Irish Pharmaceutical Healthcare Association

5-7 Clanwilliam Terrace
Grand Canal Quay
Dublin 2

D02 CC64
Tel: (+353) 1 6610018
Email: info@ipha.ie

By email to Taskforce Secretariat: pharmacytaskforce@health.gov.ie

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Re: Expert Taskforce to Support the Expansion of the Role of Pharmacy

To: Taskforce Secretariat,

On behalf of IPHA member companies, we would like to respond to your letter of 7th September seeking a submission to the Expert Taskforce to Support the Expansion of the Role of Pharmacy, having identified IPHA as a relevant stakeholder.

We welcome the establishment of the Expert Taskforce and have a keen interest in the process. We are committed to following up if required and would welcome the opportunity to present at a Taskforce meeting if invited.

IPHA supports the expansion of the role of the pharmacy and our submission outlines the reasons why we believe this move would benefit both patients and the wider healthcare system. We also welcome Minister Donnelly having secured cabinet approval for the Health (Miscellaneous Provisions) Bill which includes measures to allow pharmacists supply some prescription-only medicinal products without a prescription.

We look forward to discussing the contents of the submission in more detail, if required.

Kind regards,

Eimear O'Leary

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Eimear O'Leary, PhD
Director of Communications and Advocacy
eimearoleary@ipha.ie

IPHA Submission to Expert Taskforce to Support the Expansion of the Role of Pharmacy

Introduction

IPHA stands for innovation in medicines. We represent the inventors of medicines to prevent, treat and, sometimes, cure diseases. Through science, we extend how long people live and how well they can live.

Helping to give people faster access to our medicines means, together, we can raise standards of care. We have four priorities: Access, optimising the availability of innovative medicines in Ireland; Codes, building trust in our industry with actions and standards in our self-regulatory Codes; Innovation, building stakeholder understanding and support for biopharmaceutical innovation; and Investment, promoting the positive impact of the industry's investment in Ireland and enablers such as intellectual property, trade, and other policies.

We contribute to, and help to shape, policy and public debate in a wide range of areas such as regulation, access, pricing, health promotion, innovation policy environment and transparency through our storytelling, events, thought-leadership, publications, submissions and engagements with Government and healthcare stakeholders.

IPHA has 46 member companies in two divisions: Prescription Medicines and Self-Care. Members take an active part in policy development and implementation.

In compiling this submission, our member companies identified the following key areas of focus:

1. Pharmacy setting: to allow monitoring of patients and altering of prescriptions.
2. Rolling out an effective training system for pharmacist prescribers.
3. Lessons learnt from the extension of prescribing by pharmacists enacted and implemented during Covid-19.
4. Increase Vaccine Coverage Rate (VCR) and access to vaccines through pharmacies.
5. How Self-Care and pharmacy can alleviate pressures on the healthcare system.

1. Pharmacy setting: to allow monitoring of patients and altering of prescriptions.

A key consideration for IPHA is creating a setting within pharmacy to allow greater monitoring of patients. Pharmacists currently monitor blood pressure, however IPHA believes there is potential to expand monitoring within pharmacies for certain conditions. These could include for example, asthma, Vitamin D deficiencies, blood tests for type 2 diabetes patients (HbA1c) and eGFR ratings for kidney patients. This should be accompanied by also extending prescribing powers enabling a pharmacist to alter the prescription, if required, based on the patient test results rather than sending the patient back to a GP clinic for consultation. We believe a prescribing community pharmacist's role should be integrated into, and potentially very beneficial to, the Chronic Disease Management Programme (examples include T2D, HF, A.Fib, COPD).

We welcome the Minister's commitment to extend the prescribing of contraception to pharmacists. However, IPHA believe this could be expanded to include all different contraceptive types, including long-acting reversible contraceptives which may require physical examinations, as per the above.

Recommendations:

i. Allow enhanced monitoring of patients by pharmacists accompanied by the ability to alter prescriptions based on patient results.
ii. Extend contraception prescribing to include long-acting reversible contraceptives.

2. Rolling out an effective training system for independent prescribers.

In the UK, key bottle necks occurred during the training of independent or pharmacist prescribers. This was due to the availability of clinicians (initially GPs) to act as a Designated Medical Practitioner to supervise the practice and training of pharmacist prescribers. We should therefore learn from the UK implementation process in extending prescribing powers to pharmacists. The Patient Group Direction[1] system in the UK is a useful method to follow which would allow for the supply of Prescription Only Medicines without the need for significant volumes of additional training and could be a significant support in the treatment of acute minor ailments.

We are aware that substantial legislative change would be required to enable these measures, however IPHA believes that, if properly implemented, there could be significant potential upside in providing such medical services to the general public.

