on the dangerous disposal of unused medicines and our call for a nationwide DUMP scheme;
- We called on the Minister for Health, Stephen Donnelly TD, to change legislation to allow pharmacists to substitute expensive biological medicines with more cost-effective biosimilars;
- We warned the public about the risks of purchasing medicines online;
- In the run-up to the Budget, we called on the Government to rethink healthcare spending and take the opportunity to significantly save on costs to the State such as allowing pharmacists to substitute expensive biological medicines for biosimilars;

- In association with IPHA, we commissioned Behaviour & Attitudes to carry out research on the effects the pandemic has on people's wellbeing;
- We advised on the dangers of mixing alcohol with medicines;
- Referring to HMR data, we highlighted the significant increase in the use of antidepressant medication and supports that pharmacists provide;
- We advised the public to get their essential medicines early and avoid the Christmas rush; and
- We welcomed the news of Viagra Connect moving from prescription-only to OTC.

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](#).

**COMMUNICATIONS
REPORT 2020-2021**

Continued

**ADVERTISING CAMPAIGN
– IPU COVID-19 RADIO
AD CAMPAIGN**

The 2020 IPU advertising campaign focused on the needs of our members and the extra pressure on them during the COVID-19 pandemic. We ran two COVID-19 radio ads this year.

From 20 March to 13 April, the IPU ran a radio ad on both national and regional radio informing the public that their local pharmacy is working hard in difficult circumstances to continue supplying their medicines and the advice they trust. The ad asked people to be understanding of small delays and, if possible, to phone ahead before collecting their prescription. The ad broadcast on RTÉ Radio 1, Newstalk and multiple regional stations. We had 10 spots on RTÉ Radio 1 and 63 spots on Newstalk. There were also 34 spots on each of the following stations: Cork’s 96FM, FM104, Q102, Galway Bay FM, Limerick Live 95FM, LMFM and WLR FM.

From 6 – 19 July, we ran a second COVID-19 radio ad with the same package running across Newstalk and the regional stations, but we increased our spots on RTÉ Radio 1 by 50%. The ad assured people that, while pharmacies have made some changes to comply with social distancing guidelines, the quality of care pharmacists provide, supplying vital medicines and the advice people trust, hasn’t changed. The ad aired for two weeks: one week on RTÉ Radio 1 and two weeks on Newstalk and regional stations.

In early 2021, we repeated this message to the public and ran a radio/social media campaign from 22 February – 7 March. The radio ad aired on RTÉ Radio 1, Today FM and regional stations and promoted ads were spread across Facebook and Instagram. To encourage members to get involved in the campaign, we produced promotional materials for social media along with suggested tweets and posts.

It is great to see members getting involved in our advertising campaigns, which increases their impact on the general public.

**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 65% of members with more members also accessing their IPUMail regularly. To enhance our communications with members we also introduced a podcast to support the eNewsletter. Social media is another tool for communicating with both members and the public, and the number of followers on our Facebook, Twitter, Instagram and LinkedIn accounts are growing each week. There was a significant increase in the followers to the IPU’s social media channels during 2020; Facebook followers increased by a significant 43%, Twitter was up 17%, LinkedIn followers increased by 15% and Instagram gained 863 more followers. We also use SMS to get information to members quickly on important updates and deadlines.



INTERNATIONAL PHARMACY MATTERS REPORT 2020-2021



PGEU GPUE

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

IPU ANNUAL REPORT ON PGEU 2020 – 2021

The Pharmaceutical Group of the European Union (PGEU) is the European association representing community pharmacists in 32 countries including EU Member States, EU candidate countries and EFTA members. Overall, PGEU represents over 400,000 community pharmacists in Europe through their professional bodies and pharmacists' associations. PGEU's vision is to see community pharmacists recognised as key health professionals delivering a dynamic, sustainable and evolving contribution to the health of individual communities while strengthening Europe's health systems.

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.

eHealth

PGEU is part of the European Commission eHealth Stakeholder Group which is interested in cross-border exchanges of ePrescriptions and patient summaries. 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.

Best Practice on Green and Sustainable Pharmacy

PGEU published a Best Practice Paper on Green and Sustainable Pharmacy which outlines the contribution that community pharmacists can make in promoting a green and sustainable future for pharmacy in Europe and provides an overview of ongoing best practices. The Paper calls on Member States, in close collaboration with the European Commission and the European Medicines Agency, to:

1. Take action to increase public awareness on the prudent use and waste collection of pharmaceuticals;
2. Develop guidelines and information materials for healthcare professionals on the prudent use of pharmaceuticals;
3. Explore the inclusion of environmental aspects for pharmaceuticals posing a risk to or via the environment in the training of pharmacy students and continuous professional programmes as part of a One Health approach;
4. Develop and ensure compliance with environmental quality standards for pharmaceuticals as a measure to promote greener manufacturing;

**INTERNATIONAL
PHARMACY
MATTERS
REPORT
2020-2021**

Continued

5. Ensure appropriate funding of pharmacy-led disposal and collection schemes for medicines and used sharps;
6. Reduce pharmaceutical waste caused by leftover pharmaceuticals; and
7. Support the development of environmentally friendly practices and sustainability policies in pharmacies.

Europe’s Beating Cancer Plan

Europe’s Beating Cancer Plan 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. PGEU published a Position Paper on Cancer which highlights the commitment of community pharmacists to take up an enhanced role in providing quality, convenient and affordable access to professional healthcare services within their domains of expertise related to cancer prevention, early detection, treatment and in improving people’s quality of life.

Antimicrobial Resistance

PGEU published a Best Practice Paper on Antimicrobial Resistance, calling on EU institutions and Member States to maximise the contribution that community pharmacists are making in tackling AMR and encouraging prudent use of antimicrobials.

FIP VIRTUAL 2020

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.

FIP Development Goals

Goals to support the transformation of the pharmacy profession around the world were launched at the FIP Virtual 2020 conference. The FIP Development Goals build on the Pharmaceutical Workforce Development Goals for pharmacy education developed by

the federation in 2016. Additions have been made to these 13 goals and 8 new goals have been developed, providing a total of 21 goals relevant to fields of practice and science as well as to workforce and education. The new goals cover: medicines expertise; people-centred care; communicable diseases; antimicrobial stewardship; access to medicines, devices and services; patient safety; digital health; and sustainability in pharmacy.

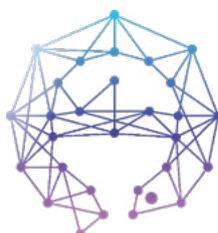
The FIP Development Goals offer a framework that organisations can use for national needs assessments and prioritisation. Each goal is accompanied by a number of mechanisms towards its achievement. Guided by these goals, stakeholders can develop country-level metrics to monitor and measure trends and progress.

Antimicrobial Resistance

The FIP Commission on Antimicrobial Resistance will explore opportunities to increase the impact of pharmacy on AMR in all settings and scopes of practice. It will drive a new FIP Pharmacy AMR Roadmap to guide actions globally and regionally. The new FIP Commission on Antimicrobial Resistance will facilitate the essential contribution of pharmacists to AMR action plans around the world, which include surveillance and monitoring of antimicrobial use and resistance, and antibiotics distribution and regulation.

Remuneration for Pharmacy Services

A common concern among pharmacy associations worldwide is the long-term financial viability of professional services delivered by pharmacists. These concerns are first and foremost triggered by the impacts of continued price and margin cuts in dispensing of medicines and the non-allocation of funding in many settings for extended professional services and social care. FIP recommends that pharmacy services, aligned with the general objectives of a country’s health system, should have their own definitions, goals, procedures and documentation systems so as to allow for their evaluation and remuneration, guaranteeing their universality, continuity and sustainability. This would cover remuneration of professional services delivered by pharmacists in any setting, including in multidisciplinary healthcare teams.



**FIP
VIRTUAL 2020
SEPTEMBER**

2021 AGM MOTIONS

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

- Proposed:** Tadhg Scanlon
Seconded: Kathy Maher

“That this AGM congratulates pharmacists and pharmacies for their role during the COVID-19 Pandemic.”
- Proposed:** Michael Tierney
Seconded: Liam Butler

“That this AGM commends and thanks all the staff in the IPU, under the leadership of Darragh O’Loughlin for their hard work, perseverance and patience during the COVID-19 pandemic.”
- Proposed:** Kathy Maher
Seconded: Liam Butler

“That this AGM calls on the Department of Health and the HSE to take all steps necessary to provide better access to healthcare through pharmacies by immediately implementing a Minor Ailments Service and providing equitable access for the public to vaccinations through pharmacies as through general practice”.
- Proposed:** Liam Butler
Seconded: Kathy Maher

“That this AGM calls on the Department of Health and HSE to recognise the benefits of collaboration with the pharmacy sector in the delivery of healthcare services, to maintain open communication with the IPU and to commence talks on a new pharmacy contract without further delay, as committed to in the Programme for Government.
- Proposed:** Tadhg Scanlan
Seconded: Kathy Maher

“That this AGM congratulates and thanks Eoghan Hanly for his stalwart work on behalf of community pharmacy”
- Proposed:** Michael Tierney
Seconded: Liam Butler

“That this AGM condemns the abuse and bullying of IPU staff members and IPU committee members”

**2021 AGM
MOTIONS**

Continued

7. **Proposed:** Edward MacManus
Seconded: Tom McKenna

“That this meeting condemns the misleading impression portrayed at last year’s AGM of HMR’s financial position and of the prospect of recovery of IPU members’ money.”

8. **Proposed:** Sean Reilly
Seconded: Roy Hogan

“That this meeting expresses its disapproval at the decision of the IPU Executive Committee to initiate legal proceedings against a whistleblower member and demand that this be immediately withdrawn”.

9. **Proposed:** Patrick Johnson
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 unprecedented large numbers of proxy votes to thwart the will of the meeting. It also demands that all future proxy votes are to be independently verified.”

10. **Proposed:** Philip Magner
Seconded: Joseph Haire

“That this meeting calls for the full implementation of all motions passed at 2020 AGM.”

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

1. Irish Pharmacy Union Financial Reports and Accounts for Year Ended 31 December 2020

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.

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 2020. 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 2020 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 2020

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 2020. The full accounts and financial reports are available on the members' area of 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 2020 as submitted to this meeting, be and are hereby adopted.”

Irish Pharmacy Union Report & Financial Statements for the Year Ended 31 December 2020

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IPU Services Limited Directors' Report and Financial Statements for the Year Ended 31 December 2020

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IRISH PHARMACY UNION INFORMATION

President

Eoghan Hanly
(resigned 31 May 2021)

Dermot Twomey
(elected 11 June 2021)

Vice President

Dermot Twomey
(resigned 11 June 2021)

Ann Marie Horan
(elected 11 June 2021)

Honorary Treasurer

Ann Marie Horan
(resigned 11 June 2021)

Tom Murray
(elected 11 June 2021)

Secretary General

Darragh O'Loughlin

Registered office

Butterfield House
Butterfield Avenue
Rathfarnham
Dublin 14
D14 E126

Auditor

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

Business address

Butterfield House
Butterfield Avenue
Rathfarnham
Dublin 14
D14 E126

Bankers

Allied Irish Banks Plc
10 Main Street
Dundrum
Dublin 14
D14 FR80

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 the daily advice information and support that was provided to pharmacists throughout the initial surge of the COVID-19 public health crisis, negotiating and agreeing significant reductions in administrative and bureaucratic requirements on pharmacists and securing regulatory changes which ensured pharmacists could maintain supplies of medicines to patients where GPs were unavailable to patients or unable to provide prescriptions. The IPU also secured a pharmacy-specific concession for the Government's Restart Grant and Restart Grant Plus, which allowed many independent pharmacies, which would otherwise have been excluded, to access the grants. The IPU also negotiated a substantial increase in fees paid to pharmacists for provision of seasonal influenza vaccination services.

Other services/ supports

At 1 January 2020 the IPU had 2,295 members. During the year, 229 members joined and 142 members cancelled or let their membership lapse. At 31 December 2020 the IPU had 2,382 members. Additionally, we have 135 student pharmacist members.

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.;

**OFFICERS’
REPORT**

Continued

- Professional advice and support in relation to practice guidelines, compliance and regulation;
- Pharmacy and Retail Business advice and training for members and their 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 eNewsletter, 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 claims, payments and probity 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

Dermot Twomey
President
30 September 2021

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 for increased resources for the sector. We were pleased to have secured a pharmacy-specific concession on the Government’s Restart Grant and Restart Grant Plus for our members and to have negotiated a substantially increased fee for vaccination services during the year. 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 and Finance Committee keep the funding and resources of the IPU under continuous review and will continue to apply the resources to the continuing support, development and advancement of the pharmacy profession and the interests of community pharmacy sector as a whole.

Darragh O’Loughlin
Secretary
30 September 2021

INDEPENDENT AUDITOR'S REPORT TO IPU MEMBERS

Opinion

We have audited the financial statements of Irish Pharmacy Union for the year ended 31 December 2020 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 2020 and of its loss 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

In auditing the financial statements, we have concluded that the officers' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the IPU's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the officers with respect to going concern are described in the relevant sections of this report.

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.

**INDEPENDENT
AUDITOR'S
REPORT TO
IPU MEMBERS**

Continued

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.

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

**Chartered Accountants
Statutory Audit Firm**

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.

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.

30 September 2021
Argyle Square
Morehampton Road
Donnybrook
Dublin 4
D04 W9W7

PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	2020 €	2019 €
Income			
Subscriptions		481,712	550,170
Levy income		3,090,857	3,149,123
Other income		13,131	131,298
		<u>3,585,700</u>	<u>3,830,591</u>
Expenditure			
Payroll and related expenses		2,122,882	2,100,031
Travel and meetings		27,591	167,820
Members' expenses		154,776	211,573
Subscriptions paid		68,119	63,567
Depreciation		50,165	48,052
Staff costs		16,689	14,275
Other expenses		1,354,664	1,570,461
		<u>3,794,886</u>	<u>4,175,779</u>
Operating loss		(209,186)	(345,188)
Fair value gain on investments	6	95,589	281,370
(Loss) / profit on disposal of investments		(15,288)	115,471
Investment income		25,498	25,125
Impairment of loan receivables		(1,485,641)	-
Bank charges and fees		(3,390)	(3,879)
		<u>(1,592,418)</u>	<u>72,899</u>
(Loss) / profit before taxation		(1,592,418)	72,899
Tax		(7,993)	3,937
		<u>(1,600,411)</u>	<u>76,836</u>
(Loss) / profit after taxation		(1,600,411)	76,836

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

BALANCE SHEET

AS AT 31 DECEMBER 2020

	Notes	€	2020 €	€	2019 €
Fixed assets					
Tangible assets	5		859,808		869,446
Financial assets	6		6,107,843		5,522,709
			<u>6,967,651</u>		<u>6,392,155</u>
Current assets					
Debtors	7	148,605		1,721,338	
Cash at bank and in hand		391,029		1,102,395	
			<u>539,634</u>	<u>2,823,733</u>	
Creditors: amounts falling due within one year	8		<u>(232,495)</u>	<u>(340,687)</u>	
Net current assets			<u>307,139</u>	<u>2,483,046</u>	
Total assets less current liabilities			<u>7,274,790</u>	<u>8,875,201</u>	
Capital and reserves					
Revaluation reserve	9		380,340		389,194
Profit and loss reserves	10		6,894,450		8,486,007
Total equity			<u>7,274,790</u>	<u>8,875,201</u>	

The financial statements were approved by the officers and authorised for issue on 30 September 2021 and are signed on its behalf by:

Dermot Twomey
President

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 longterm 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 in the period are included in profit or loss.

