Update on medical cannabis

Uniphar floated on Stock Exchange

Flu Vaccination
A service every pharmacy should provide to their community
Solpa-Extra 500mg/65mg Soluble Tablets contain paracetamol and caffeine. For the treatment of mild to moderate pain. **Adults and children over 16 years:** 1-2 tablets dissolved in water every 4-6 hours. Max 8 tablets a day. **Children 12-15 years:** 1 tablet dissolved in water every 4-6 hours. Max 4 tablets a day. Not suitable for children under 12 years. **Contraindications:** Hypersensitivity to the ingredients. **Precautions:** Particular caution needed under certain circumstances, such as renal or hepatic impairment, chronic alcoholism and malnutrition or dehydration. Precautions needed in asthmatic patients sensitive to acetylsalicylic acid, patients on a controlled sodium diet and with rare hereditary problems of fructose intolerance. Patients should be advised not to take other paracetamol containing products concurrently. **Pregnancy and lactation:** Not recommended during pregnancy and breastfeeding. **Side effects:** Rare: allergies. Very rare: thrombocytopenia, anaphylaxis, bronchospasm, hepatic dysfunction, cutaneous hypersensitivity reactions. Unknown: nervousness, dizziness. Further information is available in the SmPC. PA 1186/017/001. **MAH:** Chefaro Ireland DAC, Treasury Building, Lower Grand Canal Street, Dublin 2, Ireland. Date of preparation: April 2017.
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The 2020 PHARMACY Show

Date for your Diary

Date: Sunday 19th & Monday 20th April 2020
Venue: Citywest Convention Centre, Dublin 24

For further information, please contact:

Laura Payne
Brand and Trade Marketing Manager, United Drug
Email: pharmacyshow@united-drug.com
Mobile: 087 383 2297
A flawed contingency plan that puts patients at risk

Way back in 1952, Erwin Schrödinger, of quantum cat fame, gave a lecture in Dublin. For the first time he spoke publicly about one of the potential consequences of his work. Quantum physics is weird. It has always been very difficult to understand, particularly the implications of the theory. As a solution to one of the major problems, there is the ‘many worlds’ theory.

This stretches our minds to try and envisage, at any given event, multiple worlds spawning off, each with their own reality. It is absurd, completely outside our comprehension, and unproveable. This is because each of these multiple worlds can never interact with each other. Well I have news. The physicists in CERN can step down. There is proof of an alternate world; fittingly, it lives in Finglas, within the PCRS office.

While Kellyanne Conway gave us alternative facts, Exit 5 on the M50 gave us a totally new spin on the concept of a contingency plan. There is a definition of the phrase, which my trusted Collins dictionary tells me is ‘a plan to be carried out if a more likely or desired outcome does not happen’. Let’s parse that. If we regard the desired outcome as a functional and accessible High Tech Hub, anything that falls short of this should require a contingency plan. Now, I live in Kerry. One of the quainter features of country life is a lack of redundancy in our power and internet. Sometimes an individual with a digger isn’t paying attention. The last time the cable was cut, it took two days to get our broadband back. When the wind starts blowing, our power lines start flickering. Again, the internet drops.

The PCRS envisages only one potential problem, that their servers will crash, get hijacked or otherwise become inaccessible. This is not an unreasonable assumption, considering it happens frequently enough (not hijacking, I hope). For many of us outside the pale, there are a host of other reasons why we would not be able to contact their servers. This is where they further start losing the plot. One of the requirements of the activation of the HSE contingency is that management declare a ‘contingency situation’. Now, we all know how the HSE works. We know there are plenty of managers. We also know that they work 9-5, Monday to Friday, bank holidays excluded. So, I see this as the first hurdle. Since no manager can make a decision on their own, in case it will bite them, there will need to be collective responsibility. How will this happen out of hours?

As if this wasn’t enough, if you attempt to access the contingency site using a modern secure browser like Chrome or Edge, you cannot. Not that you would know this from the user guide that the PCRS sent out, which specifically mentions Chrome as supported. As I write, it is not. Furthermore, the only way I can find this out is by looking at the latest user guide. No problem, I think. But where will I find that? Why, hidden on the secure servers in the PCRS’ High Tech hub. The Hub, that will be down and not available to its users. The Hub that HSE management will have deemed, as the technical term might be, crocked. This is indeed a Kafkaesque twist, the contingency requires you to access information, that, by definition, will not be available.

This would all be laughable if it wasn’t so serious. Since the HSE rolled out this Hub system, it is already a major imposition on both patients and pharmacists. There are already delays in the supply of medicines to patients, particularly where consultant appointments have been postponed or cancelled, whether due to strikes or for other reasons. While some High Tech medicines do not have the urgency of others, this is not universally true when you have cystic fibrosis patients in the mix. If a CF patient needs aztreonam or dornase alpha, they need it promptly. Any delay can mean the difference between a hospitalisation or worse. At 5.05pm on a bank holiday weekend, there is the potential for a major problem with a patient’s therapy. A contingency should mean that I can actually order the urgently needed medicine there and then.

The patient cannot wait until the PCRS has woken up to a problem the following Tuesday. Additionally, the High Tech Hub is currently a stand-alone system that does not integrate with current pharmacy software. It is another point of potential failure in an already complex chain of pharmaceutical care. It is not unreasonable to expect that, in the event that the Hub is inaccessible, a proper contingency plan would be executed that allows pharmacists to order medicines directly from a supplier, typically a wholesaler, or else provides a PCRS phone number that we can call. This ‘contingency plan’ is fundamentally flawed, putting patients and pharmacies at risk. It is utterly unacceptable.

A NOTE FROM THE EDITOR

Jack Shanahan MPSI

If you have any comments, queries or issues to raise, send your “Letters to the Editor” by email to ipureview@ipu.ie.
Pharmacy in the Media

The IPU and HSE’s Know, Check, Ask campaign, which launched last month, received coverage on Newstalk’s The Pat Kenny Show, IrishHealth.com and in regional newspapers.

IPU Executive Committee member Caítriona O’Riordan was interviewed on Today FM’s The Last Word in relation to improving access to oral contraception. We were also mentioned in an item in the Irish Daily Mirror, which addressed crime in pharmacies.

Dates for your Diary

AUGUST 2019

14 August  Be Well this Summer – Think Pharmacy, Festivals, www.ipu.ie
19 August  IPU Think Pharmacy TV & Radio Ad Campaign, www.ipu.ie
26 August  IPU Pharmacy Technician Course Year 1 begins, www.ipu.ie

SEPTEMBER 2019

10 September  World Suicide Prevention Day, www.iasp.info/wspd
16 September  IPU Academy Autumn Programme launches, www.ipuacademy.ie
29 September  World Heart Day, www.irishheart.ie

Sign up to IPU SMS alerts

The IPU SMS Service is a quick and easy way to get information from the IPU straight to your phone. With this service IPU members will receive important updates on current situations and upcoming events and deadlines. To sign up to the service, text ‘IPU’ followed by your name to 51500. Standard text rates apply and you must be a member of the IPU. Alternatively, you can email communications@ipu.ie with your name and mobile phone number.
We are launching a Think Pharmacy campaign this month to encourage members of the public to visit their pharmacy if they have any health concerns, from coughs and colds to stomach upsets, and other minor ailments they may be suffering from. The ads centre on the image of the local pharmacy being a big part of the community, and that patients should feel very comfortable going to their pharmacy for advice. It also advocates that pharmacists are medicine experts and highlights the huge range of services pharmacies provide.

The campaign will take place over two weeks from 19 August – 1 September, with a TV ad airing across all Irish national TV channels, Channel 4 and Sky channels, and a Radio ad will broadcast on Today FM and regional stations for one week, starting on 19 August.

We want you to get involved in this campaign to further push the message of Think Pharmacy using your social media channels. A media kit will be available to members on www.ipu.ie > Communications > Ad Campaign > Think Pharmacy prior to the campaign, where you will find tweets and posts, as well as images from the campaign and links to the ads.

Vaccination Awareness Campaign

We will be running a four-week Vaccination Awareness Campaign across social media, focusing on a different vaccination each week.

- August: HPV Vaccination;
- September: Children’s Vaccinations;
- September: Pneumococcal Vaccination; and
- September: Flu Vaccination.

*Dates TBC

The purpose of the campaign is to create public awareness that vaccinations are life-saving, and if they have concerns or simply just want advice on these vaccinations, they can ask their pharmacist.

We will have a media kit available on our website for each week of the campaign, which will include images and tweets/posts for your social media channels. The success of this Vaccination Awareness Campaign requires active support from IPU members; this will encourage more people to visit their local pharmacy and it will also reinforce our message that the pharmacy is the most accessible place for the public to visit to discuss their healthcare concerns.

Keep an eye out for your weekly eNewsletter for more details on the campaign and the launch dates.
There have been reports over the last few weeks of theft in pharmacies across the country. Break-ins occurred in Tipperary, Roscommon and Meath and the main items stolen were perfumes and aftershaves. Two people were arrested in connection with these crimes and have appeared in Portlaoise District Court.

We issued a survey to all members earlier this year to gauge the level of crimes in pharmacies in the last year. Key findings include:

- 75% of pharmacies were the victims of crime last year with 81% of these experiencing multiple incidents;
- 93% of pharmacies that were victims of crime experienced shoplifting and 11% a break-in, while the percentage experiencing fraud increased to 19%;
- 17% of pharmacies have had controlled or other prescribed drugs stolen in the last year;
- The number of pharmacists who experienced a raid, at 13%, remains extremely high, having increased from 6% in 2016; and
- Pharmacists are less likely to report crime to the Gardaí than a year previously.

We have called for the Gardaí to be tasked with tackling this issue and to be given the resources required to do so in a meaningful way. The level of violence being experienced by pharmacists is a particular concern, with one in four pharmacies who were subject to crime describing the incident or incidences as ‘violent’. Also, the reporting of crimes against pharmacies to the Gardaí is declining – only 68% of pharmacies who were victims of crime last year reported those crimes to the Gardaí, which is a decline from 73% the previous year. A third of these (32%) said that they had a lack of faith that the criminal would be charged. While 65% of those who did report a crime were pleased with the Gardaí response, unfortunately 35% were not. This indicates once again the clear need to provide the Gardaí with the resources needed to tackle crime against communities and community businesses.

IPU President Daragh Connolly has called for a more visible Gardaí presence in communities: “96% of pharmacists feel that increasing the visibility would have a very positive impact on reducing crime. This would benefit pharmacies, but of course entire communities as well.”

The IPU provide a security pack to members, which contains information on our Member Assistance Programme. This is a confidential counselling and specialist information service for all fully paid members and their families and staff, provided by VHI Corporate Solutions. The pack also includes information on preventing and reducing customer theft and the Crime Prevention Officer contact details. To request this pack, you can phone our offices on 01 493 6401 or send an email to aoife.garrigan@ipu.ie.

Annual Review of the Sector 2018

The Annual Review of the Irish Community Pharmacy Sector 2018, which was undertaken by Fitzgerald Power on our behalf is now available on the IPU website. The report discusses the professional forces shaping the sector and points to a growing desire from patients and pharmacists for a broader clinical role for pharmacists. Log in to www.ipu.ie > Communications > Publications > Reports to get the full report.
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Takes one 15 minute treatment.

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For external use only. Observe normal safety precautions and always keep hair away from naked flames. Always read the label.
The last instalment of our Be Well this Summer – Think Pharmacy campaign will launch on 14 August with a festivals video. Prior to the launch, members will have access to the updated toolkit, along with suggested tweets and posts to help you support the campaign in your pharmacy and on your social media channels. These will be available on www.ipu.ie > Communications > Be Well this Summer – Think Pharmacy.

Background
At the centre of this concept is the promotion of self care, which can be defined as the care taken by individuals of their own health and wellbeing at the lowest level of complexity with advice from a healthcare professional. The campaign will place a major emphasis on the role of the pharmacist as a key component in assisting individuals to manage their own health.

The success of this ongoing campaign requires active support from IPU members. This will encourage more people to visit their local pharmacy this summer and to position pharmacists as the healthcare professional perfectly placed to support them. If you would like further details of the ongoing campaign, please email jim.curran@ipu.ie or philiphannon@ipha.ie.

