



Pharmacy
with you
throughout
life



Annual Report 2015

A large, light green stylized cross is positioned in the upper left quadrant. A series of dark green stars of varying sizes are arranged in a curved path from the top center towards the bottom left, overlapping the cross.

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Foreword

by PGEU President 2015 Darragh O' Loughlin



Undoubtedly, 2015 was a transformational year for PGEU. There have been a number of developments which we should be proud of and changes which will support our work in the coming years.

After several years of planning and preparation, we began the implementation phase of the Falsified Medicines Directive. The European Medicines Verification Organisation was finally established in February 2015, as a collaborative project between PGEU, the industry groups EFPIA, EGA and EAEP and our wholesale colleagues GIRP. Pharmacists' position as an equal partner in the project is reinforced by our holding of the first presidency of the EMVO. PGEU will have a significant workload in the coming years supporting all member organisations as we assert our right to participate as equal partners with the other stakeholders in the establishment of the national medicines verification systems in each of our states. This is an enormous undertaking and we will continue to rely on PGEU to guide us through the project for many years to come.

PGEU took another important step with the incorporation of the former Europharm Forum

into our newly established European Pharmacists' Professional Forum, with the support of both the outgoing leadership of Europharm and of FIP. The reinvigorated professional forum will assist PGEU to demonstrate the importance of community pharmacists' vital role in improving patients' health outcomes and will further strengthen our efforts to ensure that our current and potential future contribution to health care is properly recognised when European policy is developed and when legislation is being drafted.

In addition to these important activities, PGEU also had a very significant personnel change. John Chave, who had been our Secretary General for nine years, departed in the summer. After an extensive Europe-wide recruitment and a rigorous selection process, Jurate Švarcaite was appointed Secretary General by the General Assembly in Dublin last June. John had greatly enhanced the professionalism and effectiveness of PGEU during his tenure. Now, we have placed our confidence in Jurate to do likewise and to strongly represent and protect the common interests of European community pharmacists long into the future. Her experience as a pharmacist will allow her to relate high level proposals directly to real life pharmacy practice.

PGEU is a very important organisation for all of us and its importance will surely increase in future. The prevalence of chronic diseases is increasing and will continue to grow. As a result, existing health systems are under unprecedented pressure due to the increasing demand for care. The old ways of treating illness will not suffice in the future. There is an appetite to see pharmacy expand its role, to innovate and to find new ways to support patients. As independent professionals located in almost every town, village and community, pharmacists have a unique relationship with the public. With our skills and expertise and our unrivalled accessibility to patients, we are perfectly placed to support efficient health care systems by providing targeted services which promote better health at every stage in patients' lives, from infants to elderly. There will be barriers to overcome, including reassuring other professions that pharmacists are not a threat to them and convincing payers that investment in pharmacy services pays a dividend in reduced long term health care costs. As health systems evolve and the focus of pharmacy practice moves from medicines to patients and from inputs to outcomes, PGEU must facilitate the exchange of ideas and experiences so that each of us and our patients can benefit from the successes of colleagues in other states.

It was a privilege for me to have served as President of PGEU, and also a significant responsibility. During the year, I had the opportunity to travel to many countries which I might not otherwise have visited and to meet people whom I most certainly would not otherwise have met. I have had discussions with the European Commissioner for Health, met several Health Ministers, addressed Parliamentary Health Committees, spoken at multiple pharmacy conferences and represented

"we are perfectly placed to support efficient health care systems by providing targeted services which promote better health at every stage in patients' lives, from infants to elderly"

European pharmacists at various forums such as industry conferences, academic congresses and political events. I have done so proudly, knowing that I spoke on behalf of a noble profession which is recognised for its long history of serving European patients with integrity and independence.

I would like to acknowledge the professionalism of the PGEU staff, particularly Patricia Muñoz and Jamie Wilkinson, who kept the organisation functioning throughout the summer while we were without a Secretary General. I also congratulate Audrey Van Coillie on the new addition to her family and thank her for her quiet efficiency and consistently cheerful demeanour. Lastly, I thank all PGEU members for their wisdom, advice and support throughout my mandate. I look forward to continued work together in the interest of the pharmacy profession and the patients we serve.



2015 at a Glance

EMVO



The European Medicines Verification Organisation, or EMVO, was established in Luxembourg on the 13th February 2015. EMVO is the not-for-profit European organisation which will oversee the development and implementation of the electronic authentication of medicines in pharmacies throughout Europe. Electronic authentication is the flagship measure in the recently adopted Falsified Medicines Directive, and will become a legal requirement following adoption of implementing legislation by the

European Commission in 2016. Establishment of EMVO concludes four years of preparatory work undertaken by European stakeholders comprising pharmacists, wholesalers, parallel distributors and pharmaceutical manufacturers. These efforts will result in the strengthening of a safe and secure supply chain of medicines, preventing falsified medicines from entering the supply chain. PGEU has been at the forefront of the process and has accepted the first Presidency of the EMVO.