**IRISH PHARMACY
UNION NOTES TO
THE FINANCIAL
STATEMENTS**

Continued

2. Employees

The average monthly number of persons employed by the company during the year was 23 (2019 - 26).

3. Number of members

The number of members in 2020 was 2,382 (2019: 2,295).

During the financial year ended 31 December 2020 the Irish Pharmacy Union refunded €393,519 to contractor members in proportion to the amount paid by each individual member in levy payments in 2019 (2019: €349,283).

4. Interest receivable and similar income

	2020 €	2019 €
Interest receivable and similar income includes the following:		
Income from other financial assets	25,498	25,125

5. Tangible fixed assets

	Premises €	Fixtures and fittings €	Office equipment €	Total €
Cost				
At 1 January 2020	950,000	259,717	439,321	1,649,038
Additions	-	6,678	33,849	40,527
Disposals	-	-	(3,420)	(3,420)
At 31 December 2020	950,000	266,395	469,750	1,686,145
Depreciation and impairment				
At 1 January 2020	114,000	245,304	420,288	779,592
Depreciation charged in the year	19,000	8,794	22,371	50,165
Eliminated in respect of disposals	-	-	(3,420)	(3,420)
At 31 December 2020	133,000	254,098	439,239	826,337
Carrying amount				
At 31 December 2020	817,000	12,297	30,511	859,808
At 31 December 2019	836,000	14,413	19,033	869,446

6. Financial assets

	2020	2019
	€	€
Shares in group undertakings	127	127
Other investments other than loans	6,107,716	5,522,582
	<hr/>	<hr/>

Movements in fixed asset investments

	Shares in group undertakings	Other investments other than loans	Total
	€	€	€
Cost or valuation			
At 1 January 2020	127	5,522,582	5,522,709
Additions	-	1,063,111	1,063,111
Valuation changes	-	95,589	95,589
Transferred out of investments	-	(50,023)	(50,023)
Disposals	-	(523,543)	(523,543)
	<hr/>	<hr/>	<hr/>
At 31 December 2020	127	6,107,716	6,107,843
	<hr/>	<hr/>	<hr/>
Carrying amount			
At 31 December 2020	127	6,107,716	6,107,843
	<hr/>	<hr/>	<hr/>
At 31 December 2019	127	5,522,582	5,522,709
	<hr/>	<hr/>	<hr/>

7. Debtors

	2020	2019
	€	€
Amounts falling due within one year:		
Trade debtors	(1,464,739)	28,836
Corporation tax recoverable	2,150	7,220
Amounts owed by group undertakings	1,485,641	1,675,334
Other debtors	86,850	309
Prepayments	38,703	9,639
	<hr/>	<hr/>
	148,605	1,721,338
	<hr/>	<hr/>

IRISH PHARMACY
UNION NOTES TO
THE FINANCIAL
STATEMENTS

Continued

8. Creditors: amounts falling due within one year

	2020 €	2019 €
Trade creditors	113,653	113,816
Deferred income	120	-
Other creditors including tax and social insurance	74,640	177,909
Accruals	44,082	48,962
	<u>232,495</u>	<u>340,687</u>

9. Revaluation reserve

	2020 €	2019 €
At beginning of year	389,194	398,048
Other movements	(8,854)	(8,854)
At end of year	<u>380,340</u>	<u>389,194</u>

10. Profit and loss reserves

	2020 €	2019 €
At the beginning of the year	8,486,007	8,400,317
(Loss)/profit for the year	(1,600,411)	76,836
Transfer from revaluation reserve	8,854	8,854
At the end of the year	<u>6,894,450</u>	<u>8,486,007</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. As at 31 December 2020, IPU Services Limited had an investment of €25,000 in Health Market Research Ireland Limited ("HMR"), representing its initial investment in the share capital of HMR - the company holds 25,000 "A" ordinary shares in HMR, 50% of the company's share capital, with the remaining 50% being held by Health Market Research International, S.A.

As at 31 December 2020, an amount of €1,900,000 (2019:€1,625,000) was owed by HMR to IPU Services Limited, however, this has been fully impaired in the financial statements of IPU Services Limited as at the statement of financial position date. This amount was advanced to HMR by IPU Services Limited by way of shareholders' loans in order to support the start-up, development costs, and working capital of HMR.

During 2021, the directors of IPU Services Limited commissioned an independent valuation of both the company's investment in HMR and the shareholder loan receivable balance to assist in their assessment of the appropriateness of the carrying value of both the investment and receivable balances in the financial statements of IPU Services Limited.

HMR has provided financial projections for the business and whilst it expects to reach a trading breakeven position by 2022, the directors of IPU Services Limited have conservatively resolved to fully impair the shareholder loan receivable of €1,900,000 as at 31 December 2020 in the financial statements of IPU Services Limited.

The independent valuation of the investment has estimated the value of the company's investment in HMR to be approximately €1,700,000, a value of €1,675,000 in excess of the carrying value of the investment. On this basis, the directors are satisfied with the carrying value of the investment and no adjustment has been made in the financial statements of IPU Services Limited in this regard.

As a result of the above impairment, IPU Services Limited incurred losses for the year ended 31 December 2020 and shows an excess of liabilities over assets as at 31 December 2020. The Executive Committee of the IPU has provided a written undertaking to provide funds to IPU Services Limited which are sufficient to enable it to meet its obligations to suppliers of goods and services, for a period of at least one year from the date of approval of its financial statements.

The IPU had a loan receivable of €1,485,641 from IPU Services Limited as at 31 December 2020. As a result of the impairment of IPU Services Limited's HMR loan receivable, Irish Pharmacy Union has resolved to provide for impairment of its loan receivable from IPU Services Limited as at the statement of financial position date. The impairment provision amounts to €1,485,641 and is included in the statement of comprehensive income.

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 30 September 2021.

IPU SERVICES LTD ANNUAL GENERAL MEETING MINUTES

Via GoToWebinar
8 October 2020

1. The notice convening the meeting was taken as read.
2. The minutes of the 2019 AGM were taken as read.
3. The Report of the Directors on the Accounts for the year ended 31 December 2019, previously circulated, was taken as read.
4. The Auditors' Report on the accounts for the year ended 31 December 2019, 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 2019 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

Eoghan Hanly
(Resigned 30 May 2021)
Ann Marie Horan
(Appointed 8 October 2020)
Dermot Twomey
(Appointed 8 October 2020)
Darragh O'Loughlin
Tom Murray
(Appointed 11 June 2021)

Secretary

Darragh O'Loughlin

Company number

124242

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 2020

The directors present their annual report and financial statements for the year ended 31 December 2020.

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.

Principle risks and uncertainties

Covid-19 risks

The impact of Covid-19 continues to provide uncertainty for the company. The directors continue to focus on cashflow and reducing costs allowing them to be satisfied they have mitigated the risk associated with Covid-19 to the maximum extent possible at this time.

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 2020	31 December 2020
Eamon Daragh Connolly	-	-
Eoghan Hanly	-	-
Caitriona O'Riordan	-	-
Ann Marie Horan	-	-
Dermot Twomey	-	-
Darragh O'Loughlin	-	-

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

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
(Resigned 8 October 2020)
Eoghan Hanly
Caitriona O'Riordan
(Resigned 8 October 2020)
Ann Marie Horan
(Appointed 8 October 2020)
Dermot Twomey
(Appointed 8 October 2020)
Darragh O'Loughlin

Results and dividends

The results for the year are set out on [page 60](#).

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.

Dermot Twomey
Director

30 September 2021

Darragh O'Loughlin
Secretary

30 September 2021

DIRECTORS' RESPONSIBILITIES STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2020

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;
- 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

Dermot Twomey
President
30 September 2021

Darragh O'Loughlin
Secretary
30 September 2021

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

Opinion

We have audited the financial statements of IPU Services Limited (the 'company') for the year ended 31 December 2020 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 2020 and of its loss 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.

Emphasis of matter

In forming our opinion, we have considered the adequacy of the disclosures made in note 1 of the financial statements concerning the uncertainty as to the going concern of the company as it incurred losses in the period and currently shows an excess of liabilities over assets. In view of the significance of this uncertainty we consider that it should be drawn to your attention but our opinion is not qualified in this respect.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate. Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the company's ability to continue as a going concern for a period of at least twelve months from the date when the financial statements are authorised for issue. Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

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

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

Continued

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 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.

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.

Ian Lawlor
for and on behalf of
JPA Brenson Lawlor

Chartered Accountants
Statutory Audit Firm

30 September 2021
Argyle Square
Morehampton Road
Donnybrook
Dublin 4
D04 W9W7

PROFIT AND LOSS ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	Notes	2020 €	2019 €
Turnover		714,201	1,344,007
Administrative expenses		(1,304,553)	(1,385,240)
Operating loss		(590,352)	(41,233)
Interest receivable and similar income	3	497,009	421,660
Interest payable and similar expenses		-	(1,824)
Impairment of loan receivables		(1,900,000)	-
(Loss)/profit before taxation		(1,993,343)	378,603
Tax on (loss)/profit		180	(29,062)
(Loss)/profit for the financial year		(1,993,163)	349,541

BALANCE SHEET

AS AT 31 DECEMBER 2020

	Notes	€	2020 €	€	2019 €
Fixed assets					
Financial assets	4		345,000		345,000
Current assets					
Stocks	5	39,703		47,320	
Debtors	6	336,994		2,020,353	
Cash at bank and in hand		71,489		179,982	
			<u>448,186</u>	<u>2,247,655</u>	
Creditors: amounts falling due within one year	7	(2,073,691)		(1,879,997)	
			<u>(1,625,505)</u>	<u>367,658</u>	
Net current (liabilities)/assets					
			<u>(1,280,505)</u>	<u>712,658</u>	
Total assets less current liabilities					
			<u>(1,280,505)</u>	<u>712,658</u>	
Capital and reserves					
Called up share capital presented as equity			127		127
Profit and loss reserves	8	(1,280,632)		712,531	
			<u>(1,280,505)</u>	<u>712,658</u>	
Total equity					
			<u>(1,280,505)</u>	<u>712,658</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 30 September 2021 and are signed on its behalf by:

Dermot Twomey
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 Going concern

The accounts are prepared on a going concern basis which assumes that the company will continue in existence for the foreseeable future with no intention to liquidate or significantly curtail its activities in the next 12-month period. The company incurred losses during the period and currently shows an excess of liabilities over assets

IPU Services Limited holds 50% of the share capital of Health Market Research Ireland Limited (“HMR”) with the remaining 50% being held by Health Market Research International, S.A.

As at 31 December 2020, IPU Services Limited had an investment of €25,000 in HMR, representing its initial investment in share capital of the company. IPU Services Limited has also advanced a cumulative amount of €1,900,000 to HMR by way of shareholder loans as at 31 December 2020. These loans were advanced to support the start-up, development costs, and working capital of HMR as it develops the business.

During 2021, the directors of IPU Services Limited commissioned an independent valuation of both the company’s investment in HMR and the shareholder loan receivable balance to assist in their assessment of the appropriateness of the carrying value of both the investment and receivable balances in the financial statements of the company as at 31 December 2020.

HMR has provided financial projections for the business and whilst the company expects to reach a breakeven trading position by 2022, the directors of IPU Services Limited have conservatively resolved to fully impair the shareholder loan receivable of €1,900,000 as at 31 December 2020.

The independent valuation of the investment has estimated the value of the company’s investment in HMR to be approximately €1,700,000, a value of €1,675,000 in excess of the carrying value of the investment. On this basis, the directors are satisfied with the carrying value of the investment and no adjustment has been made in the financial statements in this regard.

The ability of this company to continue as a going concern will depend on the

continued development of the business, and the support of the sole shareholder, the Irish Pharmacy Union (“IPU”). The Executive Committee of the IPU has provided a written undertaking to provide funds to IPU Services Limited which are sufficient to enable it to meet its obligations to suppliers of goods and services, for a period of at least one year from the date of approval of its financial statements.

Due to the continued development of the business, and the support of the company’s sole shareholder it is the view of the directors that it is appropriate to prepare the financial statements on a going concern basis. Should this not be the case adjustments may need to be made to reclassify fixed assets and long term liabilities to current assets and liabilities, and to reduce the carrying value of assets and liabilities in the statement of financial position to their recoverable amount.

1.3 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.

1.4 Fixed asset investments

Interests in 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.

An associate is an entity, being neither a subsidiary nor a joint venture, in which the company holds a longterm 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.

1.5 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.

1.6 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.

1.7 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.

IPU SERVICES LIMITED NOTES TO THE FINANCIAL STATEMENTS

Continued

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.

1.8 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 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. Employees

The average monthly number of persons (including directors) employed by the company during the year was:

	2020 €	2019 €
Total	-	-

3. Interest receivable and similar income

	2020 €	2019 €
Interest receivable and similar income includes the following:		
Interest receivable from group companies	497,009	421,660

4. Financial assets

	2020 €	2019 €
Participating interests	345,000	345,000

Movements in fixed asset investments

	Shares in group undertakings and participating interests €
Cost or valuation	
At 1 January 2020 and 31 December 2020	345,000
Carrying amount	
At 31 December 2020	345,000
At 31 December 2019	345,000

5. Debtors

	2020 €	2019 €
Amounts falling due within one year:		
Trade debtors	305,791	381,082
Corporation tax recoverable	30,883	8,127
Amounts owed by group undertakings	-	1,625,000
Prepayments	320	6,144
	336,994	2,020,353

6. Stocks

	2020 €	2019 €
Finished goods and goods for resale	39,703	47,320

**IPU SERVICES
LIMITED NOTES TO
THE FINANCIAL
STATEMENTS**

Continued

7. Creditors: amounts falling due within one year

	2020 €	2019 €
Trade creditors	52,793	96,516
Amounts due to group undertakings	1,485,641	1,675,334
Deferred income	531,651	97,049
Accruals	3,606	11,098
	<u>2,073,691</u>	<u>1,879,997</u>

8. Profit and loss reserves

	2020 €	2019 €
At the beginning of the year	712,531	362,990
(Loss)/profit for the year	(1,993,163)	349,541
	<u>(1,280,632)</u>	<u>712,531</u>

9. Financial commitments

At the financial year end the company had financial commitments in relation to Health Market Research Ireland Limited (joint venture) of €nil (2019: €300,000).

During the year, the company received income of €497,009 (2019: €421,600) from HMR. The company also incurred expenses on behalf of HMR during the year totalling €318,522 (2019: €323,245). The expenses incurred are part of the joint venture arrangement entered into on 26 September 2014.

10. Events after the reporting date

There are no post reporting date events which require disclosure.

As at 31 December 2020, an amount of €1,900,000 (2019:€1,625,000) was owed by HMR to the company, however, this has been fully impaired as at the statement of financial position date. These loans were advanced by way of shareholder's loans to support the start-up, development costs, and working capital of HMR.