In July, the Department of Health held a public consultation on a scheme for the provision of the most effective method of contraception, free of charge and having regard to personal circumstances, to all people who wish to avail of them within the State. The IPU made a submission which included the following proposals:

- Pharmacists will only be able to supply contraceptives after undertaking additional training and according to strict criteria. Clear criteria and formal assessment that are used internationally when certain contraceptives are supplied will be applied in the controlled pharmacist-only model of supply;
- Supply of contraceptives will include oral contraceptives, patches, rings and injections;
- It would not be a requirement for the woman to have previously been prescribed a contraceptive;
- Supply of contraceptives by the pharmacist would initially be restricted to women aged 17 years and older;
- A woman will need to have a formal consultation and BP/BMI check with the pharmacist every 6 months. Following the consultation, the pharmacist can supply up to 3 months’ contraceptive, followed by a further 3 months’ contraceptive in the same pharmacy before a follow-up consultation is required; and
- A record of the supply of the contraceptive will be kept on the patient’s medication record (PMR).

Earlier this year, the Minister for Health established a Working Group to consider the policy, regulatory and legislative issues relating to enhanced access to contraception. All responses will inform the Working Group’s examination of the issues on increasing access to contraception and will enable the Working Group to make appropriate recommendations to the Minister on policy options.

A copy of our submission can be found by logging in to www.ipu.ie > Communications > Publications > Submissions.
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Programme Commencement Date:

October 2019

Discount available for IPU Members. Please quote that you are an IPU member to our Education Advisors

www.iheed.org/warwickdiabetes
warwick@iheed.org
086 1637511
Our Training Programme kicks-off this month and will run until November. Make sure you check out our table for all the details on dates and locations.

You can find details and application forms on the Training section of the IPU website, www.ipu.ie. Please send completed application forms to training@ipu.ie or fax to 01 406 1556. If you have any questions in relation to these courses, you can phone Janice or Susan in the Training department on 01 406 1555.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Start Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPU Pharmacy Technician Course (Level 3 Diploma in Pharmacy Services Skills)</td>
<td>Monday 26 August</td>
<td>Distance Learning</td>
</tr>
<tr>
<td>Continuing Professional Development (CPD) for Qualified Pharmacy Technicians</td>
<td>Monday 14 October</td>
<td>Athlone</td>
</tr>
<tr>
<td></td>
<td>Monday 14 October</td>
<td>Donegal</td>
</tr>
<tr>
<td></td>
<td>Monday 14 October</td>
<td>Dublin</td>
</tr>
<tr>
<td></td>
<td>Monday 14 October</td>
<td>Kilkenny</td>
</tr>
<tr>
<td></td>
<td>Monday 14 October</td>
<td>Limerick</td>
</tr>
<tr>
<td></td>
<td>Tuesday 15 October</td>
<td>Cork</td>
</tr>
<tr>
<td>IPU Medicines Counter Assistant (MCA) Course</td>
<td>Monday 16 September</td>
<td>Cork</td>
</tr>
<tr>
<td></td>
<td>Tuesday 17 September</td>
<td>Athlone</td>
</tr>
<tr>
<td></td>
<td>Monday 4 November</td>
<td>Waterford</td>
</tr>
<tr>
<td></td>
<td>Tuesday 5 November</td>
<td>Dublin</td>
</tr>
<tr>
<td>IPU Medicines Counter Assistant (MCA) Refresher Course</td>
<td>Wednesday 02 October</td>
<td>Cork</td>
</tr>
<tr>
<td></td>
<td>Wednesday 20 November</td>
<td>Dublin</td>
</tr>
<tr>
<td>IPU Pharmacy Interact Counter Assistant Course</td>
<td>Anytime</td>
<td>Distance Learning</td>
</tr>
<tr>
<td>IPU Basics in Health and Nutrition Course</td>
<td>Thursday 10 October</td>
<td>Dublin</td>
</tr>
<tr>
<td>IPU Supervisory Development Course</td>
<td>Thursday 26 September</td>
<td>Dublin</td>
</tr>
<tr>
<td></td>
<td>Tuesday 1 October</td>
<td>Limerick</td>
</tr>
<tr>
<td>IPU Introduction to Employment Law and Employee Rights Course</td>
<td>Wednesday 18 September</td>
<td>Dublin</td>
</tr>
<tr>
<td></td>
<td>Wednesday 9 October</td>
<td>Cork</td>
</tr>
<tr>
<td>IPU/ILM Level 3 Diploma in Leadership and Management</td>
<td>Thursday 19 September</td>
<td>Dublin</td>
</tr>
<tr>
<td>Medicine in Care Homes</td>
<td>Anytime</td>
<td>Training Pack</td>
</tr>
</tbody>
</table>

The comprehensive course, which is delivered and administered by the Irish Pharmacy Union, prepares pharmacy technicians to assist pharmacists in ensuring the delivery of a high-quality pharmacy service in an efficient, safe and cost-effective manner.

Topic 1: Care of Patients with Parkinson's
Topic 2: Support and Care for Cancer Patients

The IPU MCA Refresher Course is Continuing Professional Development (CPD) for Medicine Counter Assistants. This is a face-to-face course held on one day.

This is a course geared for all staff working on the pharmacy medicines counter, including full-time, part-time and Saturday staff.

This course is an introduction to Leadership and Management and will be delivered over two days, one month apart.

This course is aimed at candidates who require the knowledge to comply with basic Employment Law, and the skills to successfully develop employees, as well as manage the performance of the team for optimum productivity. This interactive workshop is delivered over two days, one month apart.

This course has been specifically tailored to meet the development needs of members and their employees, with a focus on the Irish Pharmacy Sector.

The Medicines in Care Homes training pack has been designed to assist pharmacists in providing training on the management of medication to care staff working in residential care settings.
We asked our pharmacies why videoDoc is good for their business.

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*All GPs are IMC registered and based in Ireland.
Why your pharmacy should offer a flu vaccination service

2019/20 marks the ninth season in which Irish community pharmacists have been involved in the HSE Seasonal Influenza Vaccination Campaign. In this article, Pamela Logan, Director of Pharmacy Services, IPU, encourages all community pharmacies to offer a flu vaccination service.

The burden of influenza in Ireland

Influenza represents a large burden of disease worldwide and Ireland is no exception. It has been estimated that between 200 and 500 people, mainly older people, die from influenza each winter in Ireland.1 The Health Protection Surveillance
Centre (HPSC) reports that 4,680 patients were hospitalised with confirmed influenza during the 2017/18 influenza season; indicators from Australia, where incidence of flu-like illness in the community is currently above the historical range for the same period over the past five years, suggest that this coming season in Ireland will be worse than last year.

Vaccines work: they save lives. Healthcare workers are the most trusted source for information about vaccines and every conversation with a patient or customer is an opportunity to promote vaccination. All of us in healthcare should take that opportunity to ensure that our patients and their families are protected from the risks of flu.

**Flu vaccination to date in Irish community pharmacies**

In Ireland, the pharmacy influenza vaccination service continues to grow. Pharmacy flu vaccinations now account for almost 15% of the total flu vaccinations, and over 1,000 pharmacies offer the service. Since pharmacists first started vaccinating in 2011, flu vaccine deliveries through the National Immunisation Office (NIO), as shown in Table 1 and Figure 1, have increased overall by 48% and, within that, deliveries to GPs are up by almost 23%, demonstrating that when pharmacists vaccinate, public awareness increases and vaccination rates increase.

**Why flu vaccination monitoring should be improved in Ireland**

Monitoring of vaccination rates has, to date, been poor in Ireland. Although legislation requires pharmacists to record all vaccinations they administer, both public and private, through the PCRS Vaccination Recording Website, this is not the case for other healthcare professionals. For example, GPs are only required to notify PCRS of vaccinations reimbursed by PCRS, not those administered to private patients. Consequently, as shown in the statistics quoted above for flu, we can only refer to vaccine delivery through the NIO to measure flu vaccination coverage, which is obviously not as accurate as recording actual vaccinations.

In order to better understand and track vaccination rates among the population, the IPU has proposed that the Minister for Health make it mandatory for all flu vaccinations to be recorded, as pharmacy vaccinations currently are, so that the HPSC has the data necessary to monitor Ireland’s performance in vaccination.

**Flu vaccination coverage in Ireland**

In 2009, the EU Council recommended that Member States should reach a vaccination coverage rate of 75% by 2014/15 for persons 65 years and older, people with chronic medical conditions,

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**Table 1: NIO flu vaccine distribution by site 2011-2019**

<table>
<thead>
<tr>
<th></th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>% of total</th>
<th>% change since 2011/12</th>
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</thead>
<tbody>
<tr>
<td>GPs</td>
<td>637,900</td>
<td>630,650</td>
<td>643,516</td>
<td>649,890</td>
<td>643,500</td>
<td>687,208</td>
<td>762,900</td>
<td>783,341</td>
<td>75.1</td>
<td>22.8</td>
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<tr>
<td>HSE</td>
<td>36,780</td>
<td>35,680</td>
<td>41,290</td>
<td>44,850</td>
<td>44,690</td>
<td>56,503</td>
<td>73,050</td>
<td>90,340</td>
<td>8.7</td>
<td>145.6</td>
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<tr>
<td>Pharmacy</td>
<td>20,170</td>
<td>29,751</td>
<td>51,403</td>
<td>68,600</td>
<td>75,340</td>
<td>91,440</td>
<td>129,680</td>
<td>153,700</td>
<td>14.7</td>
<td>662.0</td>
</tr>
<tr>
<td>Other</td>
<td>7,650</td>
<td>3,580</td>
<td>5,650</td>
<td>6,040</td>
<td>6,060</td>
<td>6,418</td>
<td>13,130</td>
<td>15,450</td>
<td>1.5</td>
<td>102.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>702,500</td>
<td>699,661</td>
<td>714,859</td>
<td>769,380</td>
<td>769,590</td>
<td>841,569</td>
<td>978,760</td>
<td>1,042,831</td>
<td>100.0</td>
<td>48.4</td>
</tr>
</tbody>
</table>

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**Figure 1: NIO flu vaccine distribution by site 2008-2019**
Why your pharmacy should offer a flu vaccination service

1. Because international evidence says so

A study carried out by the Pacific Research Institute in the USA showed that:

- Pharmacies are well placed to address barriers to uptake of vaccination as they tend to be more effective, lower-cost providers of vaccinations;
- Pharmacies offer greater convenience including extended hours of operation, more flexible scheduling than other providers, and multiple locations near where people live;
- Regulations implemented to expand pharmacists’ role in healthcare delivery through the administration of seasonal influenza immunisations have had a positive impact on the national efforts to increase immunisation rates;
- Pharmacies typically have lower costs and higher productivity in administering vaccines;
- Pharmacies are well positioned to serve under-vaccinated populations, particularly in rural communities; and
- Pharmacists are well positioned to educate patients on the benefits of vaccines.

2. Because your patients want you to:

- In the Pharmacy Usage & Attitudes Survey 2019, 76% of people indicated that they are happy to get the flu vaccination in pharmacy, and
- Research carried out by the Pharmaceutical Society of Ireland (PSI) showed that patient satisfaction with the pharmacy flu vaccination service is high, with 99% of respondents rating their overall satisfaction as either 8, 9 or 10 out of 10.

3. Because the health service needs you to:

- Demonstrate that community pharmacy is the most accessible part of the health service;
- Prove to Sláintecare that health services can be delivered effectively at the lowest level of complexity, closest to where patients live;
- Prevent GP surgeries and A&E facilities becoming clogged with patients in December and January; and
- Prevent people being hospitalised and even dying from influenza.

All community pharmacies in a position to do so should step up to the mark and offer a pharmacy flu vaccination service this coming season.

References

1. National Healthcare Quality Reporting System Annual Report 2019
3. Promoting Access and Lowering Costs in Healthcare: The Case for Empowering Pharmacists to Increase Adult Vaccination Rates, Pacific Research Institute, April 2018
5. https://www.thepsie.ie/gns/Pharmacy_Practice/practice-guidance/PharmacyServices/Vaccination_Service/Evaluation_of_the_Seasonal_Influenza_Vaccine.aspx

"Vaccines work: they save lives. All of us in healthcare should take that opportunity to ensure that our patients and their families are protected from the risks of flu."
Application Form

IPU Pharmacy Technician Course - Year 1

(Edexcel Pharmacy Services Level 3 Diploma, QCF)

Pharmacy Details

Name of Tutor Pharmacist: ____________________________________________________________
IPU Membership Number: ___________________________________________ GMS Number:
Pharmacy Name: ________________________________________________________________
Pharmacy Address: ______________________________________________________________
Telephone: ___________________________ Email: ________________________________

Student Details

Mr/Mrs/Miss/Ms: ___________ Forename(s): ___________________________ Surname:
Date of Birth: ___________ Mobile: ___________ Email: ___________

Cost for Year 1

€1,650 to IPU Members - €2,050 to Non-Members.