Recommendations: *To learn from the UK, and elsewhere, where problems occurred in training and supervision methods.*

3. Lessons learnt from the extension of prescribing by pharmacists enacted and implemented during Covid-19.

During the Covid-19 pandemic, emergency measures were introduced in how prescription-only medicines could be supplied to patients by pharmacists. These temporary measures were to ensure continued care and treatment of patients and to reduce some of the burden on GPs particularly and the broader healthcare system.

These changes amended the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) and the Misuse of Drugs Regulations 2017 (as amended). They extended the validity of prescriptions from six to nine months and enabled pharmacists to make additional supplies of prescription only medicines to patients from an existing prescription.

These temporary measures have proven to be effective and IPHA believes they should be made permanent. It also validates extending prescribing powers to pharmacists as a precedent has been set.

Recommendation: *Temporary measures introduced during Covid-19 should be continued.*

4. Increase Vaccine Coverage Rate and access to vaccines through pharmacies.

Vaccination is one of the greatest public health success stories of the last two centuries, yet European healthcare systems are under increasing burden. Most vaccine-preventable illnesses are highly contagious, they spread quickly and can cause severe complications which may negatively impact on quality of life. There is a fundamental need to expand prevention efforts across all ages. Improving access to vaccination is one of the most efficient ways to do this. There are simple steps we can take, including allowing pharmacists to vaccinate against more infectious diseases and looking to the Covid-19 vaccination response as a benchmark for other immunisation programmes.

[1] https://www.sps.nhs.uk/articles/what-is-a-patient-group-direction-pgd/

Since the introduction of pharmacy vaccination, its importance in the overall health system has significantly increased. In its first five years, the number of flu vaccines administered in pharmacies grew from 9,125 to 78,935 (IPU, 2020).

Pharmacists were also an essential part of Ireland's Covid-19 response and by July 2022, 1 million doses of the Covid vaccine were administered in community pharmacies (IPU, 2022), showing the essential role of community pharmacy in our pandemic recovery.

Allowing pharmacists to vaccinate can reduce the burden on GPs and the healthcare system as a whole. Flu and Covid-19 vaccinations delivered in pharmacy are reimbursed. We would also like to see reimbursement of pneumococcal vaccination in pharmacy to help protect people against invasive pneumococcal disease and reduce the burden on hospital services.

Recommendation: *Extend the free pneumococcal vaccine programme for persons over 65 years of age and at-risk groups to community pharmacies to help increase the VCR and reduce the burden on GP services.*

Widening access to HPV vaccination

Ireland has one of the highest rates of cervical cancer mortality in Western Europe[2] (the incidence rate of cervical cancer in Ireland is 13.8/100,000[3], Spain is 8.2[4], Austria is 8.4[5], while the UK is 11[6]). As outlined by Ireland's Cervical Cancer Elimination Partnership, "Achieving the Cervical Cancer Elimination targets requires vaccination, screening and treatment services to work together, along with patient advocates and relevant NGOs."

A Cervical Cancer Elimination date for Ireland is due to be announced before the end of 2023. Once Ireland's elimination date is established, an action plan will be developed to increase and improve uptake in the HPV vaccination and screening programmes. One important step is improving access to HPV vaccination. This can be done through community pharmacies.

Recommendation

Allow pharmacies to administer the HPV vaccination as is the case for shingles, flu and Covid-19 vaccinations. HPV vaccination can be given to anyone who wants to protect themselves from cervical cancer and other HPV-related diseases and cancers.

Travel Vaccines

Travel vaccines are essential to prevent diseases being brought into the country, which can have a knock-on effect on the wider healthcare system. Currently, people who require travel vaccinations attend GP clinics or travel vaccination centres. In the UK travel health vaccines such as yellow fever, rabies, tetanus are delivered in pharmacies. This should be replicated here.

Recommendation: *Extend travel vaccines to pharmacies.*

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[2] Arbyn et al., "Trends of cervical cancer mortality in the member states of the European Union" EUR J CANCER 2009. 45 p. 2640-2648.