11. 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.

During 2021, the directors of IPU Services Limited commissioned an independent valuation of both the company's investment in HMR and the shareholder loan receivable balance to assist in their assessment of the appropriateness of the carrying value of both the investment and receivable balances in the financial statements of IPU Services Limited.

As at 31 December 2020, IPU Services Limited had an investment of €25,000 in Health Market Research Ireland Limited ("HMR"), representing its initial investment in the share capital of HMR - the company holds 25,000 "A" ordinary shares in HMR, 50% of the company's share capital, with the remaining 50% being held by Health Market Research International, S.A.

HMR has provided financial projections for the business and whilst it expects to reach a trading breakeven position by 2022, the directors of IPU Services Limited have conservatively resolved to fully impair the shareholder loan receivable of €1,900,000 as at 31 December 2020.

The independent valuation of the investment has estimated the value of the company's investment in HMR to be approximately €1,700,000, a value of €1,675,000 in excess of the carrying value of the investment.

On this basis, the directors are satisfied with the carrying value of the investment and no adjustment has been made in the financial statements in this regard.

12. Parent company

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

13. Approval of financial statements

The directors approved the financial statements on the 30 September 2021.

APPENDIX I

A LIST OF SUBMISSIONS MADE

The following submissions were made in 2020 and 2021, most of which are available on www.ipu.ie.

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
- **Guidance on Flu Vaccination during COVID-19**
– June 2020

- **Pharmacy Fees under Public Service Pay and Pensions Act 2017**
– Department of Health – June 2020
- **Influenza Vaccination Service Fees – Department of Health and the HSE**
– August 2020
- **PSI Corporate Strategy 2021-2023**
– PSI – Aug 2020 (online)
- **Pre-Budget Submission 2021 – Department of Public Expenditure and Reform – July 2020**
- **Guidance on Vaccination outside Pharmacy**
– PSI – Sep 2020 (email)
- **Framework for COVID-19 Operational Standards**
– PSI – October 2020 (email)
- **National Stroke Strategy**
– HSE – November 2020
- **PSI Education and Training Rules**
– PSI – December 2020

2021

- **Dying with Dignity Bill**
– Joint Oireachtas Committee on Justice
– January 2021

APPENDIX II

KEY CORRESPONDENCE

PSI

- Pharmacists' and Pharmacy Fees for 2021

Department of Health

- 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
- Community Pharmacy Role in COVID-19
- Pneumococcal Vaccination Service in Pharmacies
- Community Pharmacy Role in COVID-19
- Submission under the Public Service Pay and Pensions Act 2017
- Improvement in Health Services through Expansion of Pharmacists' Role
- Improvement in Health Services through Expansion of Pharmacists' Role
- Community Pharmacy Services in COVID-19
- Community Pharmacies – COVID-19 Restart Grants
- Pharmacist Involvement in COVID-19 Vaccination
- Flu Vaccines for 2021/22
- eHealth / ePharmacy

- Support for Pharmacy Services
- Improvement in Health Services through Expansion of Pharmacists' Role
- S.I. 60 of 2021 – COVID-19 Vaccination Fees
- HPV Vaccination in Community Pharmacy
- COVID-19 Vaccination in Community Pharmacy
- IPU Annual General Meeting 2021

HSE

- Pharmacists' Access to NMIC
- Community Pharmacist COVID-19 Testing
- HSE Winter Plan and Community Pharmacy
- Review of Flu Vaccine Distribution 2020/21
- COVID-19 Vaccination Programme
- COVID-19 Vaccination Programme
- S.I. 60 of 2021 – COVID-19 Vaccination Fees

PCRS

- Community Pharmacy Contractor Agreement – Changes to Claiming Arrangements
- Flu Vaccine Allocation to Pharmacies and GPs

Joint Oireachtas Committee on Health

- Community Pharmacy Services in COVID-19

APPENDIX II

Continued

Special Committee on COVID-19 Response

- Presentation on behalf of Irish Community Pharmacists

Other Government Departments

- Health Care Professionals returning to Front Line
- Community Pharmacies – COVID-19 Restart Grants
- ePrescribing and New Pharmacy Contract
- Important role of pharmacies in communities
- Impact of COVID-19 on sustainability of Community Pharmacies
- eHealth / ePharmacy / eGovernment
- Provisional Biocidal Product Registration
- Biocidal Product Registration Under Article 55(1)
- Community Pharmacies – COVID-19 Restart Grants
- Community Pharmacies – COVID-19 Restart Grants
- EU Veterinary Medicines Regulation 2019/6

Manufacturers

- Patient Level Recall of Palexia

Other

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

PSI

Pharmacists' and Pharmacy Fees for 2021

*Secretary General to CEO & Registrar, PSI
27 October 2020*

Earlier this year, the PSI introduced changes to the existing statutory rules for fees payable by retail pharmacy businesses for continued registration. The PSI acknowledged at the time that this was done as a part of ongoing initiatives to meet challenges arising in the context of the COVID-19 emergency, recognising the measures undertaken by pharmacies to meet the challenges of the pandemic in protecting patients and staff, which included impact on finances. The amendment to the fee rules permitted granting of a deferral of continued registration fees, for a specified period of time, during the ongoing COVID-19 public health emergency.

As we navigate the current six-week Level 5 lockdown period, the same challenges encountered by pharmacies remain – not just measures to protect patients and staff, but financial implications as a result of reduced income due to shut down of “non-essential” retail business and the re-introduction of a 5km restriction on travel.

Continued registration fees for the majority of pharmacists and pharmacies are due for renewal and payment by the end of November 2020. I am now writing to you on behalf of the 2,300 community pharmacist members of the Irish Pharmacy Union (IPU) to propose that the PSI introduces a similar amendment to the statutory fees rules in order to postpone collection of pharmacist and retail pharmacy business registration fees for 2021 until the end of Q1 of 2021 and/or put in place a monthly direct debit option for pharmacists and RPBs to spread the cost of registration across the year.

I would be happy to discuss this issue in more detail.

Department of Health

Community Pharmacy COVID-19 Urgent Measures

*Secretary General to Minister for Health,
Simon Harris TD, 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 cashflow 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

APPENDIX II

Continued

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.

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, Simon Harris TD, 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,
Simon Harris TD, 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 20 March, 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.

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*Continued***Community Pharmacy COVID-19 Urgent Measures****Secretary General to Minister for Health,
Simon Harris TD, 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.

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 Flu Vaccination Programme**Secretary General to Minister for Health,
Simon Harris TD, 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.

Community Pharmacy Role in COVID-19

***Secretary General to Secretary General,
Department of Health, 25 May 2020***

In the last couple of years, Ireland has faced a number of very significant challenges to our society, our economy and our health system.

One such major challenge was Brexit. As successive departure dates approached and the fear of a crash-out Brexit loomed, the Irish Pharmacy Union participated constructively and collaboratively in various stakeholder groups led by the Department of Health. We contributed actively to the development and evolution of core messages and the dissemination of information to pharmacists and, through pharmacies, to the public. IPU spokespeople repeatedly went in the media, endorsing and supporting Department of Health strategy, preparedness and messaging regarding medicines supply, including standing alongside the Minister for Health and endorsing his public assurances. Pharmacists are extremely well trusted by the public and we willingly utilised that trust in support of the Department of Health and the HSE. We and our members actively dampened down public concerns and prevented hoarding and panic buying of medicines which would have disrupted the supply chain and hampered supplies of medicines for patients.

However, in the aftermath of Brexit, our reward was that very substantial cuts to the fees paid to pharmacies under the State's various community drugs schemes were threatened – at a time when FEMPI cuts to the incomes of other stakeholders had been either partly or fully reversed.

When the current COVID-19 public health emergency arose, pharmacies were deemed an essential service and were required to remain open. Community pharmacists are the most accessible of all healthcare professionals and continued to provide a nationwide service to patients and the public in extraordinarily difficult circumstances, at a time when very little was known about this illness and simply opening the doors to the public was frightening for many. When GP practices up and down the country locked their doors and moved to phone consultations only, supported by suitably generous State funding, pharmacies remained open and accessible, devoting their limited resources to providing medicines, services and care to patients and the public. They took on huge increased responsibilities including, for example, advising nervous patients on signs and symptoms of COVID-19, referring those who require testing to their GPs phone line; resisting pressure from patients seeking additional supplies of medicines above their normal requirements, reassuring them that contingency plans are in place to ensure continued supplies of medicines while managing supply interruptions and wholesaler stock-outs; carrying out patient assessments before extending and renewing prescriptions;

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implementing a new ad-hoc electronic prescription system; and organising deliveries to house-bound patients. All of this was in addition to the normal heavy workload.

Now pharmacy finances are in critical condition and the pressures on the sector are unsustainable. Our research shows that staff costs to deal with the demands of COVID-19 have soared but pharmacies cannot absorb those costs so, at this stage, one in five pharmacies have already laid off staff, with another two in five reporting that they will do so within the next 2-3 months. One quarter of pharmacies have hit credit limits with their wholesalers, a quarter have restructured existing loans, another quarter have had to take on additional debt and more than two in five have had to defer paying their creditors. Three quarters of pharmacies anticipate having to make additional investment to reconfigure their premises or otherwise prepare the pharmacy for when the public health emergency is over. However, they do not have the resources to do that.

Pharmacies in Northern Ireland, which faced the same challenges as pharmacies in the Republic, received DoH grants of £20,000 each to cover the extreme acute cost increases directly related to COVID-19, including security and physical distancing costs such as reconfiguration of pharmacy premises, additional staff costs, and contingency and business continuity planning costs. By contrast, Irish pharmacists have received nothing.

Substantial COVID-19 emergency funding has been put in place for Nursing Home businesses and also for GP services, which had already seen significant fee increases since last year through the unwinding of FEMPI cuts. The third pillar of community-based health care is pharmacy, and we have inexplicably been left out in the cold, firstly with respect to unwinding FEMPI and now during the COVID-19 public health emergency. Your Department has so far declined to provide support, even though we were given the impression that a support package had been approved, subject to sign off from the Department of Public Expenditure and Reform. However, we were subsequently referred to the Department of Business, Enterprise and Innovation for Restart Grants for which most pharmacies are not eligible.

Pharmacists, when called upon, have always risen to a challenge. This crisis is no different and our contribution and unstinting efforts have been publicly commended by the Minister. However, pharmacies in Ireland remain unsupported, isolated and forgotten by Government. We now seek nothing more

than to be afforded the same recognition as our colleagues in general practice and the nursing home sector, and to be granted fair and equitable treatment from the Department of Health in relation to the financial support that we have sought.

Pneumococcal Vaccination Service in Pharmacies

**Secretary General to Minister for Health,
Simon Harris TD, 3 June 2020**

I am writing to you in relation to pneumococcal vaccination in pharmacies and inclusion of this service in the HSE national programme.

The Chief Medical Officer, Dr Tony Holohan, recently identified 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 infection at this time, posing a significant challenge for our health system. You responded admirably to this call by extending the cohorts for free flu vaccination. Flu vaccination commenced in community pharmacies in 2011 and the 2019/20 season saw 184,890 flu vaccinations being administered in pharmacies, comprising 16.5% of all flu vaccinations. We wrote to you in April, reiterating a previous proposal to improve access to the current vaccination programme by allowing pharmacists to administer vaccines to patients outside the pharmacy setting, in locations such as nursing homes, where a flu outbreak can have grave consequences, and all workplaces. We have not yet received an acknowledgement of or reply to that correspondence, a copy of which is attached.

However, flu is not the only respiratory infection that circulates in the community amongst vulnerable people; we should not forget about pneumococcal disease. In October 2015, legislation (S.I. 449 of 2015) was passed to facilitate pneumococcal vaccinations being administered in community pharmacies. However, pharmacists were not included at the time in the HSE pneumococcal vaccination programme and uptake of the vaccine has remained very low, not just in pharmacies but in Ireland in general.

In October 2019, the Department of Health invited the IPU to make a submission on the fees then being proposed for providing the PPV23 vaccine to patients aged 65 years and over. Despite a submission having been made and assurances from the Department that the service would be going ahead, we have heard

nothing from your Department since and nothing has yet been put in place. For your convenience, a copy of that submission is attached.

In light of the circumstances, we propose immediately reactivating the process of including pharmacists in the HSE pneumococcal vaccination programme, so we can ensure that not only patients aged 65 years and over but all at-risk patients are vaccinated against pneumococcal disease, allowing primary care (GPs and pharmacists) to focus on flu vaccination from September, leaving our secondary healthcare services to deal with coronavirus alone.

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

Community Pharmacy Role in COVID-19

Secretary General, Department of Health, to Secretary General, IPU, 9 June 2020

Thank you for your recent letter.

The Department is very aware of the lengths that the Irish Pharmaceutical Union and its members have gone to in supporting the national effort during the COVID-19 pandemic. This has been a period of unprecedented difficulty for the country and the health service has been at the forefront of the response.

The Minister and the Department of Health fully acknowledge that community pharmacy has played a pivotal role in responding to the health needs of the public during the crisis. It is recognised that community pharmacists have ensured the continued availability of a professional, accessible service for the public and have successfully managed to alleviate the worries and concerns of the population around continuity of medicine supply in the face of great uncertainty.

You reference the goodwill and cooperation that was already evident in our dealings on Brexit, for which the Department is very grateful. While Brexit issues have to a large extent been eclipsed by COVID-19 issues in recent months, it remains a major challenge and something that we in the Department are fully focussed on as the year progresses. I look forward to continuing constructive and collaborative relationships in this regard.

I am pleased to note that the HSE has recently, with the IPU and other stakeholders established a Community Pharmacy Contingency Planning Forum to identify and respond to service and clinical challenges arising in the context of COVID-19. Such processes, which offer opportunities for discussion and problem-solving outside of formal contractual engagements, are welcome, and I would hope that this approach can be maintained into the longer-term.

In addition, as the Minister has indicated to the IPU on a number of occasions, it is accepted that there is a need for a detailed review of the present community pharmacy contract. Such a review would not only take on board the changed pharmacy environment of recent years but would aim to promote a greater use of the capacity and scope of practice of pharmacists in meeting the health needs of the population. Subject to the priorities that may be set by Government, the Department would hope to progress this work in a substantive way over the coming months.

It is appreciated that community pharmacists, as with many other sectors, have experienced added financial pressures during the crisis, notwithstanding that they have continued to be busy with their core activity. In the light of the difficulties experienced right across the economy, the Government has responded with a suite of supports and interventions. I know that officials of this Department have been engaging with colleagues across other Government Departments in seeking to ensure that, as far as possible, these supports are available to the pharmacy community.

Finally, I would like to emphasise the Department's appreciation of the contribution that the IPU and its members have made and continue to make towards delivering front-line health care at this time of crisis.

Submission under the Public Service Pay and Pensions Act 2017

Secretary General to Assistant Secretary, Department of Health, 19 June 2020

Please see attached submission from the Irish Pharmacy Union to the Department of Health in advance of the Minister's review pursuant to section 42 (14) of the Public Service Pay and Pensions Act 2017, which the Minister is obliged to complete before 30 June 2020.