Pharmacy Training Grant

The IPU Technician Course (Edexcel Pharmacy Services Level 3 Diploma – QCF) is one of the approved courses claimable under the Pharmacy Training Grant. Up to €1,270 per pharmacy, per year, is reimbursable for training from the PCRS under the Pharmacy Training Grant Scheme. For further information on claiming the grant and the courses included go to www.ipu.ie > Training.

Please Return Completed Form to:

IPU Training Unit, Irish Pharmacy Union, Butterfield House, Butterfield Avenue, Rathfarnham, Dublin 14, D14 E126, with a cheque made payable to IPU Services Ltd. Payment is also accepted by credit or debit card on 01 493 6401, Direct Dial: 01 406 1555, Fax: 01 406 1556, Email: training@ipu.ie.
Medical Cannabis update

In this article, Pamela Logan, Director of Pharmacy Services, IPU, gives an update on access to medical cannabis in Ireland.

Licence for cannabis
In Ireland, cannabis is classified as a Controlled Drug, Schedule 1 (with a few exceptions), which means that a special licence is required to prescribe, dispense and possess. To obtain a licence, an Irish-registered medical practitioner must submit an application to the Minister for Health. The application must be endorsed by the patient’s medical consultant who is responsible for the management of the patient and who is prepared to monitor the effects of the medical cannabis treatment over time.

Licence application process
Only the following can apply for a licence to prescribe cannabis:
- A patient’s consultant, where evidence of an established doctor-patient relationship exists; or
- A patient’s GP, where the application is accompanied by a written endorsement for the cannabis treatment from the patient’s consultant.

The application must include:
- An outline of the treatment the patient has received to date and justification from the doctor as to why it is appropriate, in their patient’s specific circumstances, to prescribe cannabis;
- Details of the cannabis-based product, which they propose to prescribe and administer to the patient;
- The source of the cannabis-based product; and
- The arrangements for the ongoing monitoring and care of the patient once the cannabis-based treatment has commenced.

Licence applications are not clinically reviewed; it is the responsibility of the applicant to ensure the clinical appropriateness of the proposed medical cannabis treatment for their patient. In May 2019, 20 such licences had been granted.
**THC vs CBD**

There are two active components of cannabis that are of current medical interest, tetrahydrocannabinol (THC) and cannabidiol (CBD):

- THC is the main psychoactive constituent of cannabis and is controlled under the Misuse of Drugs legislation;

- CBD is not psychoactive and is therefore not controlled under the Misuse of Drugs legislation.

**Medical Cannabis Access Programme (MCAP)**

On 26 June 2019, the Minister for Health signed legislation which will allow for the operation of the Medical Cannabis Access Programme (MCAP) on a pilot basis for five years. The first stage of the MCAP will facilitate potential suppliers in applying to have their medical cannabis products assessed for suitability for medical use. Currently no medical cannabis products are available in Ireland; however, this legislation now means that commercial operators whose cannabis products meet the specified requirements set out in the legislation will be able to supply these products to the Irish market.

Once suitable medical cannabis products are made available, the MCAP will make it possible for a medical consultant to prescribe a listed cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments:

- Spasticity associated with multiple sclerosis;

- Intractable nausea and vomiting associated with chemotherapy; and

- Severe, refractory (treatment-resistant) epilepsy.

Clinical guidelines for prescribers have been drawn up by an expert group of doctors, pharmacists, patient representatives and scientific experts to support the MCAP.

When such medical cannabis products are made available, they will be designated as Controlled Drug, Schedule 2. Pending availability of medical cannabis products in Ireland, doctors will continue to utilise the Ministerial licencing route to access medical cannabis treatment for their patients.

**HSE MCAP register and reimbursement**

The HSE will establish and maintain a register for the MCAP to facilitate the enrolment and recording of certain data including: patient identifiers (in anonymised format); prescribers enrolled in the programme; and prescribed/supplied medical cannabis products. The HSE will meet the cost of cannabis products approved under the MCAP and supplied through community pharmacies for named patients with a qualifying medical condition.

“This legislation now means that commercial operators whose cannabis products meet the specified requirements set out in the legislation will be able to supply these products to the Irish market.”
**10 benefits of Life to help maximise your front of shop**

With dispensary revenues under constant pressure, Pharmacy should be focusing more on the consumer side of the business and increasing the return from front of shop sales. Life has built up expertise that focuses on helping you generate the maximum return on your non-Rx lines.

1. **Retail Expertise**

   At Life, we have a team of experts that provide you with all the pieces you need to assemble a comprehensive front of shop strategy. We offer a complete solution that takes the mystery out of decision-making, improves sales and allows you more time to focus on helping your patients.

2. **One pipe supply**

   Through its partnership with Uniphar, Life Pharmacy benefits from pack replacement, contract pricing and a one pipe supply. That translates to having access to key front of shop product lines at competitive prices without having cash tied up in stock.

3. **Discipline on ranging**

   Just under 80% of front of counter sales and over 80% of margin come from the top six categories in pharmacy (see table right) but the average pharmacy has 60% of their stock in other categories. With the average pharmacy holding €90,000 in front of shop stock, it’s important to be disciplined and avoid having cash tied up in products that are slow to sell.

   That’s why Life Pharmacy places a strong focus on developing key categories including OTC, VMS, skincare and first aid by leveraging data, retail experience and category management to optimise our members’ offering.

   We also recognise the value of the specialist knowledge and expertise Life Pharmacy staff have to recommend these products to customers and patients. This has led us to developing retail category call-outs such as our hugely successful vitamins and wellness section that stands as a distinct destination in Life Pharmacy.

   In 2017, Life introduced a specially-designed vitamins and wellness destination space. Over four months, sales in this area grew by an average of 30% compared to the previous year. Since then, we’ve continued to roll-out the wellness destination to 19 stores and trained our staff to become leading providers of advice in this category.

---

**Sample Store A - Sales YoY%**

- **VMS Sales**: +24%
- **VMS Margin**: +26%
- **Store FOC**: +8%

---

**More from your shop floor**

<table>
<thead>
<tr>
<th>Department</th>
<th>Sales % Participation</th>
<th>Margin % participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTC</td>
<td>42.0%</td>
<td>49.4%</td>
</tr>
<tr>
<td>VMS</td>
<td>13.4%</td>
<td>13.2%</td>
</tr>
<tr>
<td>SKINCARE</td>
<td>10.0%</td>
<td>7.7%</td>
</tr>
<tr>
<td>FIRST AID</td>
<td>4.5%</td>
<td>4.8%</td>
</tr>
<tr>
<td>ACCESSORIES</td>
<td>4.6%</td>
<td>4.6%</td>
</tr>
<tr>
<td>HEALTHCARE</td>
<td>4.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>MAKE UP</td>
<td>4.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>HAIRCARE</td>
<td>3.2%</td>
<td>2.3%</td>
</tr>
<tr>
<td>DENTAL</td>
<td>2.4%</td>
<td>2.2%</td>
</tr>
<tr>
<td>PERSONAL CARE</td>
<td>3.2%</td>
<td>2.2%</td>
</tr>
<tr>
<td>JEWELLERY &amp; SEASONAL</td>
<td>2.7%</td>
<td>2.2%</td>
</tr>
<tr>
<td>PHOTO</td>
<td>1.2%</td>
<td>1.5%</td>
</tr>
<tr>
<td>FRAGRANCE</td>
<td>2.2%</td>
<td>1.4%</td>
</tr>
<tr>
<td>TANNING</td>
<td>1.7%</td>
<td>1.2%</td>
</tr>
<tr>
<td>MISC</td>
<td>0.3%</td>
<td>0.5%</td>
</tr>
</tbody>
</table>

The table above shows store example of a typical pharmacy, with sales and margin from top 15 categories. 80% coming from top 6 categories.
4. Layout & category management
The stock you choose, how it's presented to your customers, together with the layout, shopability and flow have a major impact on their purchasing decisions and your bottom line. Our retail experts combine highly-detailed data and years of experience to provide members with effective planograms to ensure optimum space allocation and product selection.

5. Own brands that drive category growth
Life members benefit from access to Uniphar's own-brand ranges, with preferred pricing for Life members including Kit&Kaboodle, AYA and FIXXA First Aid. These high-margin products are part of high-volume categories and help to boost sales and margins.

6. Marketing & Advertising
Finding the time, expertise and budget to execute effective marketing is a major challenge as an independent pharmacy. At Life, we run brand-wide campaigns several times each year in both national and local media. These are always measured through sales analysis and market research – and show that Life now ranks among Ireland's most recognised pharmacy brands. Our campaigns are also localised, putting Life members front and centre to ensure maximum impact in their communities. This is illustrated through our seasonal hay fever campaigns which have consistently beat the market in sales of allergy products.

7. Loyalty
Our customer loyalty programme has proved incredibly successful with customers and members alike. Customers who join Loyalty for Life spend up to 50% more than non-loyalty customers. In addition, our market research has found that a rewards programme is the fourth most important consideration for potential customers when deciding which pharmacy to choose after convenience, people and prescription pricing.

Loyalty for Life also includes a full range of monthly promotions that have proven to drive both average transaction value and footfall. Backed up by full reporting and insights, each store can directly measure results and understand customer preferences.

8. Training
Life Pharmacy invests heavily in training to strengthen product knowledge and customer service skills. Areas covered include OTC, VMS, customer service and selling. We recently added online eLearning to widen access to training and upskill more staff across the Life Pharmacy network. This in addition to regular regional and national training events.

9. Cyclical promotions and POS package to drive footfall, sales and margin
Our promotional calendar has proved very successful for Life members with customers coming to expect great value offers each month. These provide customers with consistent range and value across the brand, helping to drive footfall, sales and margin. Each month also includes loyalty-specific offers to increase uptake of Loyalty for Life.

10. Data insights, benchmarking and Territory Manager support
Life members benefit from data insights, benchmarking and market research around national and global trends on a range of areas including health, regulatory, product and consumer lifestyle.

Furthermore, our Business Intelligence tools offer members easy access to meaningful data about their store. These reports analyse store performance and show how much each product in the front of shop is contributing to the business. Members can also benchmark their performance against similar pharmacies to improve their pharmacy's performance.

As pharmacy retail experts, Life’s Territory Managers visit members regularly to help analyse data and provide solutions to improve pharmacy performance.

*The below table shows the swipe rate which is the % of total FOC sales value using a loyalty card. The Store A example shows the extra value and margin delivered as a result of higher ATVs for loyalty transactions.

<table>
<thead>
<tr>
<th>Location</th>
<th>@39% Annualised Margin</th>
<th>Gain = €22k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Store A</td>
<td>56%</td>
<td>₹8.50</td>
</tr>
<tr>
<td></td>
<td>1,112</td>
<td></td>
</tr>
<tr>
<td>Store B</td>
<td>36%</td>
<td>₹11.10</td>
</tr>
<tr>
<td></td>
<td>907</td>
<td></td>
</tr>
<tr>
<td>Store C</td>
<td>22%</td>
<td>₹9.60</td>
</tr>
<tr>
<td></td>
<td>264</td>
<td></td>
</tr>
<tr>
<td>Store D</td>
<td>16%</td>
<td>₹1.40</td>
</tr>
<tr>
<td></td>
<td>295</td>
<td></td>
</tr>
</tbody>
</table>

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Above is an example of our recent hay fever campaign.
Uniphar plc is floated on the Stock Exchange

In a long-awaited move by many pharmacist shareholders, Uniphar shares started trading on 17 July last. It raised gross proceeds of €135 million in the initial public offering (IPO), at a placing price of €1.15 per share. At admission, Uniphar had a market capitalization of approximately €310 million. Further equity may be raised via an over allotment option up to 16 August.

Headquartered in Dublin, Uniphar is a diversified healthcare services business servicing the requirements of more than 200 multinational pharmaceutical and medical technology manufacturers, as well as Irish retail, across three divisions – i) Commercial & Clinical, ii) Product Access and iii) Supply Chain & Retail.

Prior to the IPO, Uniphar was 65% owned by a group of mainly independent community pharmacists. Gerard Rabbette CEO and Tim Dolphin CFO held 5.8% and 3.7% respectively, while the Sisk family owned 12.4% after selling their healthcare unit to Uniphar last year. All existing shareholders have seen their stakes diluted by about 40% as a result of the IPO.

Background

Uniphar’s origins go back to 1967 when Irish community pharmacists set up United Pharmaceuticals Co-Op, and also Allied Pharmaceutical Distributors in 1972, with the aim of forming buying groups. They merged and Uniphar grew both organically and through merger and acquisition throughout its first 40 years. In 2009, following a period of pricing reduction, increased competition and exposure to bank guarantees relating to community pharmacy acquisitions (IPOS), Maurice Pratt was appointed Chairman and recruited Gerard Rabbette as CEO in 2010 to rebuild the senior executive team to overcome these challenges, and reposition the company for profitable growth.
In 2013, Uniphar made a transformational consolidation move buying Cahill May Roberts and became a close number two to United Drug in the Irish pharmaceutical wholesale and distribution market. However, the environment was very difficult, and it completed a €25 million equity raise that year to ensure debt levels did not increase as a result, and give itself room for growth. Reflecting the difficult environment, it was valued at €10 million before the fundraise. Some pharmacists supported this equity raise, into what was an illiquid recovery play, which had a €100,000 minimum investment amount, at 30 cent per share.