[3] Centre, H.I. Human Papillomavirus and Related Diseases Report, Spain. 2023 [cited 2023, 3 August]; Available from: https://hpvcentre.net/statistics/reports/ESP.pdf?t=1622802780877

[4] ibid

[5] ibid

[6] Centre, H.I. *Human Papillomavirus and Related Diseases Report, UK*. 2023 [cited 2023, 3 August]; Available from: https://hpvcentre.net/statistics/reports/GBR.pdf?t=1622802869886

5. How Self-Care and pharmacy can alleviate pressures on the healthcare system.

IPHA is committed to self-care and supporting pharmacists to enable such care where required. We, therefore, have active partnerships and collaboration with the Irish Pharmacy Union. According to the Ipsos Veracity Index 2023[7], local pharmacists are the most trusted professionals in Irish society (96%), up three points from 2022, ahead of nurses (95%) and doctors (93%). A 2020 survey undertaken by Behaviour and Attitudes found that the pharmacy is a central pillar of healthcare in the community, with nearly one-third of people, or 30%, saying the pharmacist became more important to them during the Covid-19 pandemic, as monthly visits to the pharmacy rose by one-third during the first year of the pandemic.[8]

As trained Healthcare Professionals, pharmacists have demonstrated an ability and willingness to build strong relationships, advise patients, manage demand and consumption, all of which are reinforced in the Ipsos Veracity Index and Behaviour and Attitudes survey findings outlined above. Coming into the winter season, in particular, it is important to recognise the role pharmacists can and do play in alleviating pressures on GP clinics and hospitals. Extending prescribing powers to other medicines and conditions will further serve to combat these pressures.

A further study conducted by Ipsos on behalf of IPHA has found that the majority of people claim to be both capable of treating minor health conditions themselves and comfortable self-treating without visiting a GP. This is particularly the case for coughs, colds and flus (77%), headaches and migraines (77%) and minor cuts and bruises (82%)[9]. Most agree (82%) that self-treatment of minor conditions reduces pressure on the health service. These figures highlight a recognition by Irish people of the pressures on our health system and how they are comfortable to self-treat where possible to relieve these pressures, which in turn imply they are likely to turn to pharmacists when required.

Review of codeine-containing medicines

The HPRA is currently reviewing the legal status of codeine-containing over-the-counter medicines. Members of the IPHA Self-Care Division have actively engaged in this review process. In doing so, IPHA has highlighted the importance of maintaining the status quo in terms of codeine-containing medicines. We have highlighted how pharmacists, in line with the PSI 2010 Guidelines and restrictions, are the right professionals to dispense and offer advice on non-prescription codeine-containing medicinal products, due to the strong relationships they have built with their patients.

To further emphasise the importance of pharmacy and Self-Care, IPHA commissioned a socio-economic report to build a comprehensive understanding of the potential effects of reclassifying OTC codeine-containing medicines to prescription only[10] and to analyse the benefits of continuing to offer codeine-containing products over the counter.

In terms of economic impact, the study estimated that, if codeine-containing pain medications were to become available by prescription only, the total socio-economic impact would be €63.5 million over a one-year period. This figure is driven by 559,000 additional GP appointments (3.3% increase[11]),

[7] https://www.ipsos.com/en-ie/ipsos-ireland-veracity-index-2023-who-do-we-trust

[8] IPHA (2020) *Almost half of people say COVID-19 has prompted depression and anxiety, according to new survey for IPHA and IPU*

[9] Research results available from IPHA upon request

[10] Research results available from IPHA upon request

[11] Collins et aal (2021) *How many general practice consultations occur in Ireland annually? Cross-sectional data from a survey of general practices* BMC Family Practice Journal

13,000 additional attendances at hospital emergency departments (1% increase[12]) and a total of 53,000 lost days of work.

Recommendation:

In identifying this one sub-group of medicines, IPHA believes any change to the legal status of codeine-containing pain medicines would run counter to the narrative of pharmacists having the capability to manage more complex medical needs, which is basis of this Expert Taskforce.

Conclusion:

IPHA strongly believes that patients should have access to the medicines they need efficiently and without unnecessary bureaucracy. The points we outline above, would ensure that patients can turn to their pharmacist, the most trusted Irish professional, to be prescribed certain medicines without having to attend their GP clinic, thereby alleviating pressures on an already overburdened system.

Recommendations summarised:

1. Allow enhanced monitoring of patients by pharmacists accompanied by the ability to alter prescriptions based on patient results.
2. Extend contraception prescribing to include long-acting reversible contraceptives.
3. To learn from the UK, and elsewhere, where problems occurred in training and supervision methods.
4. Temporary measures introduced during Covid-19 should be continued.
5. Extend the free pneumococcal vaccine programme for persons over 65 years of age and at-risk groups to community pharmacies to help increase the VCR and reduce the burden on GP services.
6. Allow pharmacies to administer the HPV vaccination as is the case for shingles, flu and Covid-19 vaccinations.
7. Extend travel vaccines to pharmacies.
8. Any change to the legal status of codeine-containing pain medicines would run counter to the narrative of pharmacists having the capability to manage more complex medical needs, which is basis of this Expert Taskforce.

[12] Department of Public Expenditure and Reform (2021) Emergency Department Trends: 2014-2017