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The Minister has two key obligations under this provision:

- To carry out a review of the operation, effectiveness and impact of the amounts and rates fixed by regulation made by that Minister under section 42 of the Act; and
- To consider the appropriateness of those amounts and rates, having regard to any change of circumstances and in doing so, any alteration of any of the matters mentioned in subsection (10).

The IPU provided a detailed submission to the Department on 8 November 2019 in relation to a proposal to cut fees. The points made in that submission still apply and we have tried to avoid unnecessarily reiterating those points.

This submission sets out in detail below the reasons why the rates under the Public Service Pay and Pensions Act 2017 (Payments to Community Pharmacy Contractors) Regulations 2019 (the ‘Regulations’), are not appropriate and are required to be increased as a matter of urgency.

Improvement in Health Services through Expansion of Pharmacists’ Role

Secretary General to Minister for Health, Stephen Donnelly TD, 29 June 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Minister for Health. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public.

You have taken the helm at a very challenging time for health services. With increasing demand, the ongoing COVID-19 pandemic and limited resources, the healthcare system is under unprecedented pressure. However, there are also undoubted opportunities for reform and improvement in how healthcare is delivered, in particular through the implementation of Sláintecare.

It is accepted by all that there is a need for a detailed review of the present community

pharmacy contract that would promote a greater use of the capacity and scope of practice of pharmacists. The pharmacy profession and the existing network of pharmacies located in every town, village and community in Ireland have a critical role to play in alleviating the growing pressures in primary care. Properly structured and resourced services provided by pharmacists in other jurisdictions have been shown to enhance patient access to convenient, cost-effective healthcare and to improve their overall health, thereby reducing long term cost to the health system. Unlike our colleagues in general practice, pharmacies are still suffering from severe cuts in their incomes under the now-repealed FEMPI legislation, which is having a direct impact on the sustainability of existing services. The attached submission sets out the need to address this urgently.

The IPU greatly welcomes the commitment in the Programme for Government to commence talks on a new contract with pharmacists and enhancement of their role in the delivery of healthcare in the community. We look forward to working with you in a spirit of constructive collaboration to implement real solutions to some of the problems which currently exist and to explore opportunities to improve health services for the future.

We wish to meet with you at the earliest opportunity in order to make an immediate start on the promised talks and, in the meantime, we wish you well in your new position.

Improvement in Health Services through Expansion of Pharmacists’ Role

Secretary General to Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, Frank Feighan TD, 14 July 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Minister of State at the Department of Health. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public.

You have taken on an important portfolio at a very challenging time for the health service. With increasing demand, the ongoing COVID-19 pandemic and limited resources, the healthcare system is under unprecedented pressure. However, there are also undoubted opportunities for reform and improvement in how healthcare is delivered, in particular through the implementation of Sláintecare. The pharmacy profession and the existing network of pharmacies located in every town, village and community in Ireland have a critical role to play in alleviating the growing pressures in primary care. Properly structured and resourced services provided by pharmacists in other jurisdictions have been shown to enhance patient access to convenient, cost-effective healthcare and to improve their overall health, thereby reducing long-term cost to the health system.

I understand your portfolio is large and encompasses many different elements, and we would appreciate the opportunity to meet with you on behalf and brief you on both the important work pharmacists have undertaken as frontline workers during the pandemic and the improvement in health services that is achievable through the expansion of pharmacists' role. I attach some background information on issues of importance to pharmacists, including the need for a 21st century pharmacy contract and to unwind decade-long FEMPI cuts in payments. Previous Ministers for Health have made repeated public commitments in this regard but there has been no movement and nothing has happened.

We look forward to hearing from you with regard to potential meeting dates. In the meantime, we wish you every success in your new role.

Community Pharmacy Services in COVID-19

**Secretary General to Minister for Health,
Stephen Donnelly TD, 21 July 2020**

Community pharmacists are the most accessible of all healthcare professionals and, when called upon, have always risen to a challenge. This crisis was no different. When the current COVID-19 public health emergency struck Ireland, pharmacies remained open throughout, providing an essential service to patients and the public in extraordinarily difficult circumstances at a time when very little was known about this illness and simply opening the doors to the public was frightening for many. Pharmacists, and our contribution

and unstinting efforts, were publicly commended by the previous Minister.

When GP practices up and down the country shut their doors and moved to telephone consultations, supported by suitably generous State funding, pharmacies remained open and accessible, devoting their limited resources to providing medicines, services and care to patients and the public as the only remaining walk-in health professionals available. They took on hugely increased responsibilities including, for example, advising nervous patients on signs and symptoms of COVID-19, referring those who require testing to the GP phone line; advising on and treating minor ailments; measuring blood pressure and blood glucose when GPs weren't available or willing to do so; carrying out patient assessments before extending and renewing prescriptions; implementing a new ad-hoc electronic prescription system; and organising deliveries to house-bound patients. All of this was in addition to the normal heavy workload and none of it was funded by the State.

Pharmacies entered the COVID-19 crisis in an already weak financial position, due to the inexplicable failure of previous Ministers to make good on repeated commitments to unwind FEMPI cuts in fees paid for providing services on behalf of the State, making pharmacists the only significant contractor profession to have seen no restoration. This financial weakness has been compounded by the COVID-19 crisis, as a result of which pharmacy finances are now in a critical condition and the pressures on the sector are unsustainable. Our research shows that staff costs to deal with the demands of COVID-19 have soared but pharmacies cannot absorb those costs so, at this stage, one in five pharmacies have already laid off staff, with another two in five reporting that they will do so within the next 2-3 months. One quarter of pharmacies have hit credit limits with their wholesalers, a quarter have restructured existing loans, another quarter have had to take on additional debt and more than two in five have had to defer paying their creditors. Three quarters of pharmacies anticipate having to make additional investment to reconfigure their premises or otherwise prepare the pharmacy in order to operate safely in the COVID-19 era. However, many do not have the resources.

Pharmacies in Northern Ireland, facing the same challenges as pharmacies here, received State grants averaging £20,000 each to cover the extreme acute cost increases directly related to COVID-19, including security and physical distancing costs such

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as reconfiguration of pharmacy premises, additional staff costs, and contingency and business continuity planning costs. These grants acknowledge the essential and irreplaceable service provided by the pharmacies and aim to ensure sustainability of the pharmacy network. The additional front line health care services that pharmacies are providing in the context of the increased healthcare needs of the public and ongoing restricted access to GP and hospital services have also been recognised with a further £13 million package.

The Government has identified the need to maximise vaccination for the upcoming 2020/21 influenza season and has significantly broadened the eligibility criteria for the flu vaccine. Community pharmacists fully endorse this objective. Pharmacists and GPs currently receive a fee of €15 for influenza vaccination. This is an uneconomic fee that was set at a time when the State was in the midst of a financial emergency and which does not meet the cost of providing vaccination services, even before taking into account additional COVID-19 related infection prevention and control costs including PPE, additional training requirements, increased cleaning, longer appointment booking costs and necessary changes to infrastructure. We made submissions last October and again in June of this year outlining the need for vaccination fees to be restored to the €28.50 that applied prior to the reduction in 2013, but received no response. If the Government is serious about improving vaccination coverage during the forthcoming influenza season, then the current inadequate funding must be addressed. Pharmacists and GPs cannot provide vaccination services at the required level if the business of doing so remains uneconomic.

The Department of Health has acknowledged the financial and other pressures on pharmacies but, in stark contrast to the significant additional resources being poured into a reduced GP service and the support provided to our colleagues in Northern Ireland, your Department has so far declined to provide any support. Ireland now faces a likely second surge in COVID-19 infections and pharmacies will be called upon again. However, due to the unfulfilled commitments to reverse decade long cuts in pharmacy payments and the additional extreme financial pressures caused by the pandemic, there is a significant risk that current pharmacy services will not be maintainable.

We now seek an urgent meeting with you to discuss these serious issues which need to be resolved as a matter of priority.

Community Pharmacies – COVID-19 Restart Grants

Secretary General to Minister for Health, Stephen Donnelly TD, 5 October 2020

An issue has arisen in relation to the Government's Restart Grant Scheme that is relevant to your Department and is of great concern to our members.

Throughout the COVID-19 pandemic pharmacies were deemed an essential service by Government and therefore kept their doors open to ensure the supply of medicine and healthcare services has continued across the country. Had pharmacies not stayed open, providing medicines, extending/repeating prescriptions and, at their own cost, delivering medicines to cocooning patients' homes, it would have caused hugely significant challenges for the health of the country, particularly as many GP services, understandably, remained closed to face-to-face consultations. However, staying open has come at a significant financial cost to each pharmacy, who have all had to invest significantly, with considerable costs arising from infection prevention and control measures which were implemented in pharmacies to protect staff and customers/ patients from onward transmission of COVID-19.

At the outset of this crisis, the Department of Health in Northern Ireland put in place a grant package for pharmacies averaging £20,000 each to cover the extreme acute cost increases directly related to COVID-19, including security and physical distancing costs such as reconfiguration of pharmacy premises, additional staff costs, and contingency and business continuity planning costs. The additional frontline healthcare services that pharmacies are providing in the context of the increased healthcare needs of the public and ongoing restricted access to GP and hospital services have also been recognised with a further £13 million package.

The IPU appealed for equivalent support from the Department of Health. Rather than provide such support, the Minister for Health at that time, Simon Harris TD, instead came to the view that the Restart Grant Scheme would be an appropriate vehicle for assisting pharmacies in this regard. However, because pharmacies remained open, overall pharmacy turnover was not necessarily impacted sufficiently to qualify for these Grants, although margins suffered and retail revenues in many cases evaporated.

In recognition of the financial hardship this caused for community pharmacies, the IPU was provided with a compromise arrangement from the Minister for Health, Simon Harris TD, and the Minister for Business, Enterprise and Innovation, Heather Humphreys TD, who committed that that, for the purposes of the Restart Grants, pharmacies which suffered a drop in **retail turnover of 25%**, excluding payments for prescriptions, could avail of the Grant based solely on retail revenue to compensate for some of the costs incurred making their premises safe and providing vital services to their patients and communities current pandemic.

On foot of emphatic assurances provided on behalf of the Minister for Health that pharmacies could use the adjusted criteria and apply for the grant based on their retail turnover, we sent several communications to our members outlining this concession. I have attached some correspondence with both Ministers' offices on the matter.

Many local authorities around the country acknowledged the concession and have processed the applications of pharmacies who qualify using the retail business criteria. However, in the last few weeks we have received a number of calls from members who report that a small number of local authorities have refused to acknowledge the concession and are insisting that pharmacy businesses report overall turnover (both retail and medicines), which is preventing many hard-pressed pharmacies in those areas from availing of the Grant.

When we sought the assistance of the Department of Business, Enterprise and Innovation to resolve the issue (as they oversee the Grant programme) we were informed that they have no correspondence from the Department of Health regarding the concession and as such, as regards the operation of the scheme, the normal criteria, i.e. full turnover, continues to apply to pharmacies. The Department advised us to address the matter with the Department of Health.

I would greatly appreciate any assistance that you can provide to bring this issue to a swift resolution and request that you can confirm in writing to the IPU that the agreement between both Ministers will be honoured.

Pharmacist Involvement in COVID-19 Vaccination

Secretary General to Minister for Health, Stephen Donnelly TD, 3 November 2020

I am writing to you on behalf of the Irish Pharmacy Union's (IPU) 2,300 community pharmacist members who work in Ireland's 1,800+ community pharmacies. In common with other healthcare workers, pharmacists and their teams have performed with extraordinary courage and dedication since the start of the coronavirus pandemic, playing a pivotal role in public health by providing medicines, pharmacy services, advice, and comfort to their communities.

Community pharmacists once again stepped up to the mark this autumn, administering flu vaccinations to at-risk patients and to children, both inside and outside of the pharmacy. Our aim was to ensure that as many people as possible were protected against flu as we still live under the threat of COVID-19. It was disappointing that the HSE flu vaccine injection supplies were exhausted before all at-risk patients could receive a vaccination. Nevertheless, we hope that, with the combination of more at-risk patients receiving a flu vaccination this year than in previous years and the widespread adherence to physical distancing and respiratory etiquette, we will not see widespread flu infection in this vulnerable cohort.

We understand that an immunisation strategy group has been established by your Department to prepare a COVID-19 national vaccination plan. As highlighted by the European Centre for Disease Prevention and Control (ECDC) in its technical report published on 26 October 2020, the logistics required for a COVID-19 vaccination programme will be challenging, given that physical distancing will need to be maintained; consequently, a variety of delivery options need to be considered. We would like to reassure you that community pharmacists are willing to play their part, ensuring that their most vulnerable patients get vaccinated in the safest and most efficient way possible.

We would welcome the opportunity to discuss this matter further with you.

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Flu Vaccines for 2021/22

**Secretary General to Minister for Health,
Stephen Donnelly TD, 3 November 2020**

As I write this letter, supplies of the Quadrivalent Influenza Vaccine (QIV) are all but exhausted in the National Cold Chain Service. In anticipation of the increased flu vaccination uptake in the shadow of COVID-19 and drawing on the experience of our antipodean colleagues, from late spring onwards the IPU repeatedly warned the HSE that the usual flu vaccine order should be doubled to meet the anticipated demand. However, no more than an additional 25% QIV was ordered and, as predicted, it appears that we are on the point of running out. Because there wasn't even enough QIV to vaccinate all at-risk people, the HSE latterly had to issue guidance that a subgroup of the eligible cohorts be prioritised for vaccination. This has led to much frustration and anger from patients and they have vented their anger at pharmacists and their staff.

One of the main lessons to be learned from this fiasco is the importance of better forecasting and planning. Preparation for flu vaccine production begins a year in advance of delivery, so reviewing and understanding this year is critical to increasing supply for next season. We wrote to your predecessor, Minister Harris, back in April, proposing that the whole population be offered a free flu vaccination. Whilst this didn't happen, we welcomed the decision that all the at-risk cohorts could avail of a free flu vaccination, regardless of eligibility. We also appreciated the change in legislation to facilitate pharmacists offering flu vaccination outside of the pharmacy.

We now respectfully suggest that for the 2021/22 flu season, the HSE procures flu vaccines for the entire population aged 6 months and above, with decisions on eligibility for free or subsidised vaccination being made closer to the time. Given the long lead times for production of flu vaccine, the industry would need to be apprised now of the scale of Ireland's requirements for next year, to ensure manufacturers plan to produce sufficient flu vaccine.

eHealth / ePharmacy

**Secretary General to Executive Director,
Sláintecare, 23 November 2020**

It was encouraging to read the Department of Health Budget 2021 press release, issued on 14 October 2020, with a reported allocation of €58m for eHealth and ICT infrastructure as key drivers of the effective and efficient flow of health information. The *HSE Winter Plan 2020/2021* also projects significant increase in spending on eHealth with particular focus on the implementation of key technology enabled solutions as part of the overall COVID-19 response and the wider provision of healthcare services.

We have previously discussed eHealth initiatives and the Irish Pharmacy Union (IPU) continues to collaborate with the Department, Health Information and Quality Authority (HIQA), eHealth Ireland, HSE and the Office of the Chief Information Officer (OoCIO) on eHealth and ePharmacy, particularly in relation to the development of standards for electronic prescribing (ePrescribing), electronic transfer of prescriptions (ETP), delivery of a National Medicinal Product Catalogue (NMPC) and validation of pharmacy information systems.