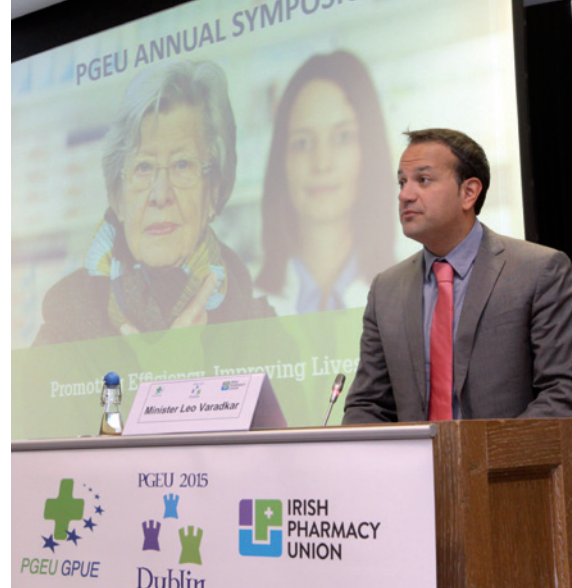
The first ever dedicated pharmacy / pharmacist session at Med-e-Tel

The PGEU chaired the first ever dedicated pharmacy / pharmacist session at the international telemedicine and eHealth conference “Med-e-Tel” on the 24th April 2015 in Luxembourg. This four hour session of twelve speakers acted as a forum to exchange updates on recent developments, services and initiatives in m/eHealth in pharmacies and by pharmacists. The PGEU also presented an overview of European m/eHealth pharmacy services during one of the plenary sessions. The feedback received from the presenters was excellent and another dedicated pharmacy/ pharmacist session is planned for 7th April 2016 during the next Med-e-Tel conference in Luxembourg. @medetel_ehealth



Professional Card

The Legislation on the European Professional Card (EPC) and Alert Mechanism was published on 24 June 2015. Pharmacists along with general nurses, physiotherapists, mountain guides and real estate agents will be able to use this alternative mechanism of recognition of their diplomas when they move from Member State to Member State. The EPC is not a physical card but an electronic certificate. The EPC shifts the burden of recognition from the host to the home country. The host country validation remains but the home country will need to initiate, validate or/and upload the documents of the EPC. The aim of the card is to facilitate the administrative proceedings for the applicant and reduce waiting times for professionals who want to practice in another EU country. The EPC will pave the way for the free movement of workers helping to achieve the smooth functioning of the internal market.



Symposium

The PGEU Annual Symposium 2015 entitled 'Promoting Efficiency, Improving Lives: How can pharmacy make a difference in the 21st century' was held in Dublin, Ireland. The Symposium explored pharmacists' roles, the challenges they face and provided perspective in an environment of economic pressures. The

meeting was opened by Mr Leo Varadkar, Irish Minister for Health. Commissioner Vytenis Andriukaitis also addressed the audience through video conference. Pharmacists, academics and other stakeholders discussed pharmacists' contribution to the health systems.

PGEU's participation in various European public health campaigns



Over the past year the PGEU has participated in several public health campaigns including:

- the multi-stakeholder “Pharmaceuticals in the Environment” (PiE) #medsdisposal campaign to encourage the correct disposal of medicines (medsdisposal.eu),
- the “European Antibiotics Awareness Day” (EAAD) @EAAD_EU & #antibioticresistance campaign in collaboration with the European Centre for Disease Prevention and Control (ECDC) to encourage prudent use of antibiotics,
- and the “World Diabetes Day” (WDD) campaign #wdd in collaboration with the International Diabetes Federation Europe Office (IDF-Euro).

These campaigns involved a combination of both traditional printed materials, online materials and the use of social media within the national pharmacy organisations and network to spread the campaign messages.



Pharmacovigilance Risk Assessment Committee (PRAC) of the European Medicines Agency (EMA) ends its first term: experience by Mr Babylon, representative of healthcare professionals.

The Pharmacovigilance Risk Assessment Committee (PRAC) is the committee at the European Medicines Agency that is responsible for assessing and monitoring safety issues for human medicines.

Mr Babylon is a community pharmacist and former president of the PGEU. He practices in Damme, in West Flanders, Belgium in his own pharmacy.

1. What have you learnt about EMA and the EU pharmacovigilance system during your mandate?

EMA is not only a multidisciplinary team of professionals working in the London office but also, and maybe more importantly, a network of people in national agencies, patient and healthcare professional organisations and academia working closely together. Pharmacovigilance, also known as drug safety, is a multitude of activities relating to the detection, assessment, understanding and prevention of adverse effects of medicines. The objective of pharmacovigilance is to promote the safe, rational and appropriate use of medicines. The big challenge is to bring relevant information to patients, healthcare

professionals and the general public at the precise moment they need it!

2. How does the work of PRAC translate to daily pharmacy practice and vice versa?

To achieve safer use of medicines, advice by a healthcare professional, in particular a pharmacist, is key. I am convinced that there is a huge opportunity for community pharmacists to play a more prominent role in risk minimisation as they form the last line of protection before a medicine reaches the patient. We do not only have an information providing role, but also one of reassurance, as patients sometimes do not take their medicines due to a misunderstanding or even from seeing or reading something in the news. And of course, we also have to do our very best in reporting adverse drug reactions and medication errors, because these reports are the very basis of improving the safety of medicines.

3. How would you describe your main mission as the healthcare professionals' representative in PRAC?

A head of a National Agency once said "Regulators have to be relevant in the real

world". I think that my main mission is to keep on reminding PRAC members of that. Whatever the topic on the agenda, I always asked the committee to think about the impact of the decision on the daily practice of the doctor, nurse or pharmacist and the impact of the decision on the patient's therapy.

4. What do you consider was your main achievement as a PRAC member?

As a healthcare professionals' representative I have a particular position in the committee.

In general I am sure that the expertise of an active healthcare professional is now highly appreciated at PRAC. I am also sure that the PRAC members now better understand the role of a pharmacist and that they are more than ever ready to take into account the "real life" perspective. I am also happy that my best ally was the patients' representative who, in most cases, shared my opinion.

There is also a real problem with some well-established products that have been on the market a long time, and do not have much evidence data or a lot of safety data, and these OTC products are very important

The big challenge is to bring relevant information to patients, healthcare professionals and the general public at the precise moment they need it!