Since then, Uniphar has gone through a significant period of growth and established Irish market leadership with approximately 50% of the wholesale market. It has made various acquisitions, especially in 2018 with the acquisitions of Sisk Healthcare, Macromed, Angiocare and 15 pharmacies trading under the Allcare brand from Insichem, as well as Bradleys Pharmacies. Group EBITDA (operating profit before exceptional items and adding back depreciation and amortisation) has increased substantially from €24.7 million in 2016 to a pro forma* €46.3 million in 2018. The proportion of Group EBITDA in Commercial and Clinical and Product Access rose substantially from 17.4% in 2016 to 69% in 2018, with Supply Chain and Retail dropping back in importance. Now with a workforce of more than 2,000, the Group is active in Ireland, the UK and the Benelux. Today, it’s estimated some 1,100 Irish pharmacists remain as shareholders.

**Flotation**

Of the €135 million raised in the IPO, €26.7 million was committed to the acquisition of Durbin, a specialist supplier of pharmaceuticals with offices in the UK and the US, which joins its Product Access division. The remainder of the proceeds are expected to be used for bolt-on acquisitions, capital expenditure and working capital for growth, and to reduce the group’s debt burden. 45% of the pre-IPO shareholders in the company, including pharmacist shareholders, key employees and the Sisk group, have committed to not selling shares for 12 months after the flotation, and this will help to stabilise the share price. It also plans to adopt a progressive dividend policy with a dividend of €2 million (circa 0.74 cent per share) likely to be paid in 2020 in respect of 2019 earnings. As is common for public companies, it set up a share bonus plan last year that entitles 37 top staff to up to 4.9% of its total shares at the end of 2022, subject to performance conditions being met.

**Growth Strategy**

Uniphar’s stated strategy is to double Group EBITDA over the next five years, and is likely to be mainly driven by its two faster growing divisions – Commercial and Clinical, which helps pharmaceutical companies and medical device manufacturers with marketing and distribution, and Product Access, which sources and supplies unlicensed medicines for retail and hospital pharmacy customers and manages the release of specialty medicines for drug-makers to approved patients. The focus in Commercial and Clinical is to build out a pan-European service offering from the present footprint in Ireland, the UK and the Benelux. The next step in this process is the move into the Nordic market in the coming months.

Some of the key risks over the coming years include any further adverse changes to government and insurer healthcare spending, Brexit, economic conditions and acquisitions.

"Some of the key risks over the coming years include any further adverse changes to government and insurer healthcare spending, Brexit, economic conditions and acquisitions."

*Pro forma 2018 figures assume that the acquisitions of Sisk Healthcare and Durbin took place on 01 January 2018. Full details in the Admission Document is downloadable from Uniphar’s website.*
Join over 67% of Irish Pharmacies who have chosen to receive their data in a modern and accessible format

Arrange a Call
Email: info.ie@hmr.co.com
Phone: 01-4136821
Vertigo

Vertigo is defined as a false sensation of rotation or movement of one’s self (subjective vertigo) or one’s surroundings (objective vertigo) in the absence of any actual physical movement. The sensation can be related back to the memory as a child spinning on the spot. Once the spinning stops the child spins off to the left or to the right or staggers. This spinning or ‘dizziness’ is often what is described by the patient suffering with vertigo. It is important to note that vertigo is a symptom, not a diagnosis.

Other symptoms associated with vertigo may include nausea, vomiting, sweating or difficulties walking. Dizziness is a common problem for patients in the community and approximately 1 in 100 GP consultations are by patients experiencing dizziness.

Vertigo symptoms:
- Dizziness;
- Nausea;
- Vomiting;
- Sweating; and
- Difficulty walking.

Vertigo is a symptom rather than a disease. It arises from fluid abnormalities in the vestibular system. Possible complications include:
- Falls (particularly in older people);
- Difficulty performing daily activities;
- Adverse effects on quality of life; and
- Increased likelihood of depression.

Vestibular System
Vertigo arises from fluid abnormalities in the vestibular system. The vestibular system in each inner ear is made up of three semi-circular canals and two pockets, called the otolith organs, which together provide constant feedback to the cerebellum about head movement. Each semi-circular canal has a different orientation to detect a variety of movements such as nodding or rotating. Movement of fluid inside the canals caused by head movement stimulates tiny hairs that send messages via the vestibular nerve to the cerebellum. The two otolith organs (called the saccule and utricle) send messages to the brain about body movement in a straight line (backwards/forwards or upwards/downwards), and about where the head is in relation to gravity, such as tilting, leaning or lying down. These organs contain small calcium carbonate crystals that are displaced during these movements to stimulate tiny hairs, which transmit the message via the vestibular, or balance nerve to the cerebellum.

There are two types of vertigo, peripheral and central, and it is important to differentiate between them.

Peripheral vertigo
Peripheral vertigo is the most common type of vertigo and is mostly caused by a problem in the inner ear, which controls balance. The most common causes are:
- Benign paroxysmal positional vertigo (BPPV);
- Vestibular neuronitis; and
- Meniere’s disease.
**BPPV** is a mechanical problem in the inner ear. It occurs when some of the calcium carbonate crystals (otoconia) that are normally embedded in gel in the utricle become dislodged and migrate into one or more of the three fluid-filled semi-circular canals. This can interfere with the normal fluid movement that these canals use to sense head motion, causing the inner ear to send false signals to the brain. BPPV can affect people of any age, but commonly presents between the fifth and seventh decades. Women are affected more often than men. Symptoms are usually worse when the patient drinks alcohol or is fatigued.

**Meniere’s disease** combines symptoms of dizziness and hearing loss. It is a progressive disease of the inner ear of unknown cause. Women are affected slightly more frequently than men. It is an uncommon diagnosis.

**Central vertigo** is uncommon and is caused by a disease or injury to the brain such as head injuries (trauma), illness or infection, multiple sclerosis, migraines, brain tumours, strokes, or transient ischaemic attacks. Central vertigo often comes without warning and may last for a long period of time. Uncontrollable eye movements occur in both types of vertigo but in central vertigo it lasts for longer (weeks to months) and does not go away when the patient is asked to focus on a fixed point.

**Diagnosis**

The Dix-Hallpike manoeuvre is the standard clinical test for BPPV. This test is performed by rapidly moving the patient from a sitting position to the supine position (lying horizontally with the face and torso facing up) with the head turned 45° to the right. After waiting approximately 20 to 30 seconds, the patient is returned to the sitting position. After about 10 seconds, a patient with BPPV will experience vertigo and rotatory nystagmus (rapid and jerky eye movements) downwards towards the affected (lower) ear. In the case of central vertigo, there is usually no delay in the vertigo response and nystagmus is non-rotary. In this case, the patient is often referred to ENT for further investigations.

**Treatment**

Treatment for vertigo depends on the cause and severity of symptoms. Left untreated, most patients’ symptoms of BPPV resolve in six to eight weeks. Medications can be used to treat episodes of vertigo. The use of prochlorperazine and antihistamines (cinnarizine) for three to 14 days is quite commonly seen. There are also some mechanical treatments which are also very effective, such as the Epley manoeuvre.

**Prochlorperazine** is often used for the relief of severe nausea and vomiting associated with vertigo. It works by blockading dopamine in the chemoreceptor trigger zone of the brain. The adult dose is 5mg three times a day increased if necessary to 30mg daily in divided doses, dose to be increased gradually, then reduced by 5 to 30mg daily; dose is reduced after several weeks. Side-effects include drowsiness, tremor and dystonia, i.e. involuntary body and facial movements.

**Cinnarizine** is used in adults at a dose of 30mg three times a day. Drowsiness is a significant side effect, with older people and children more susceptible. Drowsiness may diminish after a few days of treatment. Vestibular sedatives such as cinnarizine and prochlorperazine should not be used on a long-term basis as they can impede central compensation.

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**Figure 1:** The Inner Ear: Royal Victorian Eye & Ear Hospital (Google Images)
Betahistine is commonly used for the treatment of vertigo, tinnitus and hearing loss associated with Meniere’s disease. It may improve perfusion of the labyrinth. Usually it is prescribed at 16mg three times a day, dose preferably taken with food: maintenance 24 to 48mg daily. Side-effects include gastro-intestinal disturbances, headache, pruritis and rashes.

BPPV can be treated using a technique called the Epley manoeuvre. This technique involves moving the head in four separate head movements to move the fragments within the ear canal to stop irritation of the nerve. Each movement lasts for 30 seconds, and the patient may experience vertigo symptoms while undertaking it. Symptoms normally improve after the Epley manoeuvre is performed but it may take up to two weeks for a full recovery. It is not normally a long-term cure and may need to be repeated. Another technique which can be used is Brandt-Daroff exercises. This set of exercises is helpful if the patient has any neck or back problems and can be performed at home.

Referral to a specialist may be required if:

- Epley manoeuvre is unsuccessful;
- Symptoms continue for more than four weeks; or
- Any other unusual symptoms.

There are always new treatments being developed and there is very encouraging progress being made using drugs delivered into the ear, which selectively destroy the inner ear balance mechanisms without affecting hearing.

**The pharmacist’s role**

Symptoms of vertigo can be very frightening. Explanation and reassurance are important, as anxiety exacerbates vertigo. There is plenty of practical advice that we can also offer the patient:

- Get out of bed slowly;
- Avoid activities that involve looking upwards such as looking for a book on a high shelf;
- During a vertigo attack, lying still in a quiet, darkened room may help to ease the symptoms of nausea and reduce the sensation of spinning;
- Vertigo could affect your ability to drive. Advise the patient to avoid driving if possible, if recently diagnosed with vertigo;
- Many medications to treat vertigo can cause drowsiness, which may affect performance of skilled tasks (e.g. cycling, driving), and sedating effects can be enhanced by alcohol;
- Risk of falls is increased: advice on extra care when walking and moving especially for older people; and
- The patient may benefit from seeing a physiotherapist and the use of the Epley technique if suffering from BPPV.

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**Your 5-minute assessment**

Answer the following five questions true or false:

1. Vertigo is a disease.
2. Vertigo is diagnosed using the Epley technique.
3. BPPV occurs when there is dislodgement of the calcium carbonate crystals in the inner ear.
4. Long term use of sedating antihistamines is recommended.
5. Meniere’s disease includes symptoms of dizziness and hearing loss.

Answers:

1. **False**
2. **False**
3. **True**
4. **False**
5. **True**

---

**Risk of falls is increased:** advice on extra care when walking and moving especially for older people; and

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The patient may benefit from seeing a physiotherapist and the use of the Epley technique if suffering from BPPV.
Self-appraisal

- What do I know about vertigo and how it is diagnosed?
- Am I familiar with the common symptoms and treatments of vertigo?
- Can I apply and integrate knowledge gained to my daily practice?
- Can I provide appropriate self-care advice to a patient with vertigo?

Personal plan

Including a list of desired learning outcomes in a personal learning plan is a helpful self-analytical tool.

- Create a list of desired learning outcomes.
- How will I accomplish these learning outcomes?
- Identify resources available to achieve learning outcomes.
- Develop a realistic timeframe for the plan.

Action

Activities chosen should be outcomes based to meet learning objectives.

- Evaluate Implement plan.
- Read this article on vertigo.
- Evaluate professional resource materials available in the pharmacy, and source additional material if necessary.
- Evaluate availability of patient support materials, and source additional material if necessary.

Evaluate

Consider outcomes of learning and impact of learning.

- Have I met my desired learning outcomes?
- Do I now feel confident to engage with and counsel patients with vertigo?
- Provide example(s) of changes I have implemented in my pharmacy practice.
- Have further learning needs been identified?

Document your learning

- Create a record in my ePortfolio.
- As part of this record, complete an evaluation, noting whether learning outcomes were achieved and identifying any future learning needs.
iPACT, the International Pharmacists Anticoagulation Care Taskforce – how can it help me?

iPACT, the International Pharmacists Anticoagulation Care Taskforce (www.ipact.org) is an international expert network that recognises and supports the key role of pharmacists all over the world to optimise oral anticoagulation management. The network supports awareness and detection campaigns for undiagnosed atrial fibrillation, develops evidence-based guidance to improve patient care, and provides expert education through e-learning, workshops, masterclasses and individualised coaching.