As you know, the IPU has for a number of years advocated for a national **ePrescribing** system and has participated in a number of pilot projects. We produced the *IPU ePrescribing Specification for Primary Care* to align our efforts with the guidance, recommendations and standards produced by the HIQA and to support and progress the work of the HSE and eHealth Ireland, and shared this with the Department.

The use of a common medicinal product catalogue is central to any successful ePrescribing model, so we have launched the National Health Products Catalogue (NHPC), an integral source of information to community pharmacy and the wider primary healthcare network, for use as the main data source for the **National Medicinal Product Catalogue** and to support and advance ePrescribing. Communication on NHPC was shared with relevant officials in the Department, as well as the HSE and eHealth Ireland.

Separately, the *Regulation of Retail Pharmacy Businesses Regulations 2008* introduced a legal requirement for the computer software used in pharmacies to be independently **validated** and certified. To support and assist with the certification process, we developed a *Standard*

Dispensary System Specification which we have shared with the Department.

Next year, 2021, is going to be a busy year in healthcare: ePrescribing, the delivery of an NMPC and validation of pharmacy information systems are just some of the areas in which we can assist progress. We firmly believe that these initiatives are the building blocks for a National Shared/Summary Care Record (SCR) and, in turn, the implementation of Electronic Health Records (EHR).

We look forward to continuing constructive engagement and welcome every opportunity to work with you and your colleagues to help to integrate the Irish health service.

Support for Pharmacy Services

**Secretary General to Minister for Health,
Stephen Donnelly TD, 5 January 2021**

You and your Department have repeatedly stated that pharmacies have played a pivotal role in the national response to the COVID-19 pandemic, in particular in supporting patients and their access to medicines. This has come at considerable cost to pharmacies, both psychologically, with recent research by the Irish Institute of Pharmacy finding worryingly high levels of stress, anxiety and burnout among pharmacists, and financially, with increased hours for existing staff and in many cases staff required to work overtime hours and/or additional temporary staff being brought in to plug gaps caused by COVID-19 infections among staff or the related need to restrict movements as a result of close contact with confirmed cases.

Before Christmas, the HSE wrote to General Practitioners (Circular NCO-18-2020) to express its “sincere gratitude” to GPs and their teams “for their efforts to date and for the patient centred approach in which they have organised their services in response to this public health emergency”. No such letter went to pharmacists or pharmacies, all of which have continued to offer a full pharmacy service ensuring the continuation of medicine supplies and essential care during a period when much of the rest of the health system was unavailable.

Ironically, in light of the HSE’s effusive praise of GPs, the IPU has been inundated with reports from community pharmacists that their workload has increased exponentially during the period of the public health emergency and considerably more so over the Christmas period, largely as a result of the unmet need

for face-to-face healthcare that has resulted from the physical closure of GP practices throughout the country, with reports of GPs having moved wholesale to online, virtual or telephone GP consultations. Pharmacists have stepped into this breach and are providing the professional in-person advice, patient assessments and care that would previously have been done by the now unavailable and often unreachable GPs.

Community pharmacists are performing patient assessments, extending and repeating prescriptions where appropriate to ensure continuity of care for patients whose GPs are unavailable, and have performed a critical role in helping patients in need of medical attention by guiding them towards the services that are available. In addition, at the outset of the pandemic, pharmacies immediately cooperated with and adopted new ways of working through the electronic transmission of prescriptions via Healthmail, which resulted in considerable additional workload and administration in the pharmacy and the benefits of which accrued not to pharmacists but to patients, who remain the pharmacists’ primary focus, and to prescribers. All of this additional workload has had to be resourced by pharmacies; none has been funded by the HSE.

It has been recognised by the Department and the HSE that “significant and unprecedented additional pressures” are being placed on the healthcare system generally and primary care services in particular due to the demands of the pandemic and the winter season combined. Like GPs, pharmacies have reconfigured practices and have incurred many additional costs associated with COVID-19, including but not limited to higher staffing costs, COVID-19 compliance to include additional cleaning and reconfiguration costs and funding ongoing PPE needs for themselves and their staff due to the continued refusal of the Department of Health to sanction the HSE-approved provision of PPE to pharmacies, as well as staff training and increased telephone and IT costs. These additional costs have previously been set out in detailed correspondence with your Department but, notwithstanding this, no support for pharmacies was provided. Unlike GPs, who are now benefiting from unprecedented funding from the State over and above the already significantly increased fees payable under the new GP Agreement, pharmacists have had to fund all of these costs from their own diminished resources. This is patently inequitable and is entirely unsustainable.

GPs working in areas of high deprivation are eligible for additional funding as part of the HSE

APPENDIX II

Continued

Winter Plan supports. The IPU has previously sought additional supports for pharmacists in these areas, particularly in light of the finding by EY-DKM Economic Advisory that pharmacies in these areas are the most dependent on State funding, have few if any private income sources, often provide care to medically underserved communities and are the least sustainable pharmacies from a financial perspective. Additionally, Rural Practice Support Framework (RPSF) Grants are available to remote rural GP practices to recognise the particular challenges facing these practices. These grants have now been substantially increased in light of the challenges posed by COVID-19. Pharmacies serving these communities face exactly the same challenges but currently receive no State support beyond the standard community pharmacy payment structure which was repeatedly cut during the financial crisis and has remained stagnant ever since.

Pharmacists are an essential part of primary care infrastructure, as has been acknowledged by your own Department, and are in desperate need of support. They have, however, so far been neglected. The inequity between the treatment of pharmacies and of GP practices is inexplicable, unjustifiable and unsustainable. The superficial pharmacy-counting often engaged in an excuse for not understanding or acknowledging the essential role of pharmacies in the community is no justification for the State not to adequately support pharmacy services. The reality is that an expanding and ageing population will of necessity require more healthcare services provided locally, which is precisely what pharmacies do.

As we outlined to you in our meeting at the beginning of December, pharmacy has been under-resourced for a number of years and, as a result, is hamstrung in its ability to provide the level of service that the public needs and wants. Notwithstanding this, the experience of the public since the beginning of the COVID-19 public health emergency is that their pharmacist and pharmacy team have been there for them on the front line through thick and thin, often at grievous cost to the pharmacists' health and finances, when other essential patient care services disappeared. In the absence of any support from the Government akin to that provided to pharmacies in Northern Ireland (details provided previously) or to GPs in the State, this cannot be sustained and it is likely that many pharmacies will have to curtail their services dramatically to survive.

In the interests of sustainability and equity, it is now both urgent and essential that a package of

supports be provided to community pharmacies which recognises the pivotal role they play and compensates them for the exceptional costs incurred in maintaining services to patients and communities nationwide throughout the current pandemic.

Improvement in Health Services through Expansion of Pharmacists' Role

Secretary General to Secretary General, Department of Health, 1 February 2021

On behalf of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Secretary General of the Department of Health. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public and to deliver real value for the health system.

You have taken the helm at a very challenging time for health services. With increasing demand, the ongoing COVID-19 pandemic and finite resources, the healthcare system is under unprecedented pressure. However, there are also undoubted opportunities for reform and improvement in how healthcare is delivered, in particular through the implementation of *Sláintecare*.

It is accepted by all that there is a need for a detailed review of the present community pharmacy contract that would promote a greater use of the capacity and scope of practice of pharmacists. The pharmacy profession and the existing network of pharmacies located in every town, village and community in Ireland have a critical role to play in alleviating the growing pressures in primary care. Properly structured and resourced services provided by pharmacists have been shown to enhance patient access to convenient, cost-effective healthcare, to reduce reliance on more expensive parts of the health system and to improve overall health, thereby reducing long term cost.

The IPU greatly welcomed the commitment in the Programme for Government to commence talks on a new contract with pharmacists and enhancement of pharmacists' role in the delivery of healthcare in the community. We

look forward to working with you in a spirit of constructive collaboration to implement real solutions to some of the problems which currently exist and to explore opportunities to improve health services for the future. The attached document sets out some evidence-based cost-effective proposals that we believe could add value to the Irish health system.

I would welcome an opportunity to meet with you at the earliest opportunity to discuss this in more detail and, in the meantime, wish you well in your new position.

S.I. 60 of 2021 – COVID-19 Vaccination Fees

Secretary General to Minister for Health, Stephen Donnelly TD, 23 March 2021

On 19 January, following engagement between the Department of Health, the Health Service Executive and the Irish Pharmacy Union, the Government approved an arrangement for the payment of fees to community pharmacists for provision of COVID-19 vaccination services.

Subsequently, a statutory instrument was signed by you and by the Minister for Public Expenditure and Reform, i.e. the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners and Pharmacists for the Administration of Vaccines against COVID-19) Regulations 2021.

Currently, a recruitment campaign is being run on behalf of the HSE, which seeks to recruit vaccinators, including pharmacists. Pharmacists applying for these roles are being offered a salary on a scale starting from €35,000. This falls short of the rate of €70 per hour for pharmacists participating as vaccinators in HSE Vaccination Centres which was approved by Government in January and was set down in statute in February.

As you will appreciate, this discrepancy is causing some disquiet among pharmacists who were considering applying for these positions on the basis that the statutory rate applies. Despite the IPU having repeatedly raised the matter with the HSE and pointing out to them that there is legislation in place providing for the remuneration of pharmacists and GPs in these centres, this has not been resolved.

We are now seeking your intervention to ensure that, regardless who is the employer, HSE or Agency, the hourly amount payable to a pharmacist for vaccination against COVID-19 services provided in a HSE-run mass-vaccination clinic will be at the agreed statutory rate of €70.

HPV Vaccination in Community Pharmacy

Secretary General to Minister for Health, Stephen Donnelly TD, 29 March 2021

It was reported over the weekend that the number of students who have received a first dose of the HPV vaccine fell from 80% in 2019 to just 53.6% in 2020. The Health Service Executive said that that school closures and the redeployment of school vaccination teams to COVID-19 vaccine roll-out have interrupted school vaccination programmes.

This is deeply concerning, given the risks of not vaccinating and the strenuous efforts made by the HPV Vaccination Alliance, of which the IPU is a member, to increase HPV vaccination rates after they had plummeted to 50% in 2016/17 in large part due to misinformation about the vaccine's safety being circulated by a concerted anti-vaccine campaign.

Pharmacists the length and breadth of the country are currently geared up to deliver COVID-19 vaccination. They are trained and experienced vaccinators and have consultation rooms at the ready. Pharmacists have been vaccinating people against the flu for the last decade, with more than 300,000 flu vaccines having been administered by pharmacists in a six-week period last October and November.

Given that the HSE has not yet decided when pharmacies will commence COVID-19 vaccination, this vaccination resource is available right now. Therefore, we strongly urge you to immediately use this window of opportunity to allow pharmacists to administer HPV vaccine to the 50% of our young people who risk being left behind. Allow pharmacists to help protect our future generations from the morbidity and mortality caused by cervical cancer and other cancers related to HPV.

I look forward to hearing from you.

APPENDIX II

Continued

COVID-19 Vaccination in Community Pharmacy

Secretary General to Minister for Health, Stephen Donnelly TD, 12 April 2021

I am writing to you on behalf of the Irish Pharmacy Union’s (IPU) 2,300 community pharmacist members who work in Ireland’s 1,800+ community pharmacies. Pharmacists and their teams have performed with extraordinary courage and dedication since the start of the coronavirus pandemic, playing a pivotal role in public health by providing medicines, pharmacy services, advice, and comfort to their patients and communities.

Ipsos MRBI recently reported that local pharmacists are the most trusted profession in Ireland, with a 96% trust rating. They have also long been the most accessible, particularly since the onset of the COVID-19 pandemic dramatically curtailed the availability of other healthcare services. Over half of the Irish population lives within one kilometre of a pharmacy and 85% live within 5km. With 78 million visits to pharmacies annually, the average Irish adult visits a pharmacy 19 times per year.

For many years, pharmacists have provided a safe, efficient and convenient flu vaccination service and have a proven track record of safely and successfully vaccinating at-risk and vulnerable people. They are ready and keen to contribute to the ongoing COVID-19 vaccination programme but have so far been sidelined. In light of today’s recommendation from NIAC that the AstraZeneca vaccine is not used in people under 60 years of age, which is the exact cohort that it had been anticipated would get vaccinated in their local pharmacy, the Janssen vaccine should now be distributed to pharmacies as soon as it arrives in the country, in order to bring safe, efficient, accessible COVID-19 vaccination to communities nationwide. It is no longer sustainable to place the full burden of vaccinating the population onto over-stretched GPs who have been vaccinating since early this year and, for many people, faraway vaccination centres are not the answer.

Pharmacies offer an effective means to vaccinate people in their own communities, particularly hard-to-reach and marginalised populations and those in medically underserved areas. They should be allocated supplies of suitable vaccines, especially the Janssen vaccine, and mobilised as soon as possible to assist in the campaign to vaccinate the Irish population.

We would welcome the opportunity to discuss this matter further with you.

IPU Annual General Meeting 2021

Secretary General to Minister for Health, Stephen Donnelly TD, 27 April 2021

In place of the usual IPU National Pharmacy Conference, this year the Annual General Meeting of the IPU will take place online on Thursday 27 May at 7.00pm.

Community pharmacies have played a pivotal role in the national response to the COVID-19 pandemic, in particular in supporting patients and their access to medicines. The experience of the public since the beginning of the COVID-19 public health emergency is that their pharmacist and pharmacy team have been there for them on the front line throughout, often at grievous cost to pharmacists’ mental and financial health. When other essential patient care services disappeared, pharmacies remained open and available.

I would like to invite you to address our members at the AGM, either live or by way of a video message, recognising pharmacists’ contribution to the national response and their role in the COVID-19 vaccination programme and in future healthcare reform.

While I appreciate that you have a very heavy schedule, I very much hope that you will be in a position to participate and look forward to hearing from you.

HSE

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 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.

APPENDIX II

*Continued***HSE Winter Plan and Community Pharmacy****Secretary General to National Director, HSE, 6 October 2020**

I am writing to make some observations on the HSE's Winter Plan 2020-21.

The Plan states that general practice provision is insufficient, with a credible risk of localised failures and warns that this winter's surge in activity will bring particular pressure on single-handed and two-doctor practices and on older GPs, potentially causing failure of individual practices and leading to knock-on impacts on EDs, out of hours services and other GPs. The Plan calls for temporary crisis supports to ensure that single-handed and two-doctor practices do not experience practice failure or GP burn-out, and to maintain GP services to patients in the event of failures in local GP practices.

However, the plan omits any mention of equivalent supports for community pharmacies, particularly those in rural or isolated communities, where services could potentially be threatened by COVID-19 infection or other illness in core personnel who cannot easily be replaced at short notice. We have had enquiries from several pharmacists in such outlying areas wondering what assistance the HSE will offer in the event that their services become incapacitated. It is surely equally important to ensure that contingencies are put in place in order to maintain pharmacy services to patients in these locations.