“As a pharmacist, don’t be afraid to get your hands dirty, throw yourself in the day-to-day, meet and spend time with your patients and always keep the priority in mind that what you do has the potential to impact the quality of an individual’s life in very significant ways. Do not ever underestimate that power!”

for community pharmacy. There is a growing feeling among many PRAC delegates that we have to find a new approach for those products, improving their safe use without killing-off these products. Pharmacists have to play a major role in this process.

5. ‘Pharmacy with you throughout life’- What does this mean to you?

I believe as a community pharmacist that patient participation in everything related to their health is key. We live in a society that is becoming more participative with each day and one which is also keen to take decisions on the questions affecting our lives. Health is certainly where participation has more impact. As a pharmacist, don’t be afraid to get your hands dirty, throw yourself in the day-to-day, meet and spend time with your patients and always keep the priority in mind that what you do has the potential to impact the quality of an individual’s life in very significant ways. Do not ever underestimate that power!



Pharmacy with you throughout life



Joséphine 31, France

Joséphine is a professional ballet dancer. She is suffering from constipation for a week now. She usually uses tea containing senna leaves when this happens. Her pharmacist consults her Dossier Pharmaceutique, an electronically held medication record for Joséphine, and notices that she is pregnant. The pharmacist informs Joséphine that taking senna during pregnancy may increase her risk of premature labour. Constipation is common during pregnancy and causes pain and discomfort. The pharmacist recommends Joséphine to drink plenty of water, increase her fluid in-take and use a type of laxative that is both gentle on the digestive tract and is safe in pregnancy (a “bulk” laxative).

The Pharmaceutical Record (Dossier Pharmaceutique-DP) is a professional tool that allows community pharmacists to look after their patients’ health and the correct use of medicines.



Information on medicines dispensed to a patient in any pharmacy connected to the system is stored for a defined period of time. After receiving patient consent a pharmacist can consult the record during the consultation with a patient. This allows a pharmacist to identify potential drug interactions and side-effects and advise best course of action to the patient.

The DP is already in place in France and Belgium.

32 839 189 patients in France have opened a DP.



of pharmacies in France are connected to the DP

4 500 000 patients in Belgium have opened a DP.



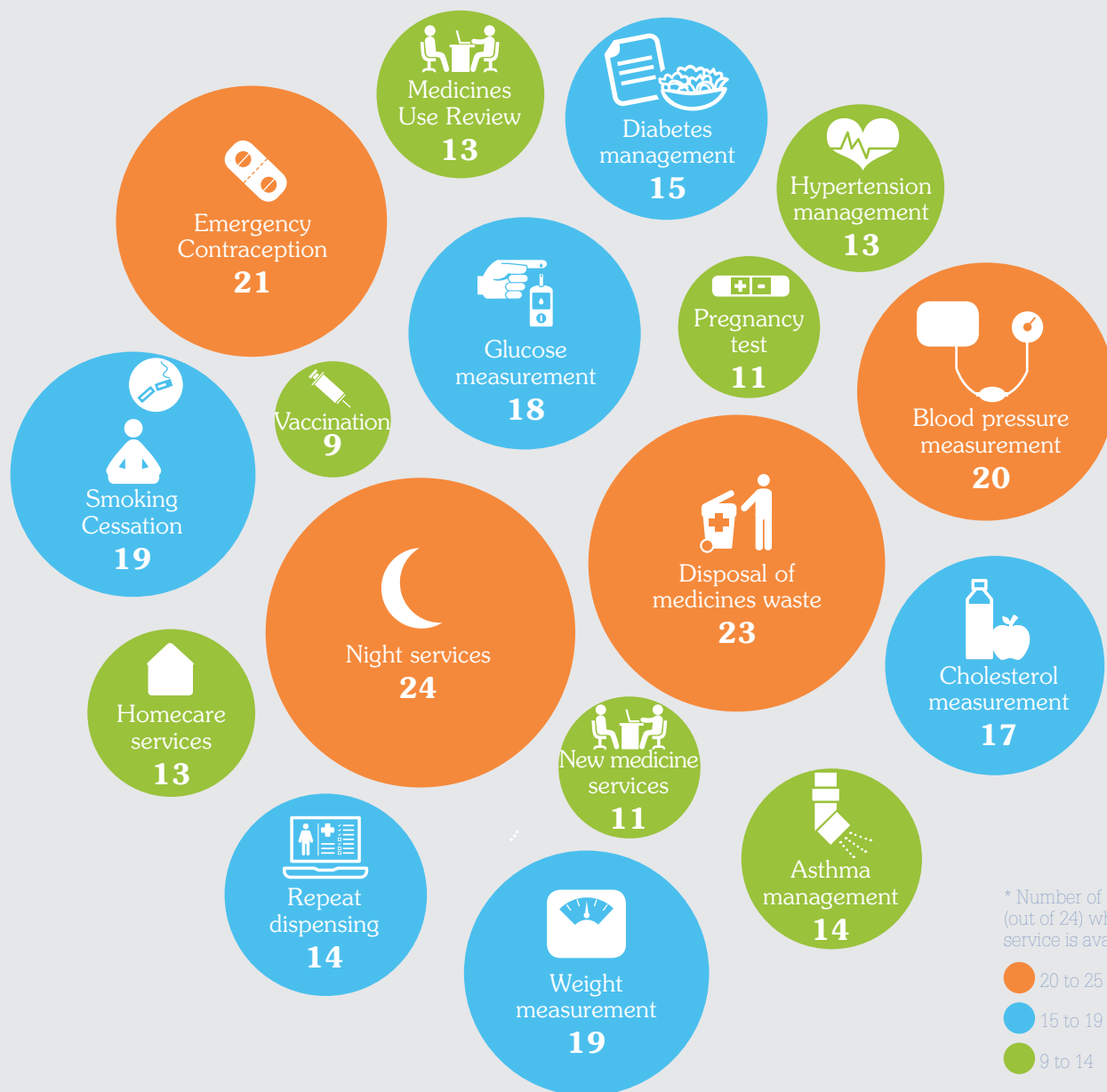
pharmacies use DP on daily bases in Belgium



**Mia, 38, Estonia
and 24 month old
daughter Kati**

Mia, who is an artist, has just returned from her general practitioner with a prescription for some antibiotics for her 24 month old daughter, Kati. Mia presents the prescription to her local pharmacist who recognises that the prescription is for Kati, but the doctor has prescribed capsules that Kati will not be able to take. After speaking to Mia and then Kati's doctor, the pharmacist arranges for the prescription to be changed to an antibiotic oral suspension so Kati can take it easily. The pharmacist also provides advice on how frequently and for how long the antibiotic should be used, and reminds to complete the course of treatment.

