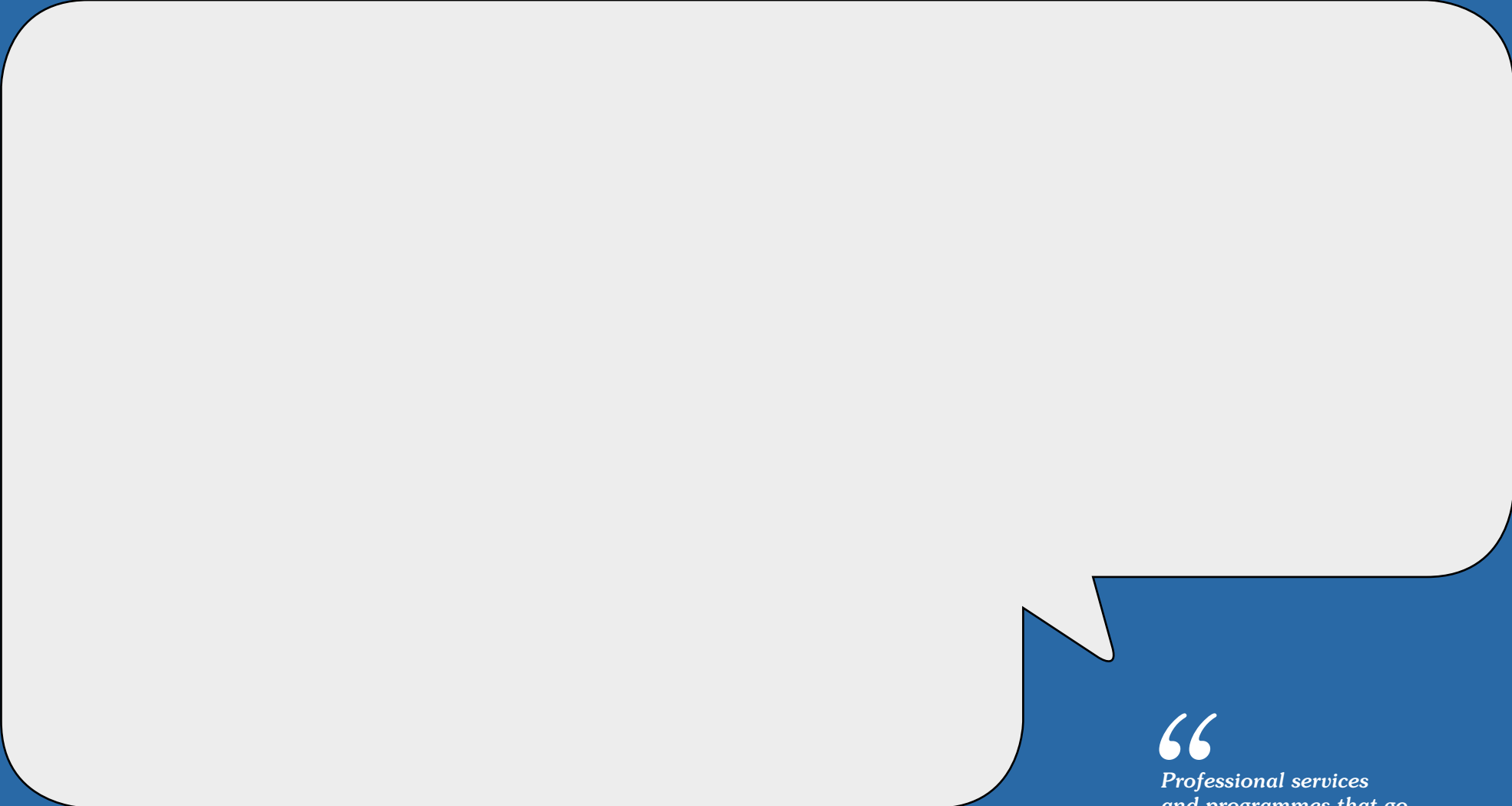




**Annual report 2017**  
**Measuring health outcomes**  
**in community pharmacy**





“

*Professional services and programmes that go beyond medicines supply have been found useful in improving the patient care and health outcomes for various diseases such as hypertension, asthma, diabetes, etc. as well as increasing the population's access to health services.*

”



**Annual report 2017**  
**Measuring health outcomes**  
**in community pharmacy**

## Foreword

# Community pharmacy- Leading the change



**Rajesh Patel MBE**  
PGEU President 2017

It has been a very busy but enjoyable year at PGEU. The Secretariat has dealt with a record number of legal and policy dossiers ranging from implementation of medical devices and data protection regulations to cyber security and data flow in a single market.