In addition to planning for the possible collapse of GP services, there are steps that could be taken to help ease GPs' workload. There is an opportunity now, for example, to implement the accessible healthcare for common ailments provided by the Minor Ailments Service (MAS) in Northern Ireland and Wales and the equivalent Pharmacy First service in Scotland. GPs are going to be exceptionally busy this winter, dealing with COVID-19 on top of their normal heavy workload, so we need to provide other pathways for people who don't necessarily need a doctor. Recent research by Behaviour & Attitudes revealed that, as a result of COVID-19, almost half of all adults (46%) now visit the GP either less frequently or not at all and, of those, more consult a pharmacist or self-medicate (30%) than use virtual consultations with a GP (19%). A previous study by HMR suggested that a comprehensive pharmacy-based Minor Ailment Service could substitute for close to one million unnecessary GP appointments per year, potentially helping

to prevent over-worked GPs from burning out. It would also align perfectly with the Sláintecare principles of Right Care, Right Place, Right Time.

Lastly, pharmacists are reporting very robust demand for flu vaccination this season, far in excess of demand in previous seasons. However, availability of flu vaccine stock is proving to be a challenge for both pharmacists and GPs. We have consistently advised at the Community Pharmacy Contingency Forum that significant additional quantities of flu vaccine would be needed this year. This appears to be coming to pass. Not only have there been delays in deliveries of vaccines to pharmacies and GPs, and imposition of tight limits on quantities supplied in early allocations, it is also possible that there will not be sufficient stock for all patients requiring a vaccination. Of four manufacturers of flu vaccine authorised for the Irish market contacted by the IPU – GSK, Mylan, Sanofi and Seqiris – only one, Sanofi, has confirmed that they will be placing any private stock on the Irish market. They have said that supply is low, with reduced allocation of private flu vaccines to the Irish market. While the HSE undoubtedly has a contingency in place should demand for vaccines among the at-risk population exceed anticipated demand, it may also prove necessary in the circumstances to have a plan in place to ensure that people other than those in the defined groups also have access to flu vaccine this season.

I am available to discuss any of the above and would welcome a call if you think it would be helpful.

Review of Flu Vaccine Distribution 2020/21**Director of Pharmacy Services to Director of Public Health, HSE National Immunisation Office, 15 October 2020**

I'm sure we are all equally stressed and exhausted managing the challenges of both COVID-19 and the flu vaccination season. During such trying times, it's important to remember that we are all on the same side and have the same aim – to ensure as many vulnerable and at-risk people as possible are vaccinated against influenza.

Whilst not immediate, I think it would be timely to arrange a date for key stakeholders to meet virtually to review the challenges we have all faced during the current flu vaccination season and consider solutions to mitigating such challenges next year, when we will still be

dealing with both COVID-19 and flu in the community.

Such a review would include:

- The NCCS ordering website
- Communication from NCCS regarding order dates, delivery dates, etc.
- Advance notice of allocations and delays in delivery
- National stock orders and allocation algorithms
- HSE communications to the public
- Stratification of at-risk groups to provide for appropriate prioritisation of patients in light of limited availability of vaccines
- Disclosure of allocations to individual vaccination sites to allow for patient prioritisation

I look forward to hearing from you with proposed dates for the meeting.

COVID-19 Vaccination Programme

**Secretary General to Chief Clinical Officer,
HSE, 4 January 2021**

I note your remarks on RTÉ Radio at the weekend that you would be meeting the Irish College of General Practitioners to discuss protecting GPs and their staff against COVID-19. However, there was no mention of protecting the most accessible and most visited healthcare professionals, community pharmacists and their teams. Indeed, even an eight-month-old commitment from the HSE to provide PPE to pharmacies has still inexcusably not been fulfilled.

The experience of the public since the beginning of the COVID-19 pandemic is that their pharmacist has been there for them on the front line through thick and thin, even when other patient care services disappeared. As a result of the physical closure of GP practices throughout the country, with many GPs having moved to online, virtual or telephone consultations, pharmacists remained the only primary healthcare professionals available for patients to consult in person. Day in and day out, pharmacists have performed a critical role providing the professional advice, assessments and patient care that would previously have been done by GPs, including extending and repeating prescriptions to ensure appropriate continuity of care for patients whose GPs were unavailable, and helping

patients in need of attention who were in many cases referred to the pharmacy by the GP – all without additional funding.

In light of the in-person face-to-face services and care that pharmacies continue to provide to patients and their communities and given the risks posed by COVID-19 to pharmacy users, especially clinically vulnerable patients, and to pharmacists and their staff, it is essential that the HSE confirms without delay that pharmacy teams will be prioritised for early vaccination and sets a date by which that will happen.

I look forward to your response.

COVID-19 Vaccination Programme

**Secretary General to Chief Clinical Officer,
HSE, 3 February 2021**

It has been reported today that the National Immunisation Advisory Committee (NIAC) has recommended that people over 70 should get the Pfizer/BioNTech and Moderna vaccines, rather than the AstraZeneca vaccine.

Given that the first of 400,000 doses of the AstraZeneca vaccine are due in the coming weeks and given that the Minister for Health has committed that as soon as vaccine arrives in the country, it is to be administered, we propose that community pharmacists immediately be supplied with the AstraZeneca vaccine to start vaccinating frontline healthcare workers who have not yet been vaccinated (Cohort 2) and other healthcare workers not in direct patient contact (Cohort 4) and that GPs be provided with the mRNA vaccine alternatives and all necessary logistical support to allow these to be used in patients 70 years and older.

In order to ensure that community pharmacist vaccinators are themselves offered the vaccine before vaccinating other people, as is HSE policy, we again urge you to arrange for pharmacist vaccination now as a matter of urgency.

I look forward to hearing from you on this matter and to expediting pharmacists' contribution to implementation of the National COVID-19 Vaccination Programme.

APPENDIX II

Continued

**S.I. 60 of 2021 – COVID-19
Vaccination Fees****Secretary General to Chief Executive Officer,
HSE, 12 April 2021**

On 19 January, following engagement between the Department of Health, the Health Service Executive and the Irish Pharmacy Union, the Government approved an arrangement for the payment of fees to community pharmacists for provision of COVID-19 vaccination services.

Subsequently, a statutory instrument, ie the Public Service Pay and Pensions Act 2017 (Section 42) (Payments to General Practitioners and Pharmacists for the Administration of Vaccines against COVID-19) Regulations 2021 was signed by the Minister for Health and the Minister for Public Expenditure and Reform.

Currently, a recruitment campaign is being run on behalf of the HSE, which seeks to recruit vaccinators, including pharmacists. Pharmacists applying for these roles are being offered a salary on a scale starting from €35,000. This falls short of the rate of €70 per hour for pharmacists participating as vaccinators in HSE Vaccination Centres which was approved by Government in January was set down in statute in February. On the other hand, pharmacists employed into vaccine stewardship and medicines safety roles are offered salaries in line with existing HSE salary scales.

As you will appreciate, this discrepancy is causing some disquiet among pharmacists who were considering applying for these positions on the basis that the statutory rate applies. Despite the IPU having repeatedly raised the matter with the HSE and pointing out that there is legislation in place providing for the remuneration of pharmacists and GPs in these centres, we have not received a substantive response to previous correspondence and this matter has not been resolved.

We are again seeking assurances that, regardless who is the employer, HSE or Agency, the hourly amount payable to a pharmacist for vaccination against COVID-19 services provided in a HSE-run mass-vaccination clinic will be at the agreed statutory rate.

PCRS**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 the 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.

Flu Vaccine Allocation to Pharmacies and GPs

Director of Pharmacy Services to Chief Pharmacist, HSE PCRS, 18 September 2020

In the last week or two, I've had numerous calls and messages from pharmacists who are deeply frustrated by the apparent inequity of flu vaccine allocation to pharmacies and GPs.

We are all aware that the initial quantity of QIV flu vaccines shipped into Ireland was significantly reduced and therefore restricted allocations were applied to the first order for all providers.

Nonetheless, despite having been given explicit assurances from the National Immunisation Office (NIO) that all recipients of HSE flu vaccine are treated the same and that no one group is favoured over another, I'm now hearing from pharmacies who have reported that, for example, while they have been allocated 20 flu vaccines in their first order, their local GP is receiving 200 flu vaccines.

Can you please clarify how these allocations are calculated as, on the face of it, there seems to be a significant inequity in distribution.

I look forward to hearing from you.

Joint Oireachtas Committee on Health

Community Pharmacy Services in COVID-19

Secretary General to Chair of the Joint Oireachtas Committee on Health, 14 September 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Chair of the Oireachtas Committee on Health. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country.

When the current COVID-19 public health emergency arose, pharmacies were deemed an essential service and were required to remain open. Community pharmacists are the most accessible of all healthcare professionals and continued to provide a nationwide service to patients and the public in extraordinarily difficult circumstances, at a time when very little was known about this illness and simply opening the doors to the public was frightening for many. When GP practices up and down the country locked their doors and moved to phone consultations, supported by suitably generous State funding, pharmacies remained open and accessible, devoting their limited resources to providing medicines, services and care to the public and cocooning patients without any support from the Department of Health.

Our members aim to provide the best possible care for patients in their role as trusted healthcare professionals in the community and are fully supportive of the Sláintecare plan to reform the provision of healthcare in Ireland. Pharmacists have ably demonstrated their capacity to deliver real reform through their embrace of necessary changes and additional services through the public health emergency.

In that context, we would like to meet with the Joint Oireachtas Committee on Health to highlight specific pharmacy-based services which, if implemented and adequately resourced, could help to alleviate current primary healthcare deficits, especially in the era of COVID-19.

I look forward to hearing from you.

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Special Committee on COVID-19 Response

Presentation on behalf of Irish Community Pharmacists

Secretary General to Clerk to the Committee, 8 July 2020

When the current COVID-19 public health emergency arose, community pharmacies were deemed an essential service and were required to remain open. This was at a time when very little was known about this illness and simply opening the doors to the public was frightening for many. When many GP practices up and down the country closed their doors and moved to phone consultations only, supported by suitably generous State funding, pharmacists were the only community-based health profession that remained open and accessible, devoting their limited resources to providing medicines, services and care to patients and the public.

The unavailability of GPs meant that people turned to their local pharmacists with their health issues and pharmacists took on huge increased responsibilities in addition to their normal heavy workload. Now pharmacy teams are stretched, their finances are in critical condition and the pressures on the sector are becoming unsustainable. Our research shows that overall costs of dealing with the demands of COVID-19 have soared, with many pharmacies not in a position to absorb those costs and struggling to pay their wholesalers for medicines for their patients. The IPU has received numerous 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.

If a second wave of COVID-19 hits, pharmacies will once again be called upon to serve our communities. We have serious concerns over the ability of the sector to maintain its current levels of service over the coming months and consequently it is essential that our concerns are addressed in advance of such a scenario.

On behalf of our members, who number over 2,200 community pharmacists working in 1,800 pharmacies across the country, we ask that time is allotted to the Irish Pharmacy Union to address the Committee as soon as possible, so as we can outline serious issues relating to pharmacies' ability to continue serving their communities. We ask that you circulate this letter to the members of the Special Committee on COVID-19 Response.

Other Government Departments

Health Care Professionals returning to Front Line

Secretary General to Minister for Employment Affairs and Social Protection, Regina Doherty, 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.

Community Pharmacies – COVID-19 Restart Grants

Secretary General to Minister for Business, Enterprise and Innovation, Heather Humphreys TD, 8 June 2020

The Irish Pharmacy Union (IPU) is the representative and professional body for community pharmacists. IPU membership comprises over 2,200 individual pharmacist members and more than 1,800 community pharmacy businesses (95% of all community pharmacies) throughout Ireland.

When the current COVID-19 public health emergency arose, pharmacies were deemed an essential service by Government. As such, they remained open and continued to provide a comprehensive service to patients and the public in extraordinarily difficult circumstances.

The IPU sought support from the Department of Health to help defray the considerable costs arising from infection prevention and control measures that needed to be implemented in pharmacies to protect staff and customers/ patients from onward transmission of COVID-19. Pharmacies altered their shop layouts, changed working practices and restricted public access to the premises to ensure social distancing guidelines were met, both to protect vulnerable patients and to protect staff to ensure continuity of service. They have also shouldered significant ongoing costs relating to contingency planning, as well as PPE, hand sanitiser and other infection prevention measures.

At the outset of this crisis, the Department of Health in Northern Ireland put in place a grant package worth £10.5 million for the approximately 500 pharmacies in Northern Ireland in order to sustain pharmacy services, as well as providing £35 million in advance funding. This amounts to approximately £90,000 per pharmacy in grants and advance payments in Northern Ireland. Rather than provide such support in Ireland, as we had sought, the Minister for Health instead came to the view that the Restart Grant Scheme would be an appropriate vehicle for assisting pharmacies in this regard. However, because pharmacies remained open, providing medicines and extending/repeating prescriptions, overall pharmacy turnover was not necessarily impacted sufficiently to qualify for these Grants, although margins suffered and retail revenues in many cases evaporated.

It has been acknowledged by Government that community pharmacists have played a pivotal role in responding to the health needs of the public during the ongoing COVID-19 crisis and that pharmacists have faced increased pressures both professional and financial but nonetheless have continued to provide essential services in much pressurised circumstances. We have now been informed by the Minister's office in the Department of Health that agreement has been reached between you and Minister Harris on the revised terms on which pharmacy businesses can avail of the Restart Grants.

We welcome the pragmatic approach which has been agreed and wish to set out our understanding of the terms.

The Restart Grants will be available to any registered retail pharmacy business which suffered a drop in retail turnover of at least 25% to 30th June 2020, excluding revenue associated with medicines. Pharmacies can avail of the Grants based solely on the fall in pure retail revenue.

Lastly, as each pharmacy is subject to individual registration under the Pharmacy Act 2007 as a retail pharmacy business and each holds an individual Community Pharmacy Contractor Agreement with the Health Service Executive, each pharmacy must be treated individually for the purposes of the Grants regardless of ownership.

Thank you again for taking my call on this last week. Your personal attention to this matter is appreciated.

ePrescribing and New Pharmacy Contract

Secretary General to Minister of State with responsibility for Public Procurement and eGovernment, Ossian Smyth TD, 14 July 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Minister of State at the Department of Public Expenditure. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public.

You have taken on an important portfolio at a very challenging time for the country. I understand your portfolio is large and encompasses many different elements, and we would appreciate the opportunity to meet with you on behalf of Irish community pharmacists and brief you on two important issues affecting community pharmacists, which impact upon your portfolio.

ePrescribing: The need for a 21st century eHealth system has been long recognised by Government and the Department of Health's National eHealth Strategy has been in place since 2013, which identifies development of community-based ePrescribing as a priority project. eHealth Ireland was borne out of the eHealth Strategy for Ireland and one of the first strategic programmes developed by

APPENDIX II

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eHealth Ireland was its ePharmacy programme. This too identified ePrescribing in Primary Care as a key project. However, there was little progress in the development of ePrescribing until the COVID-19 pandemic when, under the COVID-19 Emergency Provisions, Healthmail was recognised as the National Electronic Prescription Transfer Service. The legislation deems prescriptions sent to pharmacies using Healthmail to be originals for the purposes of the Regulations. To this end, Healthmail is effective for the electronic transfer of prescriptions; however, it is not an ePrescribing system. We currently have all the required components for a national ePrescribing system in primary care, and we believe that it should be developed and implemented immediately. We would appreciate the opportunity to brief you on this issue.