Additional pharmacy services





Dave, 16, UK

Dave, a 16 year old school boy from the UK, has acne. He feels quite embarrassed about this condition and it is affecting his confidence both at school and in his social life. On his usual route back home from school one afternoon, he notices his local pharmacy is displaying a sign saying “consult your pharmacist for advice”. Dave decides to speak to the pharmacist about his acne and discovers there are over-the-counter treatments available. The pharmacist also spent time with Dave explaining what acne is, how the treatment works and how he can prevent it from returning. As part of their role in health promotion and prevention, the pharmacy team also spoke to Dave about a number of other diet and healthy lifestyle choices as part of the pharmacy’s “Healthy Living Pharmacy” status.



Niamh, 21, Ireland

Niamh, a student from Cork has a long-distance relationship with her boyfriend in Dublin. She arrives in Dublin on a Friday afternoon and that evening, they went for a romantic dinner and to the cinema. During the course of the evening, their regular form of contraception failed. The next morning Niamh could not access her general practitioner as it was a Saturday and she was away from home. She decided to speak with a local pharmacist about the situation and a pharmacist advised her that she could use emergency contraception, which is available from the pharmacist without a prescription following a confidential consultation.

The **Healthy Living Pharmacy (HLP)** framework is a tiered commissioning framework in the UK aimed at achieving consistent delivery of a broad range of high quality services through community pharmacies to meet local need, improving the health and wellbeing of the local population and helping to reduce health inequalities.

The evaluation of the HLP pilot sites was launched on the 22nd April 2013 and the key findings were:

- **21% of people surveyed** wouldn't have done anything if they hadn't accessed a service or support in the HLP so would have missed out on the benefit of getting advice to improve their health and wellbeing;
- **60% of people surveyed** would have otherwise gone to a general practitioner;
- Public feedback was positive with **98%** saying they would recommend the service to others and **99%** were comfortable to receive the service in the pharmacy
- **More people successfully quit smoking in HLPs** than non-HLPs or prior to becoming a HLP



Access to pharmacy services



Through extended opening hours and night services.



Louise, 35, Belgium

Louise, who is a teacher, is on her lunch break and takes this opportunity to go to the pharmacy next door to the school. She hands over a prescription to her pharmacist for her 8 month old baby who is suffering from bronchitis. She also asks him for paracetamol tablets of strength: 1g. The pharmacist asks Louise for a little more information as this strength cannot be given to young children. Louise explains that the paracetamol is for her husband who has just caught a cold with a blocked-nose (causing him a headache). The pharmacist provides her advice on how to manage the cold. Upon hearing more about her husband's symptoms and medical history, the pharmacist suggests that her husband could take a preparation which contains a decongestant as well as paracetamol, which would help relieve his congestion, headache and other pain .

- **The role of pharmacists in self-care** is to facilitate an ageing and mobile population. Either to care and treat themselves or to receive treatment and advice from the pharmacist or another health or social care professional, as appropriate.



Sven, 43, Norway

Sven, who is a manager of a local accounting firm has just been diagnosed as having high blood pressure. He works long hours and sometimes even at the weekends. His doctor thinks that the stress from the job is one of the contributing factors to his high blood pressure. Upon receiving his first prescription for his new medication to control his blood pressure, Sven can easily and conveniently collect his prescription from his local pharmacy near his office. Whilst preparing his prescription, the pharmacist notices that this is a new medication for Sven and explains that he can benefit from a special service for patients starting new medications called "Medisinstart". To ensure Sven is supported in successfully starting his new medication, the pharmacist first explains how the medicine works and how to take it correctly. Then, the pharmacist arranges for two follow-up consultations with Sven to identify any problems or concerns with the new tablet over the next month.

- In Norway, the "Medinsart" service helps patients adhere to newly prescribed medicines for chronic diseases. The results show that after receiving this service patients:
 - experience fewer medication- related problems,
 - experience less side-effects,
 - are less worried about the treatment,
 - have more positive attitudes towards the medication,
 - are more sure that the medication is working.
- Similar services (known as) 'New Medicines Services' are available to patients in community pharmacies in 11 European countries.



Beate, 48, Germany

Beate, a housewife from Munich, asks the pharmacist for some herbal medicine to relieve hot flushes and night sweats. During the consultation the pharmacist finds out that Beate's menstrual cycles have been irregular for the past few years and that she has recently had difficulties with falling asleep and mood swings. These are all typical symptoms of the menopause. Beate and the pharmacist discuss dietary and healthy lifestyle changes that can help her to manage the situation. Additionally, they discuss alternative herbal treatments available allowing Beate to make an informed choice on her course of action.



João, 60, Portugal

João, who is a local butcher recently received a prescription from his doctor for the seasonal influenza vaccination. He enters his local pharmacy with the intention of collecting the vaccination to take back to his doctor's office to be administered later that week. When João's pharmacist dispenses his vaccination, he is offered the possibility of being immunised that very moment at the pharmacy by the pharmacist. João hears about how the pharmacist is fully trained and prepared to administer the vaccination in the pharmacy's consultation room and agrees to have his vaccination administered by the pharmacist.