Established in 2014, iPACT’s aims are to ensure:

- High-quality care for patients receiving oral anticoagulation medication globally;
- Patients with undiagnosed atrial fibrillation are detected; and
- High-quality training and counselling for pharmacists and healthcare practitioners.

Pharmacists have a key role to optimise anticoagulation management.
Anticoagulation management is changing and the prescribing of non-vitamin K oral anticoagulants, the direct acting oral anticoagulants (DOACs), is rapidly increasing for different indications like non-valvular atrial fibrillation (nvAF), the prevention of deep venous thrombosis (DVT) and venous thromboembolism (VTE).

iPACT endorses the 'Know your Pulse' campaign, a global initiative borne of the Arrhythmia Alliance Group to improve the diagnosis, treatment and quality of life for everyone affected by arrhythmias. The network was really encouraged to see the results of the 2018 IPU pilot to detect atrial fibrillation and hypertension in the community.

Optimal adherence to DOACs is extremely important due to their short half-lives and the risks of non-compliance. All necessary means, like patient education, prescheduled follow-up and pharmacy data, should be considered to optimise adherence.

Pharmacists are in an ideal place to support adherence and ensure that patients understand why they are taking their medicines and the risks if they don’t take them. Firstly, we are the most accessible healthcare providers and patients don’t need to book appointments or pay to seek our professional advice. Secondly, we have specific competences to ensure effective and safe use of these drugs (e.g. detecting inappropriate prescribing, preventing or resolving potential drug-related problems and counselling patients). Thirdly, we can detect potential non-compliance by reviewing the patient’s dispensing history.

If pharmacists want to play a key role in the care pathway of the anti-coagulated patient, their knowledge on DOAC therapy needs to be excellent and continuously up-to-date. iPACT is committed to encouraging this learning, and has just launched an interprofessional guideline to support patients receiving oral anticoagulation therapy.

International guidelines for the management of thromboembolism are widely available. However, more specific recommendations on what pharmaceutical care can be provided to these patients are largely lacking. The 18 recommendations in the guidelines provide the basis to optimise oral anticoagulation care across different countries and healthcare systems. Of the 18 recommendations, five are seen as key:

1. INR monitoring (for warfarin);
2. Managing transfer of care between healthcare settings;
3. Adherence to medication;
4. Patient communication and engagement; and
5. Medication reconciliation and medication review.

For further information on anticoagulation support available to pharmacists, see our website www.ipect.org. Feedback or queries can be directed to Niamh O’Hanlon, iPACT member at n.ohanlon@svuh.ie.

“Pharmacists are in an ideal place to support adherence and ensure that patients understand why they are taking their medicines and the risks if they don’t take them.”
The Workplace Relations Commission (WRC) Work Programme for 2019 indicated that in addition to inspections across all sectors, the inspection and enforcement division will undertake targeted inspections campaigns either on its own or in conjunction with other enforcement agencies in particular sectors, including equine, fisheries, nail bars, car washes and professional sectors.

The Work Programme for 2019 set a target of 5,000 workplace inspections (including 2,500 unannounced workplace visits) during 2019. This is similar to the activity levels achieved in 2018.

During 2018 there were a total of 5,753 inspections, of which 2,548 (44%) were found to be in breach of employment law requirements.

Powers of a WRC inspector

A WRC inspector is not required to notify an employer prior to entering and inspecting a premises, other than a home or dwelling, which she/he reasonably believes have been used in connection with the employment of persons, or where or she/he reasonably believes relevant records or documents are kept.

A WRC inspector may be accompanied by members of An Garda Síochána in carrying out an inspection.

When conducting an inspection, an inspector may:

- Examine, take copies of, or remove for a period of time, books and records of the employer;

- Require any person at the premises to produce books and records, or provide assistance for the purposes of carrying out his/her functions; and

- Require an individual whom he/she believes to be an employee or an employer to answer questions, and examine an individual whom he/she believes to be an employee or an employer under caution, details of which may later be given in evidence.

There are various criminal offences for obstructing or failing to co-operate with an inspector, that can result in serious fines and/or imprisonment.

Statutory employment records

In compliance with employment legislation, and in order to demonstrate that employees are receiving their proper entitlements, an employer is obliged to maintain certain statutory records. The list below sets out the main records required:

- Employer registration number with the Revenue Commissioners;

- Full name, address and PPS number for each employee (full-time and part-time);

- Terms of employment for each employee;
Payroll details – i.e. gross to net pay, rate per hour, overtime, deductions, shift and other premiums and allowances, commissions and bonuses, service charges, etc;

- Copies of payslips;
- Employees’ job classifications;
- Dates of commencement and, where relevant, termination of employment;
- Hours of work for each employee (including starting and finishing times, meal breaks and rest periods). These may be in the form of Form OWT1 or in a form substantially to like effect;

- Register of employees under 18 years of age;
- Whether board and/or lodgings are provided and relevant details;
- Holiday and public holiday entitlements received by each employee; and
- Any documentation necessary to demonstrate compliance with employment rights legislation.

Additional records may be required to be held depending on the sector/business involved.

**An employer’s guide to WRC inspection**

In a guide, titled An Employer’s Guide to WRC Inspections published in September 2018, the WRC states that it seeks to achieve a culture of compliance with employment law, by informing employers and employees of their respective responsibilities and entitlements, and by working in close cooperation with them and their representatives.

It indicates that “working with individual employers through the WRC inspection process is a key element of checking and ensuring compliance”. The Guide is designed to assist an employer to understand the inspection process and prepare for an inspection. It states that a WRC inspection need not be a difficult or onerous event for an employer. “Compliant employers, and those willing to become so who cooperate with the inspection process, have nothing to fear. Maintaining the correct records and making them available to our Inspector will help us to establish quickly if an employer’s workplace is compliant, or to provide an employer with the information necessary to become compliant. Areas of non-compliance identified during the inspection process can usually be resolved satisfactorily by communicating and cooperating with the Inspector.”
In addition to compliance checks, the WRC provides an information service to employers. For information on any area of employment law, an employer can contact the WRC’s information officers or ask an inspector. Contact details for the WRC are provided on page 15 of the Guide.

The WRC states that its aim is to make the inspection process as simple as possible for employers and to take up the minimum of an employer’s time and resources. It emphasises that an employer can help the WRC in achieving this by having his/her employment records available and up to date at the time of the inspection.

A full copy of An Employer’s Guide to WRC Inspections is available online at www.workplacerelations.ie/en/publications_forms/wrc_guide_to_inspections_.pdf.

### Employer’s Checklist

<table>
<thead>
<tr>
<th>DO I HAVE:</th>
<th>✓</th>
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</thead>
<tbody>
<tr>
<td>My employer’s registration number with the Revenue Commissioners</td>
<td></td>
</tr>
<tr>
<td>A list of all my employees: including full names, address and PPS numbers</td>
<td></td>
</tr>
<tr>
<td>Dates of commencement and, if relevant, dates of termination of employments</td>
<td></td>
</tr>
<tr>
<td>Written terms of employment for each of my employees</td>
<td></td>
</tr>
<tr>
<td>Employees’ job classification</td>
<td></td>
</tr>
<tr>
<td>A record of annual leave and Public Holidays taken by each employee</td>
<td></td>
</tr>
<tr>
<td>Hours of work for each employee (including start and finish times)</td>
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</tr>
<tr>
<td>Payroll details including: gross to net, rate per hour, overtime, deductions, commission, bonuses and service charges, etc.</td>
<td></td>
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<tr>
<td>Evidence that I provide employees with payslips</td>
<td></td>
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<tr>
<td>A register of any employees under 18 years of age</td>
<td></td>
</tr>
<tr>
<td>Details of any board and lodgings provided</td>
<td></td>
</tr>
<tr>
<td>Employment permits or evidence that permit is not required as appropriate for non EEA nationals</td>
<td></td>
</tr>
<tr>
<td>The completed template sent with the appointment letter or the same information available in a similar format.</td>
<td></td>
</tr>
</tbody>
</table>

Source: An Employer’s Guide to WRC Inspections September 2018

"Maintaining the correct records and making them available to our Inspector will help us to establish quickly if an employer’s workplace is compliant, or to provide an employer with the information necessary to become compliant."
Ensuring our members are kept informed on issues that may affect your pharmacy business or you as a healthcare professional, is one of our core goals. In order to communicate these issues to you as efficiently and effectively as possible, we send all our members an eNewsletter every week, typically on a Tuesday evening. There are many ongoing issues that affect the pharmacy sector on a daily basis, so to make sure you stay in the know, keep an eye out for your eNewsletter.

What information is sent in the eNewsletter?

The eNewsletter is broken up into different sections to organise the wide variety of news topics and help you to pinpoint what area you are most interested in. At the start of each eNewsletter, we will give you a breakdown of the highlights for that week and there is also a contents section so you can click into exactly what item you want to see first. If you ever have any queries on the content provided in any given eNewsletter, please contact the IPU office on 01 493 6401 and your call will be directed to the appropriate person.
Sections of the eNewsletter

+ **HSE Contract**
  Includes items in relation to the pharmacy contract; GMS/DPS/LTI/High Tech schemes; important updates on current issues with HSE/PCRS; and monthly PCRS claim date reminders.

+ **Professional**
  Includes updates and changes in pharmacy legislation; professional assistance; PSI issues; health promotions; IPU Academy programme information; and alleged forged prescription alerts.

+ **Product Information**
  Includes items in relation to price changes on medicines; GMS/DPS/LTI/High Tech drug code updates; medicine shortages; and product recalls.

+ **Business**
  Includes information that may affect your pharmacy business; business training opportunities and events; scam alerts; and retail/merchandising advice.

+ **Communications**
  Includes items in relation to pharmacy in the media, which includes links to articles and interviews; IPU-published reports; surveys; and IPU events.

+ **Training**
  Includes details of our wide range of training courses available and all our upcoming training dates and locations.

+ **Members**
  Benefits to members are outlined in this section including IPU group schemes and special offers.

+ **CPD Opportunities**
  External events and courses that may be of interest to pharmacists and their CPD.

+ **Other News**
  Items from other organisations that may be of interest to pharmacists.

Looking for something in particular?
At the bottom of each newsletter there is a section called Useful Links. Click on the Archive button and type in a keyword of what you want to get information about. You will get a list of all the past eNewsletter items that contained that keyword.

What do people think?
According to our most recent eCommunications survey to members, 92% of respondents read the newsletter with 96% of these finding the format clear and easy to use. Other feedback included readers finding it excellent, improving every week, and that it is useful and timely. We take all of our members’ feedback into consideration when preparing our eNewsletter so that the information delivered to you is in the most useful and clearest format, especially after a busy day in the pharmacy. If you would like to let us know how we can improve our communication with you, please email communications@ipu.ie.

Are you receiving your eNewsletter?
The eNewsletter is sent directly to all IPUmail accounts, which most members have set up to forward to their own personal/business email address. If you have misplaced your IPUmail login details, get in contact with us and we can send them on to you. Alternatively, if you have already set up your IPUmail account to forward to your personal/business email address, but you are not receiving your eNewsletter, it could mean that the email address we have on file for you is out of date. Get in touch with us and we can update this for you.

Please note that we also send adhoc emails to members on urgent issues that cannot wait for the eNewsletter, so please make sure the email address we have on file for you is correct. Get in touch by emailing Ciara Browne, Communications and Events Executive, at communications@ipu.ie or call 01 406 1552.

We run a lot of campaigns during the year and the best way to find out about them is in the eNewsletter. We put materials and media kits up on the IPU website for all our campaigns, so to find out when they are available, check your email! We have an exciting 4-week awareness campaign on vaccinations coming up soon so make sure you’re in the loop.
# IPU Statement of Strategy Progress Report
## April - June 2019

### Meeting with PSI
We met with the PSI to discuss multiple issues including FMD and Brexit, code of conduct, regulatory risk assessment, standards development, vaccination, pharmacy services at a distance, and perspectives of community pharmacy.

### Centralisation of LTI Scheme
Following ongoing demand from the IPU, the LTI Scheme was centralised from 1 June. This removes the role of the local HSE office.

### Meeting with the Health Research Board
We met with the HRB to discuss data gathering in the roll out of a Pharmacy Minor Ailment. The HRB will follow up with a meeting with DoH to agree funding and resources for this research.

### Holiday Healthcare
We ran a Holiday Healthcare campaign in June.

### Be Well this Summer – Think Pharmacy
We launched a self care awareness campaign on 29 May with IPHA to run for four non-consecutive weeks over the summer.

### IPU Hay Fever Campaign
A one-week national radio advertising campaign was launched, with its key message being to Think Pharmacy for advice about hay fever.