New Pharmacy Contract: The IPU greatly welcomes the commitment in the Programme for Government to commence talks on a new contract with pharmacists and the enhancement of their role in the delivery of healthcare in the community. It is accepted by all that there is a need for a detailed review of the present community pharmacy contract that would promote a greater use of the capacity and scope of practice of pharmacists. Unlike our colleagues in general practice, pharmacies are still suffering from severe cuts in their incomes under the now-repealed FEMPI legislation, which is having a direct impact on the sustainability of existing services. We look forward to working with you and your colleagues in the Departments of Public Expenditure and Health in a spirit of constructive collaboration to implement real solutions to some of the problems which currently impact upon the pharmacy profession.

We look forward to hearing from you with regard to potential meeting dates. In the meantime, we wish you every success in your new role.

Important role of pharmacies in communities

Secretary General to Minister of State with responsibility for Community Development and Charities, Joe O'Brien TD, 14 July 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Minister of State at the Department of Rural and Community Development. The IPU is the professional representative organisation for community pharmacists, with a membership

of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public.

You have taken on an important portfolio at a very challenging time for the country. We would appreciate the opportunity to brief you on the importance of pharmacies in local communities and the many important roles pharmacies play. Pharmacies are a vital part of every community, and their role and impact within the community is far reaching. In addition to the mainstay role of dispensing medicines, pharmacists are the first point of contact for many people with the health service. Nowhere was this more apparent than during the COVID-19 pandemic, when, while other services such as GPs shut their doors, pharmacies stayed open serving the public. Pharmacists helped to alleviate people's anxieties and inform them about Government regulations and guidelines, in addition to signposting to other health services as appropriate.

Pharmacies work to disseminate and explain information from both national and local agencies, playing a key role within the community. This ranges from national campaigns with the HSE on issues such as sexual health (such a campaign is due to commence shortly), to national not-for-profits such as the Asthma Society and Safe Ireland, in addition to local organisations on issues ranging across health and social care supports. The IPU is often used as a central liaison and conduit for many such campaigns. I attach some background information on issues of importance to pharmacists, including the need for a 21st century pharmacy contract and to unwind decade-long FEMPI cuts in resources.

We look forward to hearing from you with regard to potential meeting dates. In the meantime, we wish you every success in your new role.

Impact of COVID-19 on sustainability of Community Pharmacies

Secretary General to Minister for State with special responsibility for Employment Affairs and Retail Businesses, Damien English TD, 14 July 2020

On behalf of the Executive Committee and members of the Irish Pharmacy Union (IPU), I write to congratulate you on your appointment as Minister of State at the Department of

Rural and Community Development. The IPU is the professional representative organisation for community pharmacists, with a membership of approximately 2,200 pharmacists working in more than 1,800 community pharmacies throughout the country. In their role as trusted healthcare professionals in the community, members of the IPU aim to provide the best possible care for patients and the public.

You have taken on an important portfolio at a very challenging time for the country, and a very difficult time for many small businesses, including pharmacies. When the current COVID-19 public health emergency arose, pharmacies were deemed an essential service by Government. As such, they remained open and continued to provide a comprehensive service to patients and the public in extraordinarily difficult circumstances. Pharmacies have faced considerable costs arising from infection prevention and control measures that needed to be implemented in pharmacies to protect staff, customers and patients from COVID-19. They altered their shop layouts, changed working practices and restricted public access to the premises to ensure social distancing guidelines were met, both to protect vulnerable patients and to protect staff to ensure continuity of service. They have also shouldered significant ongoing costs relating to contingency planning, as well as PPE, hand sanitiser and other infection prevention measures.

It has been acknowledged by Government that community pharmacists played a pivotal role in responding to the health needs of the public during the ongoing COVID-19 crisis and that pharmacists have faced increased pressures both professional and financial but nonetheless have continued to provide essential services in much pressurised circumstances. We welcomed the agreement to revise the terms on which pharmacy businesses can avail of the Restart Grants – a pragmatic decision that is providing vital support at a difficult time for many pharmacies. We would welcome the opportunity to meet with you and discuss the challenges and opportunities currently facing pharmacies. I attach some background information on issues of importance to pharmacists, including the need for a 21st century pharmacy contract and to unwind decade-long FEMPI cuts in resources.

We look forward to hearing from you with regard to potential meeting dates. In the meantime, we wish you every success in your new role.

eHealth / ePharmacy / eGovernment

Secretary General to Minister of State with responsibility for Public Procurement and eGovernment, Ossian Smyth TD, 12 August 2020

The Irish Pharmacy Union (IPU) is the representative and professional body for community pharmacists in Ireland, with over 2,200 members working in over 1,800 pharmacies. 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. In this role, the IPU produces policies, guides, and specifications to represent the views and meet the requirements of its members.

The IPU has been advocating for advancements in eHealth for a number of years – even before ePrescribing was identified in the National eHealth Strategy for Ireland (Department of Health, 2013) as a key priority. We firmly believe that an ePrescribing system, and related information, is one of the key building blocks for a National Shared/Summary Care Record (SCR).

As eGovernment is an element of your overall portfolio, we share an ambition to harness existing technology and enhance the delivery of public services. To that end, the IPU welcomes any opportunity to collaborate with this government and its state bodies – namely the Department of Health, Sláintecare, the HSE and eHealth Ireland – in the delivery of a high-quality information service that will help to integrate the Irish health service and improve stakeholder access to medicinal information.

Development of a National Medicinal Product Catalogue (NMPC) has been on the HSE agenda for over six years and this year, using the long-established IPU Product File we are launching the National Health Products Catalogue (NHPC).

We firmly believe that the use of such a common medicinal product catalogue is central to any successful ePrescribing model. The IPU Product File has been an integral source of information to community pharmacy and primary healthcare prescribers for over 30 years and in recent years we have been steadily promoting the use of our high-quality medicines information service across the entire health sector in Ireland. The newly rebranded NHPC will be an opportunity to expedite the State requirement with a proven and fit-for-purpose offering.

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Since the inaugural eHealth Ireland Ecosystem meeting in June 2015, the IPU has been working with the HSE and eHealth Ireland team on its ePharmacy Programme, with particular interest in ePrescribing. In 2018, we published the IPU ePrescribing Specification for Primary Care (Specification) to align our efforts with the guidance, recommendations and standards produced by the Health Information and Quality Authority (HIQA) and to progress the work of the HSE and eHealth Ireland. In the Specification, we highlight that a National Primary Care ePrescribing System is entirely deliverable with already-existing components, namely:

- GP software
- Pharmacy software
- A National Message Broker System – Healthlink
- Standardised medicines information across GP and pharmacy systems
- Patient Identifiers – IHI
- Healthcare Provider Identifiers – HSPI
- IT vendors willing to participate
- HIQA guidance, recommendations, and standards
- Technical guidance from other EU countries

Members of the IPU aim to provide the best possible professional pharmaceutical service to all members of the public. They are committed to delivering a quality, accessible, personal and professional service that puts the patient first and has as its primary goal the optimisation of the health and well-being of society. In order to help move this essential project forward, the IPU can offer:

- A fit for purpose medicinal product catalogue
- Expertise in medicines information
- Experience in delivering complex IT projects (most recently the Medicines Authentication system required under the Falsified Medicines Directive and associated Delegated Regulation)
- A working relationship with IT vendors
- ePrescribing technical specifications from our European peers (e.g. Portugal)
- A platform to promote the work of this government

Provisional Biocidal Product Registration

On Behalf of the Competent Authority for Biocidal Products to the IPU, 26 August 2020

As you will be aware you currently hold a provisional notification for an ethanol containing biocidal product. This provisional notification is due to expire on 30 September 2020.

Our records indicate that your provisional notification was issued as the source of ethanol contained in your biocidal product is not in compliance with Article 95 of the Biocidal Products Regulation (EU) 528/2012.

Should you be in a position to amend your provisional notification to comply with Article 95, an application should be made to the following email address indicating in the subject line, your product PCS number and that it is a request to update to an Article 95 source: biocide-notifications@agriculture.gov.ie.

To demonstrate compliance with Article 95, you must submit a letter of access from the Article 95 listed company/source or a letter of supply providing proof that the ethanol contained in your product is being procured from a source on the Article 95 list. Details on Article 95 sources can be found at the following link: <https://echa.europa.eu/information-on-chemicals/active-substance-suppliers>

Products deemed compliant with Article 95 will be placed on our register of “notified” products and may remain on the market subject to the standard regulatory requirements.

Provisional notifications which do not demonstrate compliance with Article 95 will be revoked and removed from the biocidal product registers. The following withdrawal dates will apply to such products:

Last date which the registration holder may place the product on the market:
31st December 2020

Last date that a third party can make the product available on the market:
31st January 2021

Last date that the product can be used by an end-user: **16th March 2021**

Marketing, sale or use of products which are not in compliance with Article 95 after the above prescribed dates will be considered an offence under Regulation 32 of Statutory Instrument 427 of 2013.

Biocidal Product Registration Under Article 55(1)

On Behalf of the Competent Authority for Biocidal Products to the IPU, 26 August 2020

As you will be aware you currently hold a registration for a propan-2-ol containing biocidal product which was granted in accordance with Article 55 (1) of the Biocidal Products Regulation (EU) No 528/2012.

PCS No: 100286

Product Name: IPU Services WHO Hand Rub Formulation 2

The Department of Agriculture Food and the Marine (DAFM) will issue a new derogation in accordance with Article 55(1) to allow the continued marketing and use of your product which is currently due to expire on 16 September 2020. It is proposed that the new derogation will be for a limited period and the following withdrawal dates will apply to your product under the planned new derogation:

Our records indicate that your product contains propan-2-ol from non-Article 951 approved sources and therefore:

Last date which the registration holder may place the product on the market:
31st October 2020

Last date that a third party can make the product available on the market:
31st December 2020

Last date that the product can be used by an end-user: **16th March 2021**

Marketing, sale or use of your product after the above prescribed dates will be considered an offence under Regulation 32 of Statutory Instrument 427 of 2013.

Details on obtaining a regular authorisation in accordance with Chapters IV and VI of the Biocidal Products Regulation (EU) No 528/2012 can be found at the following link: <https://www.pcs.agriculture.gov.ie/biocides/biocidalproducts/authorisationapplications/>.

Community Pharmacies – COVID-19 Restart Grants

Secretary General to the Tánaiste and Minister for Enterprise, Trade and Employment, Leo Varadkar TD, 30 September 2020

I wanted to raise an issue of great concern to our members.

Throughout the COVID-19 pandemic pharmacies were deemed an essential service by Government and therefore have kept their doors open to ensure the supply of medicine and healthcare services has continued across the country. Had pharmacies not stayed open, it would have caused hugely significant challenges for the health of the country, particularly as many GP services, understandably, remained closed to face-to-face consultations. However, staying open has come at a significant financial cost to each pharmacy, who have all had to invest significantly, with considerable costs arising from infection prevention and control measures which were implemented in pharmacies to protect staff and customers/patients from onward transmission of COVID-19.

At the outset of this crisis, the Department of Health in Northern Ireland put in place a grant package for pharmacies averaging £20,000 each to cover the extreme acute cost increases directly related to COVID-19, including security and physical distancing costs such as reconfiguration of pharmacy premises, additional staff costs, and contingency and business continuity planning costs. The additional frontline healthcare services that pharmacies are providing in the context of the increased healthcare needs of the public and ongoing restricted access to GP and hospital services have also been recognised with a further £13 million package.

The IPU appealed for equivalent support from the Department of Health. Rather than provide such support in Ireland, as we had sought, the Minister for Health instead came to the view that the Restart Grant Scheme would be an appropriate vehicle for assisting pharmacies in this regard. However, because pharmacies remained open, providing medicines, extending/repeating prescriptions and, at their own cost, delivering medicines to cocooning patients' homes, overall pharmacy turnover was not necessarily impacted sufficiently to qualify for these Grants, although margins suffered and retail revenues in many cases evaporated.

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In recognition of the financial hardship this caused for community pharmacies, the IPU was provided with a compromise arrangement from the Minister for Health Simon Harris TD and the Minister for Business, Enterprise and Innovation Heather Humphreys TD who committed that that, for the purposes of the Restart Grants, pharmacies which suffered a drop in retail turnover of 25%, excluding payments for prescriptions, could avail of the Grant based solely on retail revenue to compensate for some of the costs incurred making their premises safe and providing vital services to their patients and communities in the current pandemic.

On foot of emphatic assurances provided on behalf of two senior Ministers that pharmacies could use the adjusted criteria and apply for the grant based on their retail turnover, we sent several communications to our members outlining this concession. I have attached some correspondence with both Ministers' offices on the matter for your perusal.

Many local authorities around the country acknowledged the concession and have processed the applications of pharmacies who qualify using the retail business criteria. However, in the last few weeks we have received a number of calls from members who report that a small number of local authorities have refused to acknowledge the concession and are insisting that pharmacy businesses report overall turnover (both retail and medicines), which is preventing many hard-pressed pharmacies in those areas from availing of the Grant.

When we sought the assistance of your Department to resolve the issue (as they oversee the Grant programme) we were informed that they have no correspondence from the Department of Health regarding the concession and as such, as regards the operation of the scheme, the normal criteria, i.e. full turnover, continues to apply to pharmacies. The Department advised us to address the matter with the Department of Health.

I would greatly appreciate any assistance that you can provide to bring this issue to a swift resolution to ensure that pharmacies applying for the grant are able to access funding based on the criteria agreed by your colleague Ministers.

Community Pharmacies – COVID-19 Restart Grants

Secretary General to the Tánaiste and Minister for Enterprise, Trade and Employment, Leo Varadkar TD, 10 December 2020

At the end of September, I wrote to you highlighting our concern that a specific arrangement negotiated and agreed by two Ministers in the previous Government to allow pharmacies to avail of the Restart Grant was not being applied by a small number of local authorities (copy attached).

For the purposes of the Restart Grants, an arrangement had been put in place for pharmacies which suffered a drop in **retail turnover of 25%**, excluding payments for prescriptions, to avail of the grants. The concession was granted as pharmacy retail revenues had in many cases evaporated, even though overall pharmacy turnover was not necessarily impacted sufficiently to qualify for a grant because prescription medicines demand had remained relatively consistent, and COVID-19 related business costs had soared.

In recent weeks, on foot of issues arising in a small number of local authority areas, we had confirmatory discussions with Minister Simon Harris (who had arranged the concession with the agreement of Minister Heather Humphreys, your predecessor in the Department) and senior officials within your Department, all of whom provided us with assurances that the issue would be resolved. Unfortunately, it appears that these same local authorities continue not to comply with the agreement and, in at least one case, are denying the existence of the arrangement, informing pharmacies that their application has been refused as they do not meet the qualifying criteria of the scheme according to the guidelines issued by the Department of Enterprise, Trade and Environment when they do in fact meet the criteria agreed for pharmacies. This is contrary to what we have been consistently assured.