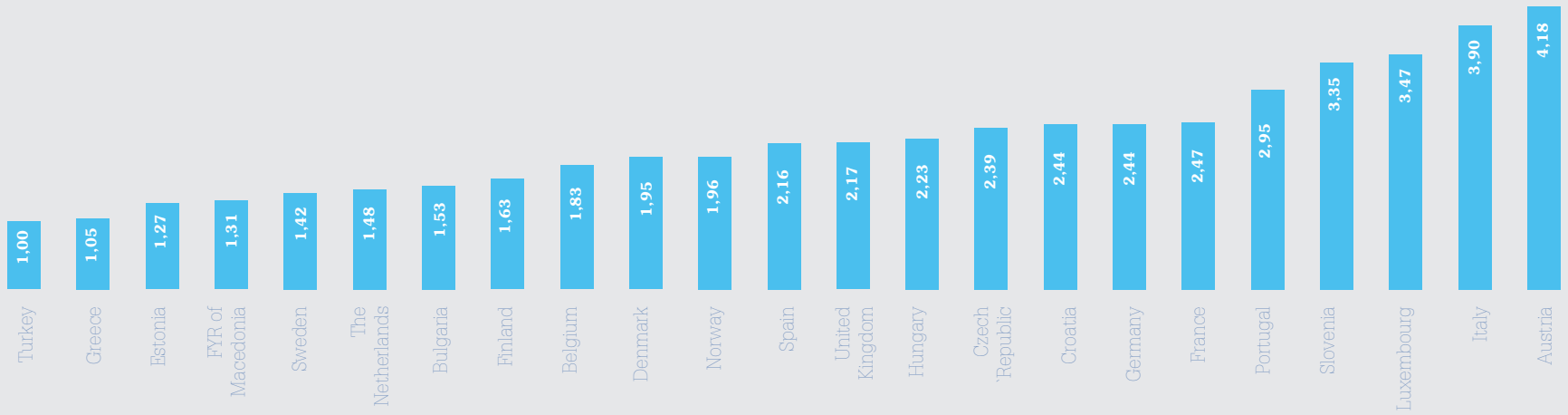
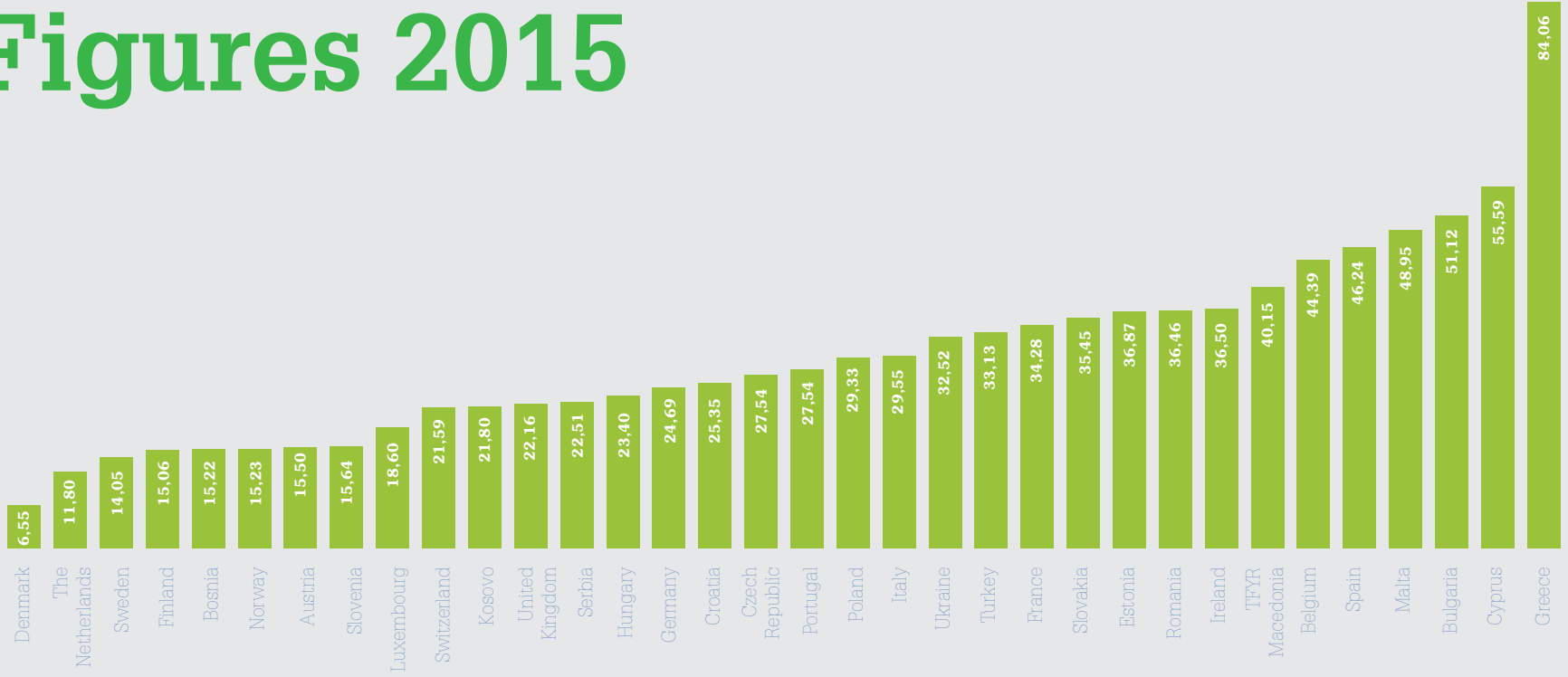
- Portugal is among 9 European Countries where patients can receive their flu vaccination in a community pharmacy.
- In Portugal pharmacies offer vaccination service to patients otherwise excluded from the National Vaccination Plan.
- In Ireland 1 in 10 patients received their flu vaccination in a community pharmacy during 2014/2015 flu season.
- 300.000 patients received vaccination in a UK pharmacy during the first 30 days of 2015 flu season and it is now a nationally commissioned service.