### Media Coverage
We issued 12 press releases gaining coverage across multiple national radio stations and newspapers.

### Business Event
We held a very successful event to discuss the impact of Brexit on medicines in Ireland, the economic outlook for the pharmacy sector, the current political landscape, and consumers’ perception of pharmacy.

### Brexit Updates
We kept members updated with the progress on issues related to Brexit such as the supply of medicines, medical devices, cosmetics, recognition of prescriptions and recognition of qualifications.

### Contract Unit Assistance
The Contract Manager accompanied a number of individual pharmacists to meetings with HSE PCRS to assist them in resolving outstanding issues.

### eNewsletter
The weekly eNewsletter is read by a large percentage of members. Currently, 53% of members read the eNewsletter. This has increased since the last quarter (47.3%).

### IPU Academy Membership
38 New IPU Academy members signed up in the last quarter.

### Advocacy/Activities

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### Member
Legacy
Siobhán Rogers, Tipperary

95 and still backing me up. This my Dad, Bob Costigan. He and my Mam opened our pharmacy over 60 years ago. 24 years ago, just as they got it paid for, with amazing generosity (and bravery), he handed over the reins to me. He has always guided with encouragement and wisdom, he has never been afraid to trust me (or at least he never showed it) and now that I have two kids of my own I realise just how difficult that is. Born in 1924, he has lived through so much. I feel immensely fortunate to have had him in my life. So often now you hear people say that Ireland has ‘moved on’ and that is true in lots of ways and it’s good in lots of ways. But my Dad’s generation were forged in steel through hard, hard times and we’ll be the worse for it when we lose them.

And yes, for those who might remember him, he is still puffing away to his heart’s content, 20 a day no problem and, after 84 years of that (that’s not a typo), not even a cough. I suppose he’s ‘the exception’!

‘Pharmacy in the Community’ is a new section in the IPU Review and we want to hear your stories. Send us in stories of local initiatives you are undertaking, or the ‘legacy’ of your pharmacy in the community. We would like to make this a community page for pharmacists to share stories of their impact on their local area. Please contact us on ipureview@ipu.ie.

Allcare and Glanbia Ireland join forces
Wexford

A new Allcare Pharmacy has opened alongside the Glanbia Agribusiness and Countrylife store in Campile, County Wexford. The opening event was attended by more than 100 local residents, players from the Wexford hurling team and senior executives from both companies. At the opening, Robert Kehoe, Operations Manager (East) with Glanbia Agribusiness said, “we have a long-standing and successful pharmacy business in Campile and we’re confident that working with Allcare will futureproof our growth”.

Following the acquisition of the Bradley’s group of pharmacies, Allcare is now the largest Irish-owned pharmacy brand with nearly 100 pharmacies located in communities across Ireland. A planned rebrand of the pharmacies is expected shortly. In attendance at the formal opening of the pharmacy was Siobhán Talbot, Group Managing Director at Glanbia; Jim Bergin, Chief Executive Officer at Glanbia Ireland; Martin Keane, Group Chairman at Glanbia; and Dermot Ryan, Managing Director of Retail Services at Uniphar.
Eight months ago, I started a new Superintendent Pharmacist position with a small local pharmacy, Fitzgibbons Total Health, in Mitchelstown. Mitchelstown is a large bustling town located in the heart of the Golden Vale in North Cork. I noticed that we seemed to have a very high percentage of customers that were either struggling to lose weight or had to carefully watch the salt and sugar content in their meals. I would go through the lifestyle and diet counselling with customers but to no avail. Most of the customers that needed to eat healthier were inclined to go into the Mitchelstown eateries for their tea and herein lies the problem.

I could see the benefit of the social aspect of my customers eating out, but when it came to meal choices although the food was lovely, the portion sizes were very large and quite often included chips. It can also be very confusing for people to know exactly what their meal contains. I decided to sit down with Eileen Casey, the manager of one of the popular restaurants, The Hunters Rest, to try to come up with a solution. We decided that we needed a new menu where the nutritional content would be carefully analysed to give not only a clear indication of the calories of the meal, but a breakdown of the specific components and allergens in the food.

To make sure we were on the right track, I enlisted the help of registered dietitian Niamh O’Connor from Cork Nutrition Consultancy to carefully look at the recipe components. Together and with the support and encouragement of my manager Karagh Fitzgibbon, ‘The Green Menu’ was born. A menu consisting of cleverly designed, tasty, and filling recipes. They have been analysed to give exact calories per portion as well as a fat, salt and sugar content. It has been a great achievement, and to further my mission to get our little town healthy, we teamed up with our local gym B2A to give customers a low cost spinning class.

This has all been a wonderful success and a lovely example of how local businesses and professionals can work together.
New Irish research, published by the Asthma Society of Ireland, reveals the “huge economic burden of asthma” and states that we are “getting asthma management wrong.”

According to this research, asthma costs the State €472 million each year. The cost of hospitalisations, emergency department visits and GP consultations accounts for 57% of total direct costs. In 2017, there was an estimated 421,000 and 133,000 Specialist and Emergency Department visits respectively, along with almost 8,000 hospital admissions. In comparison to other countries in Western Europe, Ireland has the poorest asthma hospitalisation rates. Asthma death rates are falling in many developed countries, but alarmingly, they appear to be rising in Ireland.

Also this year, GINA (The Global Initiative for Asthma), has published an updated Pocket Guide for Healthcare Professionals. This can be downloaded on the GINA website at the following link: https://ginasthma.org/pocket-guide-for-asthma-management-and-prevention/. This report includes a major change in the guidance for asthma management. Up until now, it was recommended to start patients on an inhaled sort-acting beta2-agonist (SABA) – i.e. salbutamol (Ventolin®) or terbutaline (Bricanyl®), to be used as required. Patients using more than one inhaler a month were recommended to have their asthma reassessed. A low dose of inhaled corticosteroid (ICS) was recommended to be started in patients who were using their SABA three times a week or more, or were symptomatic three times a week or more, or who woke at night due to asthma symptoms at least once a week.

For safety reasons, GINA now no longer recommends treatment with SABA alone. The guide states: “There is strong evidence that SABA-only treatment, although providing short-term relief of asthma symptoms, does not protect patients from severe exacerbations, and that regular or frequent use of SABAs increase the risk of exacerbations”. GINA now recommends that all adults and adolescents with asthma should receive ICS – either symptom-driven (in mild asthma) or daily low dose, in order to reduce their risk of serious exacerbation.

The recommendations have changed with the aims of:

- Reducing the risk of serious asthma-related exacerbations and death, including in patients with so-called mild asthma;
- Providing consistent messaging about the aims of asthma treatment, including prevention of exacerbations, across the whole spectrum of asthma severity; and
- Avoiding a pattern of patient reliance on SABA early in the course of disease.

The new recommendations include at Step 1, for mild asthma, as-needed low dose ICS-formoterol, or if not available, low dose ICS taken whenever SABA is taken. Daily low dose ICS is no longer recommended at Step 1. The reason for this change being that patients with symptoms less than twice a month are considered unlikely to take their ICS regularly, thus leaving them exposed to the risks of SABA-only treatment.

Low dose ICS-formoterol available on the Irish market include Budesonide-formoterol (Symbicort®) and Fluticasone propionate-formoterol (Flutiform®).

Low dose ICS available on the Irish market include Becotide® 100-200mcg for adults (50-100mcg for children aged 6-11), Pulmicort®(200-400mcg for adults, 100-200mcg for children aged 6-11), Alvesco®(80-160mcg for adults, 80mcg for children aged 6-11), and Flixotide® (100-250mcg for adults, 100-200mcg for children aged 6-11).
The GINA guidelines states that for children aged 6-11 years at Step 1, taking ICS whenever SABA is taken is a possible option.

Asthma Update – Part 2 will provide an update on Steps 2–5 and will be included in next month’s issue of the IPU Review.

**Concern about SABA-only treatment**

The recommendation to treat patients with mild asthma with a SABA reliever alone dates back more than 50 years to when asthma was thought of primarily as a disease of bronchoconstriction. However, airway inflammation is found in most patients with asthma, even in those with intermittent or infrequent symptoms.

SABA-only treatment is associated with increased risk of exacerbations. The GINA report states that over-use of SABA – which is defined as three or more canisters dispensed in a year – is associated with an increased risk of severe exacerbations. Dispensing of 12 or more canisters in a year is associated with an increased risk of asthma-related death.

The GINA update recommends therefore for the best outcomes, ICS-containing treatment should be initiated as soon as possible after diagnosis.

As ever, the report stresses the importance of checking inhaler skills – correct device for the patient, correct inhaler technique, and checking inhaler compliance. Cost of inhaled steroids may contribute to poor adherence, so the need for treatment will need to be carefully explained.

This article has focused on the change from SABA-only treatment at Step 1. A subsequent article in next month’s IPU Review (September 2019) will look at the changes at Steps 2-5.
What is in the File?
The File contains information on over 63,000 products, including:
- Licensed medicinal products
- Unlicensed medicinal products
- Medical devices and sundries (bandages, dressings, ostomy equipment etc.)
- Nutritional products, including foods for special diets
- Veterinary products
- Photographic products
- Cosmetic products
- Front of Shop products (shampoos, toothpastes, vitamins etc.)

In addition to pricing information, barcodes etc., the IPU Product File provides valuable professional information on health products. The professional information provided includes the Medicinal Product Name, PA/EU number, Generic Name, Pharmaceutical Form, Strength and Legal Status.

ISO Certified
In 2016, the IPU Product File achieved ISO Certification for 9001 (Quality) and 27001 (Information Security). The audit and certification process for ISO Certification emphasises the robustness of the IPU Product File and underpins its position as the definitive medicinal product catalogue in Ireland.

Easy to Use
The IPU Product File is an open system, so no matter what vendor you choose, the file can be adapted for your needs. The IPU Product File is available by electronic download, where you can log-in and download your monthly update.

Contact Us
The IPU Product File team are available to answer your queries, whether it’s on sourcing a product, pricing queries etc., the team will be able to assist you.

For any queries relating to the IPU Product File, please contact a staff member on 01 406 1550 or datainfo@ipu.ie

The IPU Product File has been in existence for more than 30 years and is an indispensable resource for community pharmacists. It was designed for pharmacists by pharmacists and is also used by doctors and hospital personnel. It is a vital support tool for prescribing, dispensing, claiming with PCRS, stock ordering, stock taking, price checking and product sourcing.
Pharmacists: Advance your Business Capabilities

Are you a pharmacist, or would you like to own or manage a pharmacy? The new Executive Diploma in Strategic Pharmacy Business Management from DBS can help you to learn the skills required to succeed in this field, while dealing with the challenges and pressures that the sector is currently under.

Aims and Objectives
The primary objective of this programme is to build and enhance the retail business capability of pharmacists and business owners as part of both the IPU’s and independent pharmacy strategic objectives for 2020 and into the future.

Key objectives of the programme:
Learn to critically evaluate and review relevant theories, concepts, frameworks, models and key issues in the field of pharmacy retail strategy.
Provide an overview of consumer’s decision-making processes, the influences upon consumers’ behaviour and their implications for marketing.
Equip learners with an understanding of how market environments affect organisations marketing strategies.
Assist learners to understand the fundamentals of organisational behaviour.
Develop skills to interpret retail data and express its value visually through the use of case studies and datasets.
Demonstrate an understanding of the obligations and limitations imposed by the law on the operation of a retail business.

Provide a framework from which students can analyse the issues involved in applied management practice through a retail business simulation.
Explore how procurement and supply chain management can add value, enhance organisational performance and be a source of sustainable competitive advantage to a retail organisation.
Provide learners’ with an understanding of the core objectives of financial management.
Repatha 140mg
pre-filled pen

Repatha 140mg solution for injection in a pre-filled pen was added to the High Tech Medicines Scheme in July 2019. The active ingredient, evolocumab, is a lipid-modifying drug. It is a human monoclonal antibody produced using recombinant DNA technology in Chinese hamster ovary cells. The recommended dose of Repatha is 140mg by subcutaneous injection every two weeks.

Hypercholesterolaemia and mixed dyslipidaemia

Repatha is indicated in adults with primary hypercholesterolaemia or mixed dyslipidaemia, as an adjunct to diet:

- In combination with a statin or statin with other lipid-lowering therapies in patients unable to reach LDL cholesterol goals with the maximum tolerated dose of a statin, or
- Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.

Primary hypercholesterolaemia is any hypercholesterolaemia which is caused by a disorder (either familial or non-familial) in lipid metabolism and is not caused secondarily by another reason, such as hypothyroidism or a drug effect. Mixed dyslipidaemia is generally defined as elevated LDL cholesterol and high triglycerides and/or low HDL cholesterol.