In total, there are approximately a dozen pharmacies throughout five local authority areas who are impacted by this situation. As payments for the grants are due to be finalised within the next week, I urge you to bring this issue to a swift resolution to ensure that pharmacies qualifying for the grant based on the criteria agreed with and by your colleague Ministers can access funding.

EU Veterinary Medicines Regulation 2019/6

Director of Pharmacy Services to Principal Officer, ERAD Division & Veterinary Medicines, Department of Agriculture, Food and the Marine, 21 April 2021

I am writing to you for an update on the implementation of the EU Veterinary Medicines Regulation 2019/6.

Notwithstanding the ongoing meetings of the Antiparasitic Resistance Stakeholder Group, on which the Irish Pharmacy Union (IPU) has representation, there are a number of strategic projects of which the IPU indicated to the Department of Agriculture, Food and the Marine (DAFM) that we would like to be involved in, but we have yet to have engagement with the Department on these projects.

- **Project No 17: Construct a secure prescribing system that will enable the measurement of the use of antiparasitics in the animal health sector in Ireland and the development of a national antiparasitic usage (APU) database.**
The Dec 2020 update indicated that the business requirements had been gathered for development of a business case for a National Vet Digital Prescribing (ePrescribing) System (NVPS) and put out to tender. The Apr 2021 update indicated that the tender had been awarded. Furthermore, webinars on the NVPS were shown over the Easter period with over 900 attendances.

It is a matter of great concern that the Department has proceeded with the development of the NVPS without the input of one of the two main stakeholders, community pharmacists. As a matter of urgency, we request engagement with the Department and this company to ascertain if the NVPS is suitable for use in community pharmacy.

- **Project 39: Determine appropriate duration of validity of prescription.**
The Dec 2020 update said that the Veterinary Council of Ireland (VCI) was examining options and the Apr 2021 update said that this is still under consideration.

The IPU would welcome engagement with the Department and VCI on this project. The IPU had a very constructive meeting with VCI on 10 February 2021 in relation to their Code of Practice for

Veterinary Practitioners and we agreed that we would continue to collaborate on matters of mutual interest in relation to the Regulation.

- **Project 41: Development of a secure electronic prescription system.**
The Dec 2020 update indicated that stakeholder engagements had taken place (but not the IPU) and a draft functional spec was expected to be completed in Q1 with system development to start in Q2. The April 2021 update said that webinars were rolling out to show how the NVPS worked.

It is not clear what the difference is between this project and Project 17. Nevertheless, we do need to engage with this project now to ensure any prescriptions generated by NVPS can be accessed by all community pharmacies through their dispensary systems.

- **Project 42: Review of alternative proposals with regard to prescribing and dispensing / separation of prescribing and dispensing / moratorium on dispensing.**
The Dec 2020 update said that the One Health Research Team would communicate with LMs, Pharmacists, ICOS, Veterinary Ireland, HPRA and IFA to look at a number of options:
 - a) allow all parties to dispense but prescriptions required;
 - b) decouple prescribing and dispensing;
 - c) restrict or limit certain medicines to certain stakeholders (legal issues); and
 - d) others.

The Apr 2021 update indicates that DAFM communicated the legal advice to the APR Stakeholder Group on 14 April.

The IPU has had no formal engagement with the One Health Research Team on this research or its outcomes. We request that the Department facilitate a meeting with the research team to discuss the findings of their research.

It would also be useful to also have an update from the Department on Projects 3, 5 and 11 as they relate to pharmacists.

I look forward to hearing from you with suggested dates for a meeting or number of meetings on these issues.

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Manufacturers

Patient Level Recall of Palexia

Secretary General to Director, Grünenthal Pharma Ltd, 15 February 2021

The Irish Pharmacy Union is the representative and professional body for community pharmacists in Ireland, with a membership of approximately 2,300 pharmacists and almost 1,800 pharmacies. As requested by the Health Products Regulatory Authority (HPRA), we have made our members aware of the recent patient-level product recall of all batches of Palexia 20mg/ml oral solution, due to the detection of the microorganism *Burkholderia contaminans*.

This recall has created significant administrative 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 requires pharmacists to:

- Immediately identify and quarantine any stock in their pharmacy and hold onto it until 9 March 2021 before returning to their supplier;
- Check their dispensing records to identify any patients to whom they have dispensed Palexia in the past 6 months and identify the prescribers;
- Forward a “Dear Doctor” letter without delay to the prescriber and telephone them to let them know about the issue;
- Contact each patient by telephone to determine if they have any Palexia in their possession;
- If the patient confirms that they have the product in their possession, ask the patient to contact their prescriber as soon as possible to discuss switching to an alternative treatment;
- Advise the patient to return any packs of the product in their possession to the pharmacy and quarantine such stock until

9 March 2021 before returning to their supplier.

It would be reasonable for pharmacists to expect you to compensate them for the time, effort and professional input involved in carrying out this recall and we look forward to hearing your proposals in that regard.

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 2019¹. 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 lacking².

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.

Online Doctors

**Secretary General to CEO, Medical Council,
22 January 2021**

The Irish Pharmacy Union (IPU) is the professional and representative body for community pharmacy in Ireland, with 2,300 community pharmacist members working in the more than 1,800 community pharmacies across Ireland. I am writing in relation to a consequence of the UK leaving the EU and the ending of the transition period on 31 December 2020, whereby there have been changes to the legality of prescriptions written by online doctors based in the UK.

Amendments to the Medicinal Products (Prescription and Control of Supply) Regulations published by the Department of Health (S.I. No. 614 of 2020) enable the continued recognition of hard copies of medical prescriptions written by doctors, dentists and nurse prescribers based in the United Kingdom; however online prescriptions or prescriptions written by UK-based prescribers for the purposes of enabling mail order supply issued to people living in Ireland are no longer valid. The legislative amendments were made to ensure that patients/citizens travelling between the UK and Ireland can continue to access medicines they may need when they are away. However, online prescriptions from the UK, or prescriptions from the UK issued for the purposes of enabling mail order supply, are not permitted.

APPENDIX II

Continued

The IPU has worked closely with the Department of Health to provide comprehensive advice and guidance to community pharmacists. The intention of the law is to prevent prescriptions being issued by information society services (ISS) or cross-border telemedicine services. Therefore, if a teleconsultation is carried out by a UK-based doctor for a patient living in Ireland as part of a telemedicine service (even if accessed through an Irish website), neither a digital nor a physical prescription will be acceptable. The current Brexit deal covers trade, not services, and a teleconsultation is regarded as a service.

Some doctors based in the UK are also registered with the Medical Council of Ireland and, as such, have access to Healthmail. However, just because they have access to Healthmail does not allow their prescriptions to be lawful if sent by Healthmail. If the doctor's address on the prescription is a UK address, pharmacists cannot dispense the prescription. The HSE has issued communication to all Healthmail users to provide an update in relation to this legislation and the impact it has had in terms of the validity of prescriptions.

It has been brought to our attention that UK-based prescribers, who are typically registered with both the General Medical Council in the UK and the Medical Council of Ireland, are now using the Irish website address and telephone number on prescriptions issued following a teleconsultation with patients living in Ireland. Such prescriptions are typically posted to the patient, sometimes along with a card or letter stating that the prescription is valid for dispensing in Ireland. However, it has been reported to us that often when the pharmacist checks the doctor's address on the Medical Council register it becomes clear that the doctor is based in the UK and, as such, the prescription is in fact unlawful.

Some of the online doctor companies have aggressively argued with pharmacists that because the doctor is registered with the Medical Council of Ireland, the prescription is lawful, leading to significant distress and anxiety for the patients who cannot access the medicine they require, and resulting in the patients becoming angry and abusive to pharmacists.

Furthermore, it has been reported to us by some pharmacists that they are unable to contact the doctor if there is a query with the prescription as the telephone used is that of the website, rather than the doctor's practice.

The main online doctor companies that have been reported to us are: Superdrug Online Doctor; Medical Solutions; and Health Hero.

We now ask that the Medical Council ensure that your registrants based in the UK, or indeed anywhere outside of the EU/EEA, are aware of the consequences of Brexit and the Irish legislation particularly in relation to the exclusion of cross-border services from the EU/UK Trade Agreement and the impact on the issuance of prescriptions.

APPENDIX III

A LIST OF PRESS RELEASES ISSUED TO THE MEDIA

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

May

- Ireland Flu Fight should start now advise pharmacists
- Government's commitment to combat flu is welcome but requires more ambition
- Pharmacies struggling to cope with soaring costs while providing frontline care during COVID-19 crisis

- 10% fall off in prescriptions for 'the pill' during COVID-19 crisis

- Flu Vaccination Available Without Charge to Children Aged 2-12 and All At Risk Groups

- Pharmacists urge 'sun care' ahead of rising temperatures

June

- Pharmacies available to help men 'restore the balance' with advice and expertise

- IPU welcomes commitments to community pharmacies within Programme for Government

- Hay fever Warning from Pharmacists as Peak Season Brings Very High Pollen Levels

- Pharmacists congratulate Minister Stephen Donnelly

July

- One third of unused medicines are dangerously discarded

- IPU contributes to International Healthcare Terminology Database

- Role of Pharmacies deserves recognition in July Stimulus

- Growing concern about medicine shortages in Ireland

August

- HSE and Irish Pharmacy Union launch new campaign 'Play it Safe!'

- Missed opportunity on Biosimilars to cost State hundreds of millions

- Irish Pharmacy Union warns public about risks of purchasing medicines online

APPENDIX III

Continued

September

- Examinership of Pharmacy Group shows Sector in Crisis
- World Pharmacists Day 2020
- Pharmacists urge Rethink on Healthcare Spending

October

- Pharmacists welcome decision to allow them to vaccinate outside the pharmacy premises
- COVID-19 affects on Depression and Anxiety – IPHA and IPU Survey
- Affordable Healthcare Measures Welcomed by Pharmacists
- Budget 2021: Irish Pharmacy Union Reaction
- Uncertainty over flu vaccine deeply concerning – Pharmacists
- Government urged to facilitate more comprehensive pharmacy services

November

- Pharmacists urge people to self-isolate when awaiting COVID-19 test results
- Pharmacists extremely concerned at lack of flu vaccines
- Antibiotic Overuse Could Cause the Next Global Healthcare Crisis
- Pharmacists urge Government to extend free flu vaccine to 13-17-year olds

December

- Pharmacies need to be an essential part of COVID-19 Vaccination campaign
- Pharmacists welcome extension of free flu vaccine to 13-17-year olds
- Pharmacists key role in Vaccine Plan welcomed by IPU
- Pharmacists advise to get your essential medicines early and avoid the Christmas rush
- Pharmacists Warn of the Dangers of Mixing Alcohol with Medicines

2021

January

- Pharmacy Staff Must be Prioritised for COVID Vaccine
- Pharmacists warn that Brexit will affect UK online prescriptions
- Pharmacists welcome launch of Viagra as an over-the-counter medication
- Pharmacists welcome plan to allow them vaccinate public against COVID-19

February

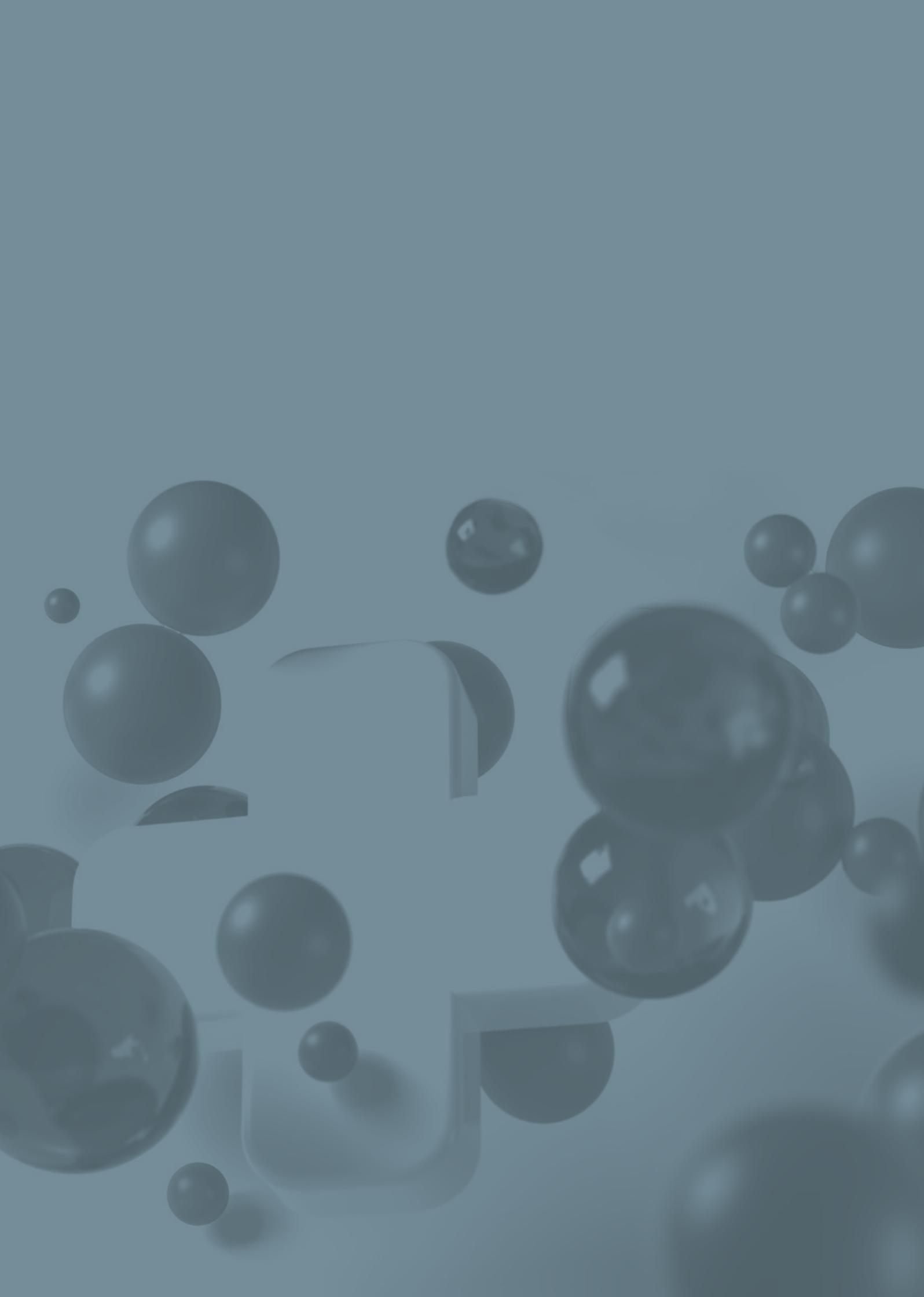
- Pharmacists have solutions to some of the Covid vaccine complications
- IPU strongly endorses statement of European colleagues on vital role of pharmacy during COVID crisis

March

- Call for pharmacists to be utilised to stop vaccine targets being missed
- Pharmacists issue advice for new and expecting mums ahead of Mother’s Day
- Postcode lottery could slowdown vaccine rollout
- Pharmacists call for urgent clarity on when they can begin vaccinating against COVID-19
- Pharmacists should immediately be mobilised to administer HPV vaccine

April

- 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