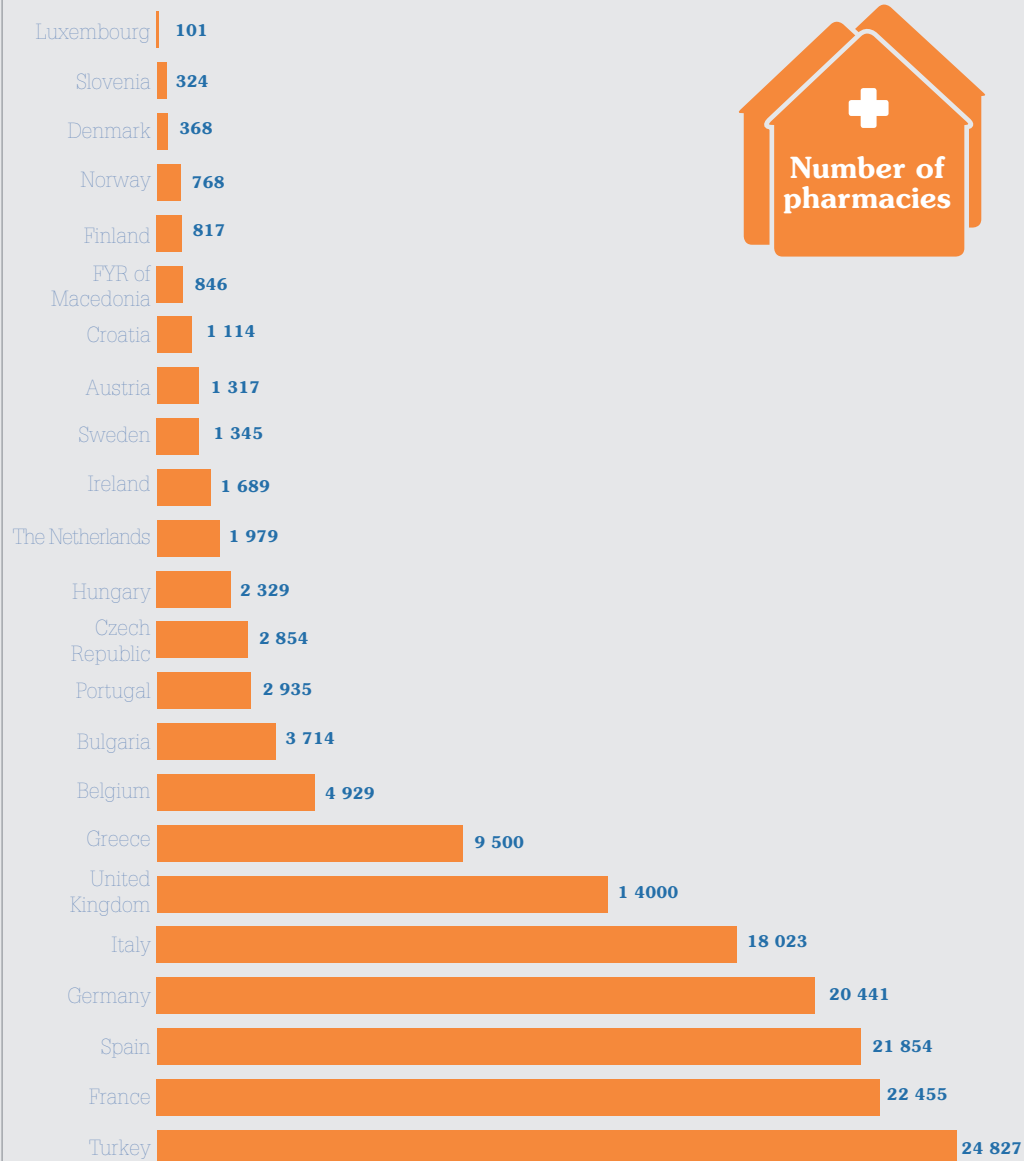
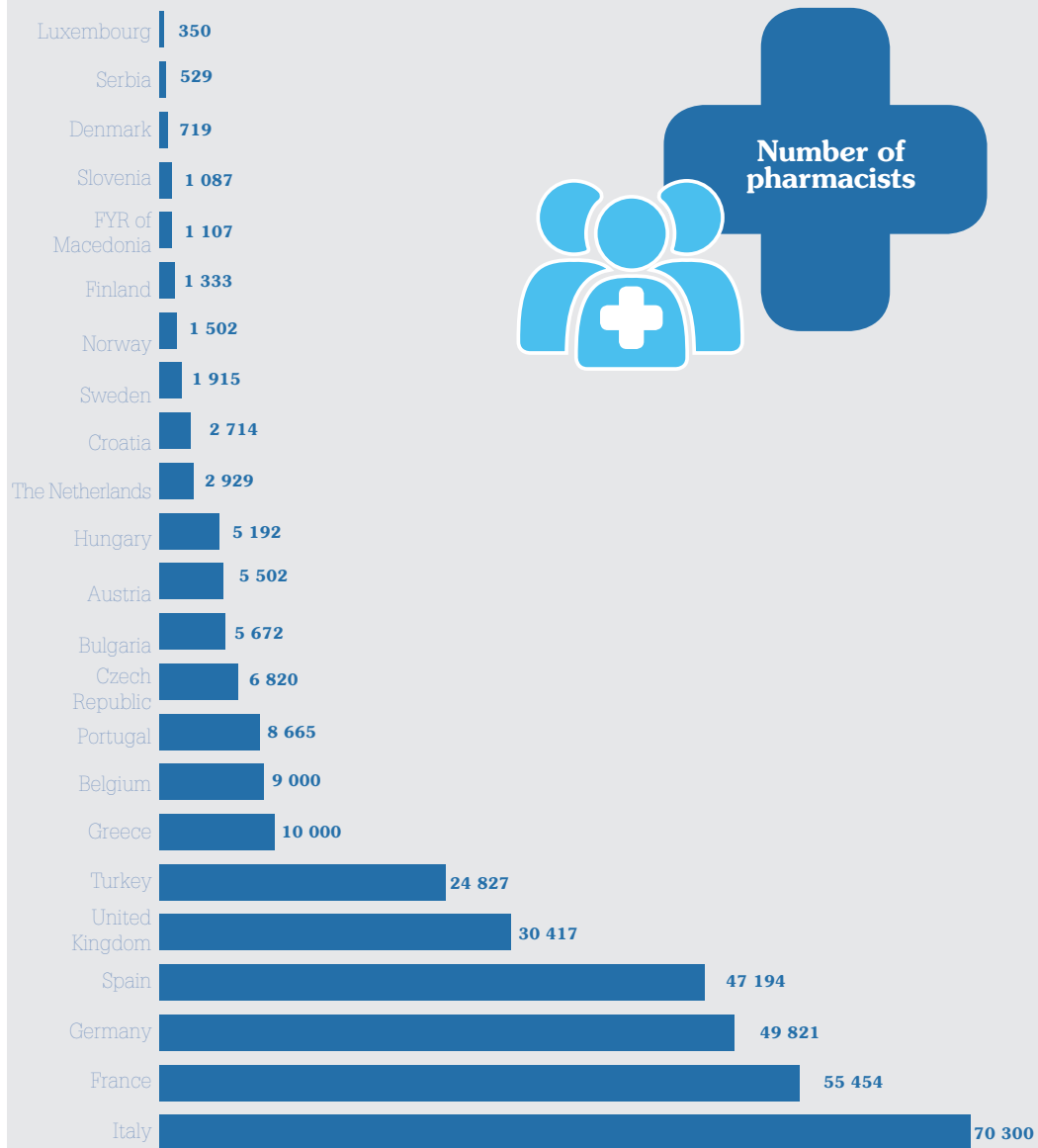