Homozygous familial hypercholesterolaemia

Repatha is indicated in adults and adolescents aged 12 years and over with homozygous familial hypercholesterolaemia in combination with other lipid-lowering therapies. Homozygous familial hypercholesterolaemia is a rare inherited disorder in which very high cholesterol values are seen from childhood on, cardiovascular manifestations of cardiovascular disease appear in early life, and life expectancy is significantly shortened.

Established atherosclerotic cardiovascular disease

Repatha is indicated in adults with established atherosclerotic cardiovascular disease (myocardial infarction, stroke or peripheral arterial disease) to reduce cardiovascular risk by lowering LDL cholesterol levels as an adjunct to correction of other risk factors:

- In combination with the maximum tolerated dose of a statin with or without other lipid-lowering therapies, or
- Alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant or for whom a statin is contraindicated.

Mode of action – PCSK9 inhibitor

Evolocumab is a first-in-class fully human monoclonal immunoglobulin directed against PCSK9 – proprotein convertase subtilisin/kexin type 9. Evolocumab binds selectively and with high affinity to PCSK9 and inhibits circulating PCSK9 from binding to the low density lipoprotein receptors (LDLR) on the liver cell surface. This leads to increased LDLR expression and subsequent decreased circulating concentrations of LDL cholesterol. Evolocumab also produces a reduction in total cholesterol, apolipoprotein B, non-high density lipoprotein cholesterol, very low density lipoprotein cholesterol, triglycerides and lipoprotein(a), and a favorable increase in HDL cholesterol.

Adverse reactions and drug interactions

No formal drug-drug interaction studies have been conducted for Repatha. The antibody is designed to bind specifically to PCSK9 and it is very unlikely that it will bind to other human targets. No statin dose adjustments are necessary when used in combination with Repatha.

There are no or limited amount of data from the use of Repatha in pregnant women. Animal studies do not indicate direct or indirect effects with respect to reproductive toxicity. Repatha should not be used during pregnancy unless the clinical condition of the woman requires treatment with evolocumab. It is unknown whether evolocumab is excreted in human milk. A decision must be made whether to discontinue breast-feeding or discontinue/abstain from Repatha therapy, taking into account the benefit of breast-feeding for the child, and the benefit of therapy for the woman.

The most commonly reported adverse reactions at the recommended dose were nasopharyngitis (7.4%), upper respiratory tract infection (4.6%), back pain (4.4%), arthralgia (3.9%), influenza (3.2%), and injection site reactions (2.2%).

EU authorisation and Pack size details

Repatha is under additional monitoring (black triangle). Pharmacists should report any suspected adverse reactions. Further information can be found in the European Public Assessment Report and SmPC on the EMA Website. Repatha was granted a marketing authorisation valid throughout the EU in July 2015. The initial National Centre for Pharmacoeconomics (NCPE) assessment in 2016 recommended that evolocumab should not be reimbursed unless cost-effectiveness be improved relative to existing treatments. The HSE has since approved reimbursement following confidential price negotiations.

Repatha 140mg pre-filled syringe has been listed on the IPU Product File since July 2019.

High Tech Code: 88993. Repatha is currently marketed in a pack containing two pre-filled syringes.
FDA to review isatuximab as a potential treatment for relapsed/refractory multiple myeloma

The United States Food and Drug Administration (FDA) has accepted for review the Biologics License Application (BLA) for isatuximab for the treatment of patients with relapsed/refractory multiple myeloma (RRMM). The target action date for the FDA decision is 30 April 2020. Isatuximab is an investigational monoclonal antibody that targets a specific epitope on the CD38 receptor of a plasma cell.

The BLA is based on positive results from ICARIA-MM, an open-label pivotal Phase 3 clinical trial of isatuximab in patients with RRMM. ICARIA-MM is the first positive randomized Phase 3 trial to evaluate an antibody in combination with pomalidomide and dexamethasone. Results from this trial were presented at the 2019 American Society of Clinical Oncology Annual Meeting and the 2019 European Society of Hematology Annual Meeting.

Isatuximab targets a specific epitope on the CD38 receptor. It is designed to trigger multiple, distinct mechanisms of action that are believed to directly promote programmed tumor cell death (apoptosis) and immunomodulatory activity.

Isatuximab received orphan designation for relapsed/refractory multiple myeloma from both the FDA and the European Medicines Agency (EMA), and in the second quarter of 2019 the EMA accepted for review the Marketing Authorization Application.

Isatuximab is currently being evaluated in multiple ongoing Phase 3 clinical trials in combination with current standard treatments for people with relapsed/refractory or newly-diagnosed multiple myeloma. It is also under investigation for the treatment of other hematologic malignancies and solid tumors. Isatuximab is an investigational agent and its safety and efficacy have not been fully evaluated by any regulatory authority.

New data show nonacog beta pegol (N9-GP) is effective and well tolerated for the prevention and treatment of bleeding in children with haemophilia B

Results from two new interim analyses of the paradigm5 and paradigm6 children trials were presented at the 27th congress of the International Society on Thrombosis and Haemostasis (ISTH) in Melbourne, Australia. Nonacog beta pegol (N9-GP) demonstrated low annual bleeding rates and was well tolerated in children with haemophilia B, reinforcing the long-term safety and efficacy already established in previous trials.1,2

In the five-year interim analysis of paradigm5, bleeding rates in previously treated children (<12 years) with haemophilia B were low (median annualised bleeding rates [ABRs] were 0.66 overall, 0.0 for spontaneous bleeds and 0.47 for traumatic bleeds) and had declined after five years of treatment vs one year of treatment. 20% of children were bleed-free, and 64% had experienced no spontaneous bleeds throughout the trial. No children developed inhibitory antibodies and no safety signals were identified.2

The efficacy and safety profile of N9-GP is further supported by the first interim results of ≥20 patients completing 50 exposure days (EDs) from paradigm6. Previously untreated children (<6 years) on weekly prophylaxis reported low bleeding rates and good bleed resolution with median ABRs of 0.0 for overall, spontaneous and traumatic bleeds. The incidence of inhibitory antibodies was within the expected range, with 2 out of 33 patients (6.1%) affected. No unexpected safety signals were seen.1

References
Janssen launch TREMFYA® ▼ (guselkumab) pre-filled pen patient-controlled injector for adults with moderate- to-severe plaque psoriasis

Johnson & Johnson has launched TREMFYA® (guselkumab) pre-filled pen, a single-dose, patient-controlled injector for adults with moderate-to-severe plaque psoriasis. The device has a self-controlled speed of injection and is administered with one press. The needle is not visible during injection. The TREMFYA® pre-filled pen will replace the currently used pre-filled syringe as of May 2019 and can be self-administered at home, every 8 weeks, after receiving approval and proper training from a healthcare professional. The recommended dose of TREMFYA® for adults with plaque psoriasis is 100 mg administered by subcutaneous injection as two starter doses at week 0 and 4, followed by a maintenance dose every 8 weeks. The single dose injection allows patients to control the rate and pressure of the injection - 99% of trial patients gained control over the technique on the first go.

A. Menarini Pharmaceuticals Ireland Ltd Launches Drynol® 10 mg orodispersible tablets

A. Menarini Pharmaceuticals Ireland Ltd. Has launched a new paediatric formulation of Drynol® (bilastine): Drynol® 10 mg orodispersible tablets. Drynol® 10mg orodispersible tablets are indicated for the symptomatic treatment of allergic rhino-conjunctivitis (seasonal and perennial) and urticaria in children aged 6 to 11 years with a body weight of at least 20 kg. Drynol® 10mg orodispersible tablets are included on the Primary Care Reimbursement Service (PCRS) list since June 2019. If you would like more information call Jason Davies at 01 2846744 or email jdavies@menarini.ie. For full prescribing information, please refer to the Summary of Product Characteristics on www.medicines.ie.

Solifenacin succinate Rowex 5mg & 10mg Film-Coated Tablets Solifenacin succinate

Rowex Ltd. Has launched Solifenacin succinate Rowex.

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Medicinal product subject to medical prescription. Further information and SPC are available from the Marketing Authorisation Holder: Rowex Ltd., Bantry, Co. Cork, P75 V009. Freephone 1800 304 400, fax 027 50417 or email rowex@rowa-pharma.ie. Date of preparation: (06-19) CCF No: 22236
Consultation on access to contraception launched

Minister for Health Simon Harris TD has launched a public consultation on increasing access to contraception. Earlier this year, Minister Harris established a Working Group to consider the policy, regulatory and legislative issues relating to enhanced access to contraception, following the recommendation of the Joint Committee on the Eighth Amendment.

The public consultation will inform the final report to Minister Harris. The consultation, which will remain open until midnight Monday 5 August, is available on the Department of Health website.

Speaking about the consultation Minister Harris said, “It is important we hear from the public and stakeholders and allow them to have their say on this issue. I would encourage all those with an interest to engage with the Department’s consultation before it concludes. It is our ambition to have the Working Group’s report concluded by September.”

Meanwhile, responding to a question from Fianna Fáil health spokesperson Stephen Donnelly TD (Wicklow), the Minister has outlined the terms of reference for the contraception working group:

- To conduct a rapid review of national and international literature on contraception and associated issues;
- To specifically examine the extent to which cost is a barrier to accessing reliable methods of contraception in Ireland and to consider whether there are other factors influencing access to contraception that could be addressed;
- To examine mechanisms to address any access issues identified, including financial, legislative, regulatory and contractual issues, as well as any other relevant matters;
- To consult with relevant stakeholders; and
- To make recommendations to the Minister on the optimal policy options and next steps.
Role of Pharmacies in oral health and smoking cessation highlighted

At a discussion in the Health Committee, the Chief Dental Officer, Dr. Dympna Kavanagh, highlighted the potential role of pharmacies in oral health. Dr. Kavanagh said, “There is considerable evidence from the British and Canadian systems on the advantages and the fact that people, particularly in Great Britain, regard the pharmacy as the best place to receive their oral healthcare advice.”

“Finland is another example of a country that changed its system. There, pharmacy is the first point of contact, which means that if person goes into a health service where the first point of contact happens to be a pharmacist, that pharmacist will guide him or her through the system.”

She concluded by stating, “We want other health professionals to provide dental advice and for us to participate in supporting obesity, smoking and dietary messages that are important for good health.”

Hypothyroidism drugs not available in Ireland

A particular brand of medicine containing the synthetic T4 hormone levothyroxine sodium, which has been subject to concerns in several EU Member States does not have a marketing authorisation in Ireland. Minister Harris confirmed this when asked for a comment from Donnchadh Ó Laoghaire TD (Cork South Central, Sinn Féin).

Minister Harris said, “In this case, the manufacturer of the particular brand of levothyroxine made changes to the inactive ingredients, also known as excipients, to increase the stability of the medicine and reduce potential variability in dosing. However, there have been reports of increased incidents of adverse drug reactions among patients who were changed to this new formulation in the Member States concerned.

“None of the levothyroxine containing medicinal products granted a marketing authorisation in Ireland, and which are actively marketed here, have been subject to reformulation in recent years.”

Department of Health provide Oireachtas Committee with overview of pharmacy fees

The 2018 accounts for the HSE were examined by the Oireachtas Health Committee at a meeting attended by Department of Health Secretary General Jim Breslin, and Director General of the HSE Paul Reid.

At this meeting Mr Reid outlined that €12 billion of the €16 billion budget is service-related. The remaining €4 billion, he said “is related to other activities such as pensions, the PCRS, which is drug-led and pharmacy rebates, the State Claims Agency and overseas funds”.

Later in the meeting, in response to questions from Seán Fleming TD (Laois, Fianna Fáil), Stephen Mulvany of the HSE said that “from memory, in 2018, €2.1 billion included pharmacists and drugs . . . of that, €400 million will be the pharmacy fees, and the balance is the drugs”.

Update on biosimilar policy

Minister for Health Simon Harris TD provided an update on the HSE’s efforts to increase the use of biosimilars, while responding to a question from John Curran TD (Dublin Mid West, Fianna Fáil). “The HSE is also working on identifying barriers to the prescribing of biosimilars, with a specific focus on education and support. It is seeking to increase understanding of biosimilars through targeted presentations to clinicians and hospitals.

“The objective of these initiatives is a greater uptake in the use of biosimilars and this is evident by hospital dispensing data. For example, the prescribing rate for the biosimilar drug Infliximab has increased from 5% in 2017 to 40% in 2018. I am informed that, since the introduction of the Medicines Management Programme’s biosimilar guidelines on 1 June 2019, more than 100 patients have already moved to biosimilar medicines.”
Abolishing prescription charges would cost €82 million

The estimated cost of abolishing prescription charges would cost approximately €82 million per annum according to Minister for Health Simon Harris TD. Reducing the cost to €1 would be €47 million. However, in response to questions from Louise O’Reilly TD (Dublin Fingal, Sinn Féin) he said it is not possible to estimate the costs to extend it to the entire population.

Byrne and O’Reilly explore ‘Period Poverty’

In a series of parliamentary questions, Louise O’Reilly TD (Dublin Fingal, Sinn Féin) asked the Minister for Health Simon Harris TD the estimated cost of providing free female hygiene products to all women in receipt of a general practitioner card, and to all girls aged between 12 and 18, and women in homeless shelters. Responding to the questions Minister of State Catherine Byrne TD (Dublin South Central, Fine Gael) stated: “A motion on period poverty, proposed by the cross-party Women’s Parliamentary Caucus, was passed in the Dáil on Wednesday March 13, 2019, and in the Seanad on Wednesday March 27, 2019. Amongst other things, the motion called on the Government to provide a range of free, adequate, safe and suitable sanitary products and accompanying information, to be distributed throughout all public buildings.”

“Cost estimates of €132 to €208 per annum per woman in Ireland have been mentioned in the context of a recent Plan International survey and during the recent Oireachtas debates on period poverty in Ireland. Furthermore, newer products are subject to the standard rate of VAT, while older products avail of an exemption and are subject to zero percent VAT.”

Minister Byrne added. “It has been agreed that the best way to progress this matter is through the National Strategy for Women and Girls (NSWG) Strategy Committee.”

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International Pharmacy News

Wales
All Welsh pharmacies to have independent prescribers

Plans to have a pharmacist independent prescriber (PIP) employed in every community pharmacy in Wales by 2030 have been announced. The pledge was announced in the Welsh Pharmaceutical Committee’s report Pharmacy: Delivering a Healthier Wales, published in May. The document sets out how the Welsh Government plans to incorporate pharmacy into its long-term vision for health and social care.

This report notes that while 30% of pharmacists in Wales are qualified independent prescribers (PIPs), only 60% of these are “routinely utilising this skill”. This is often because “services and structures are not available for PIPs to work within, particularly in community pharmacy” the report argues, noting that those who regularly use their qualification are mostly working in hospitals and GP surgeries.

The document says having more PIPs in community pharmacy “will unlock additional capacity in the system” and will mean “enhanced services can be consistently commissioned and universally delivered throughout Wales”.

“The use of PIPs working in all community pharmacies, integrated with GP practices for access to patient records will further enable the pharmacy team to help patients manage acute conditions,” the report says.

Among a number of commitments, the report insists that social prescribing must be part of the community pharmacy contract, that all pharmacy professionals are entitled to protected and funded learning time, and that medicines prescribing will be “completely digitised” by 2030.

The Welsh Pharmaceutical Committee also envisages that by 2030, pharmacists will “focus on prescribing and optimising therapeutic outcomes”. By 2022, the Committee wants community pharmacy teams to be the “first point of contact for common ailments”, and by 2030 wants every community pharmacy to have a “formalised extended common ailment service”.

Source: Pharmacymagazine.co.uk

USA
Pharmacist-prescribed birth control reaches new users, saves Oregon $1.6M

In 2016, Oregon became the first state to allow pharmacists to independently prescribe hormonal birth control to consumers without a traditional clinic visit. The initiative, which has since expanded to numerous other states, including California, Colorado and Washington, is intended to increase the accessibility of contraception and reduce the overall cost and rate of unintended pregnancies.

Data reported in two new studies, conducted by researchers at OHSU and the OSU/OHSU College of Pharmacy and published in May in the journal Obstetrics and Gynecology, underscores that pharmacist-prescribed contraception is an innovative programme that is capable of increasing the accessibility of contraception and reducing the overall cost and rate of unintended pregnancies. Among Oregon Medicaid enrollees in the first two years of the programme, the studies note that 10% of all new oral and transdermal contraceptive prescriptions were written by pharmacists. The majority of claims originated from retail chain pharmacies in urban areas, and nearly 74% of patients given either the pill, patch or ring had not used any form of prescribed birth control in the prior month.

“This indicates that the programme is indeed reaching new contraceptive users who may be at risk for unintended pregnancy”, says co-author Maria Rodriguez, M.D., M.P.H., and Associate Professor of Obstetrics and Gynecology in the OHSU School of Medicine. “Furthermore, claims show that the safety profile seen with pharmacists is equal to what is seen among clinicians prescribing contraception. This suggests that pharmacists are an important strategy to safely reach women with unmet need for contraception.”

The studies also show that in the first two years after the policy change, pharmacist prescription of contraception averted more than 50 unintended pregnancies and saved the state an estimated $1.6 million in public costs, such as those required for medical care associated with poor maternal and infant outcomes.

“It is important that we continue to support implementation efforts in Oregon and elsewhere. If other states with similar programmes achieve the same level of implementation as Oregon has thus far, we could expect to see more than 800 unintended pregnancies prevented, and an estimated $25 million saved,” says Rodriguez.

Despite this early success, more work is necessary to further expand pharmacist education and reach new patients that could benefit from the service, particularly those in rural areas with more limited access to family planning services.

“Ensuring equitable insurance reimbursement for pharmacists’ time to provide contraceptive counseling and services is key to obtaining full implementation”, Rodriguez says. “Only then will we see broader training and utilisation of such an impactful service to women across Oregon and beyond.”

Source: https://news.ohsu.edu/
Restructuring of health services announced

A major restructuring of the health service was announced in July. Making the announcement, Minister for Health Simon Harris TD said the change “will result in clear financial and performance accountability, empower frontline staff and devolve authority from the HSE to the local regions.”

The new regional health areas are in line with recommendations made in the Oireachtas Committee on the Future of Healthcare Sláintecare Report (2017), that regional bodies should be responsible for the planning and delivery of integrated health and social care services. The proposed six regional health areas are based on population data including how people currently access health services, as well as a public consultation.

The next step is to begin the co-design process. Stakeholders in each of the regional health areas will be invited to contribute to the design of the services for their new regions. Work will also now be undertaken to detail the national and regional organisational design which will be brought back to Government for approval within 12 months. Once established, these six regional bodies will be enabled to plan, fund, manage and deliver integrated care for people in their region.

New wrist-worn device aims to reduce rate of stroke and heart failure

NUI Galway-based biomedical engineer, Oisín McGrath, has been awarded a grant from Enterprise Ireland for €500,000 to further develop his project ‘Galenband’ for commercialisation. The project aims to provide a wrist-worn device to monitor the heart activity of people with atrial fibrillation, and ultimately aims to reduce the rate of stroke and heart failure caused by the pathology.

Galenband is a data collection and analysis device that will monitor the heart activity of wearers on a long-term basis, recording episodes of infrequently occurring heart arrhythmia. The initial inspiration for the project came from Oisín McGrath’s own personal experiences with heart arrhythmia. For 13 years, Oisín suffered with an undiagnosed heart arrhythmia. A standard response for a clinician when a heart arrhythmia is suspected is to issue a 24-48-hour heart monitor in order to capture the symptoms. This would ideally allow for the diagnosis of the condition. As Oisín’s symptoms were often spaced out by a week or more, the short recording duration of these monitors failed to capture any symptoms, and the arrhythmia continued to go undiagnosed, causing great mental anguish, high financial costs, and a potential danger to his life. During that time, 11 different heart monitors failed to capture anything. Eventually, a cardiac pacing procedure was necessary in order to diagnose the arrhythmia. From this experience, Oisín recognised that a change in recording strategy was required in order to increase the efficacy of non-invasive symptom detection methods.

The Galenband project was the first Irish project chosen by the Massachusetts Institute of Technology (MIT) as part of their IDEA Global programme and won the Institute for Medical Engineering and Science award for research in the field of medical engineering. Additionally, the project won the Technology category of the 2019 Universal Design Grand Challenge, organised by the Centre for Excellence in Universal Design at the National Disability Authority, and supported by Enterprise Ireland.

Dr Emery Brown, Associate Director of Massachusetts Institute of Technology (MIT) for Medical Engineering and Science, presents Galenband Project-lead, Oisín McGrath with the Institute for Medical Engineering and Science (IMES) Award for research in the field of medical engineering.
The majority of Irish people continue to rate their health as good according to the latest Pfizer Health and Science Index. However, overall, self-health scores have deteriorated in 2019 by 6 percentage points and are at their lowest since the Index was first launched 14 years ago. 63% of people surveyed rate their health as 7 out of 10 or higher, but only 4% give their health a score of 10 out of 10. The annual Pfizer Index is a nationally representative study of health and wellness charting perceptions, behaviours and attitudes of Irish adults towards health.

It also showed that 38% of those surveyed have been for a health screening in the past year, and 31% have been vaccinated as part of a public programme. Adult vaccination increased by 4 percentage points. Three in five (60%) people suffer with a significant health condition, with high blood pressure the most commonly reported prevailing condition. In terms of medical insurance levels, a quarter of people surveyed have traded down to cheaper premiums. Meanwhile, almost one in twenty (4%) have stopped paying for private medical insurance of the past year.

For the first time, the Index has broadened its scope to include science, and shows that 80% of people think scientific advancement fosters a better society, and 82% would like to see more of a focus on science in primary school.

Paul Reid, Managing Director of Pfizer Ireland, said, “The pursuit of scientific excellence will help us discover new therapies that transform patient’s lives. Ireland is unique in having such a strong base of pharmaceutical and technology companies located here which offers excellent career opportunities. We need to see more students taking STEM subjects at leaving certificate and more students entering into third level maths.”

Professor Charles Normand, Professor of Health Policy and Management in Trinity College Dublin, said, “It is clear that there are more and more people now living well with chronic diseases, and many of these are living well with several. They will benefit greatly from more effective treatments with fewer side-effects. If we are to take full advantage of the opportunities for people to age well we will need more effective disease prevention and health promotion, new and innovative medicines and better organisation of care.”
Irish Chemists’ Golfing Society News

The annual ICGS outing to Carlow took place on 11 July. The event was sponsored by United Drug PLC. The prizes were awarded by United Drug representative Adrienne Morley.

Results were as follows:

**Class 1**

1st M. Fogarty  
2nd P. Downey  
3rd T. O’Malley

**Class 2**

1st P. Finnegan  
2nd M. Foley  
3rd D. Moran

**Class 3**

1st J. O’Connor  
2nd P. Digan  
3rd P. Colleran

In June, the Ulster Chemists’ Golf Association (UCGA) were guests of the ICGS in Druids Glen for the annual BDH Cup. The event was sponsored by McLernon Computers. This year, the Ulster golfers were too strong and won back the cup, while Brendan Wilson of the UCGA was the overall individual winner.

The next outing will be to Portmarnock, home club of current captain Paddy Digan, on 13 August.

Boots Ireland launch their annual Night Walks for Irish Cancer Society’s Night Nurses

Boots Ireland are encouraging people to join fundraising Night Walks in either Phoenix Park, Dublin on 16 August, or Blackrock Castle Cork on 23 August, to raise funds for the Irish Cancer Society’s Night Nursing service.

The Night Nursing service provides end of life care for cancer patients in their own home. It has been running for over 50 years and operates in every county in Ireland. The service has provided over 7,400 nights of care in 2018 alone, to 1,861 patients. There are 180 Night Nurses in operation around Ireland, providing up to 10 nights of care for cancer patients in their own home, during the last days of their life. The service is completely free of charge.

Broadcaster Teresa Mannion is the campaign ambassador. Speaking at the campaign launch she said: “Having faced cancer myself, I saw the impact it has not only on those with a diagnosis, but on their loved ones also. Patients, and those supporting them, are exhausted both physically and mentally and the Irish Cancer Society’s Night Nurses play such a critical caring role.”

Tickets to join the 5km walk cost €15 for an adult, and under 16s go free. Walks start at 7.30pm in Dublin and 7.00 pm in Cork. Each adult ticket comes with a free t-shirt.

Alongside the walks, Honour Tags are on sale in Boots stores nationwide for €2. Customers can purchase a tag in honour of someone who has survived or passed away from cancer. One metre will be walked in honour of that person and the tags are brought to respective walks. The front of the tag allows for the name of the individual with space on the back for a personal message.

You can sign up to the walks via www.eventbrite.ie. For more information on the Night Nurses service see www.cancer.ie/support/night-nursing.

Pictured above (L-R): Teresa Mannion; Averil Power, Chief Executive, Irish Cancer Society; Mary Attridge-Jones, Night Nurse; and Louise O’Brien, Corporate Social Responsibility Manager, Boots Ireland.
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