Pilar, 70, Spain

Pilar enjoys her retirement with her grandchildren and friends. Today she came to the pharmacy to pick up her medicines for lowering blood pressure and cholesterol. During a chat with her pharmacist, Pilar mentions to the pharmacist that she sometimes skips her blood pressure pill, because she likes to go to the market each day, and especially before regular Thursday morning meetings with her friends. Pilar says that the medicine makes her go to the toilet more often making leaving her house more difficult. Her pharmacist invites Pilar to have a review of her medication therapy. Together they agree that from now on, she is going to take her blood pressure medication in the early afternoon when she finishes with her outdoor activities. After two weeks the pharmacist calls Pilar over the telephone to follow-up on the medication review and Pilar tells the pharmacist that she is much happier now she is able to enjoy a worry-free active lifestyle outdoors with friends and family.

Key Figures 2015





A look forward: New Year's resolutions from PGEU

As we welcome another year, we tend to look back and evaluate what we have achieved in the past year, our goals for the year to come and what resolutions we will be making and sticking to, in 2016.

In 2008 when the Falsified Medicines Directive saw daylight for the first time, it was not clear how it will affect the supply chain and we still asked ourselves whether the problem (of falsified medicines in the legal European supply chain) was real. A few years after we became involved in the stakeholder-lead initiative taking a lead in setting up a medicines authentication system in Europe.

Since then the EU hub, (a central data router), is up and running and the first national repository (established in Germany) has been connected to it. The European Medicines Verification Organization was established last year with other supply chain partners, and we are a few steps closer to making European community pharmacies the safest place in the world to get your medicines.

We feel proud that the European Commission, Parliament and Council have entrusted ourselves and other supply chain partners to set up and manage this system in the EU. Over the next 3 years we will be building on our experience at the EU level and will be helping national pharmacy associations to complete the system, which will connect all European community pharmacies.

General care nurses, pharmacists, physiotherapists, real estate agents and mountain guides can now pursue their professions more freely in other EU countries thanks to the European Professional Card (EPC). The card is available from 18 January 2016 and in the first weeks of 2016 a number of pharmacists have already applied for a professional card in order to request recognition of their professional qualification before moving to another EU member state.

Next year we will be working with the Commission in reviewing the annexes of the Recognition of Professional Qualifications Directive relating to the training and education of professionals falling under the directive,

“We are few steps closer to making European community pharmacies the safest place in the world to get your medicines.”

“Pharmacists can now pursue their professions more freely in other EU countries thanks to the European Professional Card (EPC).”

including pharmacists. Since 1985 when the annexes were established, pharmaceutical science has evolved as well as pharmacy practice, and we believe that the Directive should reflect this evolution and ensure it is fit for modern day practice.

On the 1st January 2016, the European Pharmacists' Professional Forum officially came into existence within the structure of the PGEU. This forum will continue the professional work of the former PGEU Professional Issues Working Group (PIWG) and will engage with existing and new stakeholders and institutions and will strengthen the PGEU's professional portfolio advancing the interests of community pharmacy in Europe.

Modern pharmacy is about patients; our professional mission is to help maximise patients' outcomes, help healthy individuals to preserve their health at any stage of their life and ultimately to improve our patients' quality of life. European community pharmacists are responding to the challenges posed by an ageing society, the burden of chronic diseases, modern lifestyles and economic pressures on health systems.

European community pharmacists offer an increasing number of pharmacy services to their patients and society. In the near future, we believe services such as medicines use reviews, new medicines services and various screening services will be recognised as an essential part of European health systems.



“Modern pharmacy is about patients; our professional mission is to help maximise patients’ outcomes, help healthy individuals to preserve their health at any stage of their life and ultimately to improve our patients’ quality of life.”

PGEU Secretariat



Jurate Švarcaite [John Chave],
Secretary General



Patricia Munoz,
Director of Legal Affairs



Jamie Wilkinson,
Director of Professional Affairs



Audrey Van Coillie,
Senior Office Manager and SG Personal Assistant



Ireland

Irish Pharmacy Union



The Netherlands
(vice-president)

Royal Dutch Pharmaceutical Association



Executive Committee 2015



Bulgaria

Bulgarian Pharmaceutical Union



Denmark

The Association of Danish Pharmacies



Estonia

Estonian Pharmacies Association



UK

National Pharmacy Association
Pharmaceutical Society of Northern Ireland
Royal Pharmaceutical Society of Great Britain



Romania

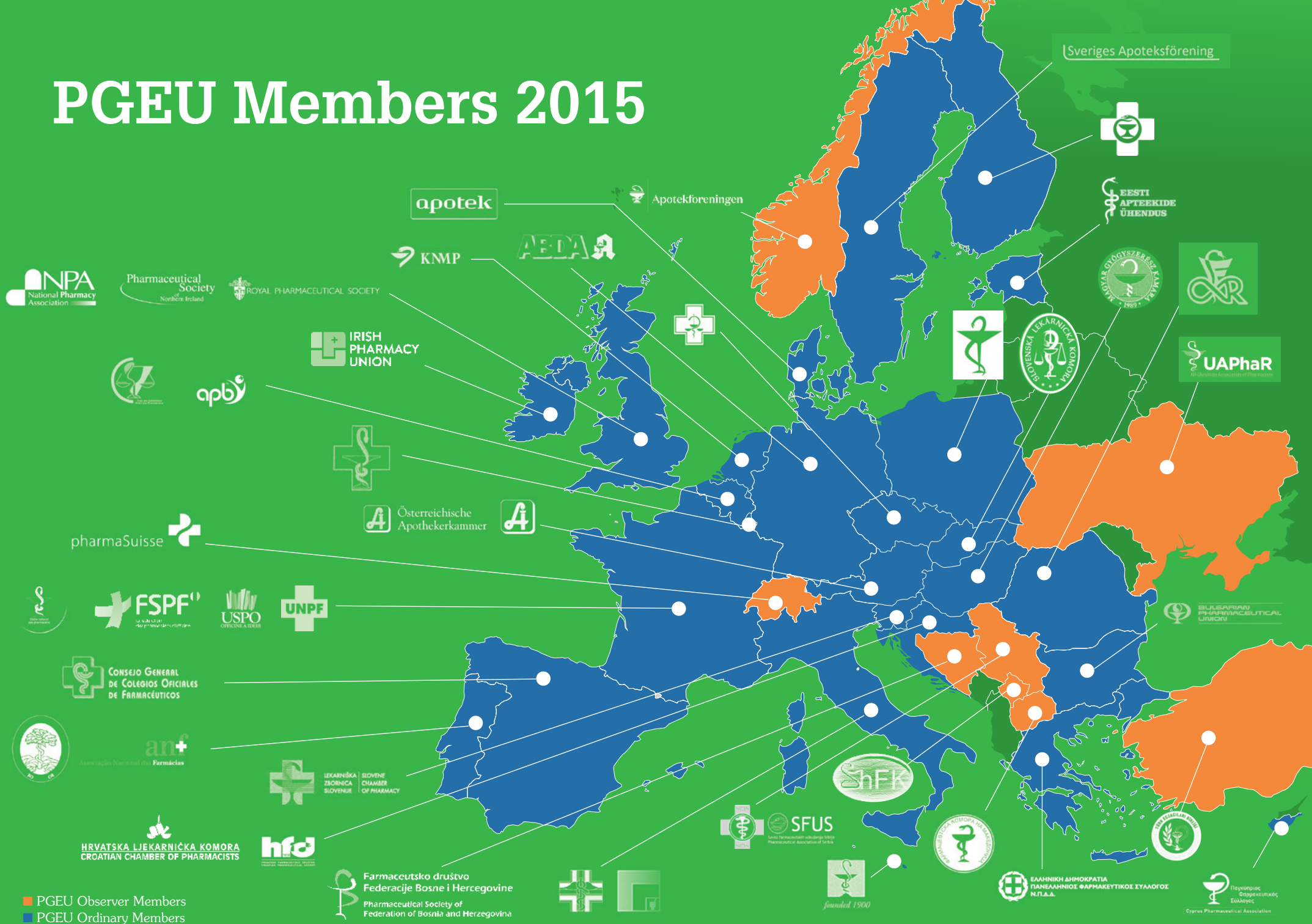
Romanian College of Pharmacists

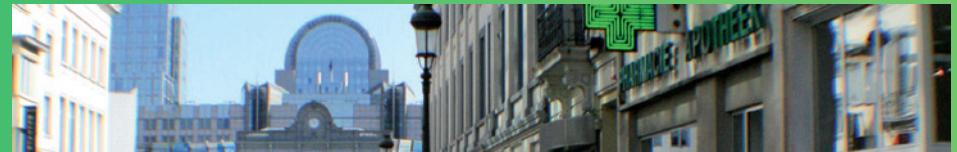


Hungary

Hungarian Chamber of Pharmacists

PGEU Members 2015





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