PGEU has achieved many things over the past 12 months, one of the primary issues it dealt with, and I am proud to say over my presidency, was the strategic review of PGEU, by which the PGEU has now adopted its new vision and mission statements. This review focused on the context in which pharmacy operates:

- (1) The changing patient and population needs for healthcare (ageing population with multiple long-term conditions),
- (2) The evidence of sub-optimal outcomes from medicines,
- (3) Fragmentation of care and sub-optimal collaboration within healthcare team,
- (4) Emerging models of pharmacy service provision and the need to integrate them into patient pathways and primary care.

For health systems to operate both efficiently and at their optimum, and with an increasingly aging population, both pharmacy and the integral components of the healthcare systems must change and adapt to the new environments. Health services are under

increasing financial pressures due to the rise in chronic diseases. Investment in the prevention of these diseases is paramount, but unfortunately carries a low priority within Member States. Many reports over the years, both national and European, have demonstrated the benefits to health services from the extended roles performed by pharmacists. It is essential that these and future roles are carved out to meet the demands of healthcare systems. Whilst some progress has been made towards implementing these visions, there is still untapped potential to improve care for patients and reduce the pressure on health systems.

“Healthcare on the high street”, where accessibility to expert advice, care and service is the mantra for our profession, our integration in to primary care is essential for any health system. I believe our vision for pharmacy must be to integrate within and become a key player in primary care. Pharmacy can support patients and health systems through its accessibility, clinical services, flexible opening hours and its expertise in relating to its local population. We are at the heart of our communities and have an outstanding ability to work with a diverse set of partners: this sets us apart from the rest and enables us to provide a first-class service for our patients.

It has been a truly rewarding and humbling experience to serve my profession as PGEU President. Today I hope I have left the profession in a better place and know that PGEU will lead the change necessary to meet needs of tomorrow’s patients, communities and health systems.

# Community pharmacy at a glance



**58%**

EU citizens can reach their nearest community pharmacy within five minutes.

**98%**

EU citizens can reach their nearest community pharmacy within 30 minutes.

On average, a pharmacy employs



**7+** persons in the EU, which includes pharmacy assistants, pharmacy technicians, support staff,



**2.35** pharmacists.



A community pharmacy in the EU serves

**3,214** citizens on average.

On average in the EU, there are

**73** pharmacists per 100.000 inhabitants.

January



## Supply chain commitment to tackling MEDICINE SHORTAGES

On the 31<sup>st</sup> January, PGEU together with the European associations representing manufacturers of medicinal products, parallel distributors, pharmaceutical wholesalers and hospital and industrial pharmacist groups published **a series of recommendations on the provision of information designed to help tackle medicines shortages**. The recommendations build on best-practices and aim to mitigate the impact of shortages on patients, provide patients and health professionals with up-to-date information and improve the ability of health systems to detect and solve supply issues as they arise.

The recommendations call for greater transparency and availability of medicine shortages data, early detection and assessment of potential shortages, consistency of reporting, increased access to information available across all parts of the supply chain, improved data infrastructure and collaborative governance processes. The associations' statement is part of their wider commitment to tackling the issue.



February

## Keynote Speech on eHEALTH SERVICES

**On the 2<sup>nd</sup> February**, PGEU gave a keynote presentation at the 10th **Pharmaceutical Care Network Europe (PCNE) Working Conference** in Bled, Slovenia. This presentation outlined the development and current state of art of eHealth services provided in community pharmacies across Europe. Additionally, this presentation also outlined the key recommendations made in the PGEU 2016 Statement on eHealth. PGEU also co-chaired a dedicated workshop on overcoming barriers to implementation of eHealth services in practice at the conference.



March

## Healthcare professions statement on PROFESSIONAL REGULATION

**On the 31<sup>st</sup> March**, the Standing Committee of European Doctors (CPME), the Council of European Dentists (CED) and PGEU released a **joint statement on the proposal for a Directive on proportionality of professional regulation**. The three professions reiterated that regulation in the area of health aims to ensure the highest quality and availability of health care services and protect public health. The statement recognises the importance of the principle of proportionality however calls for an exclusion of the regulation of healthcare professions from the scope of the harmonised EU proportionality test.

Regulation of the health professions, along with all of the rules applying to their activities, must remain the full competence of Member States and be based on local needs such as demographic, geographical and cultural realities. The three associations cautioned policy makers that the proposed Directive, (which introduces a uniform and burdensome proportionality test for all regulated professions), may deter Member States from introducing new or reforming existing healthcare professional regulation which is necessary, justified and often urgent. Under no circumstances should quality of care, access to care or patient safety be put at risk by decisions driven by other agendas or economic interests.



May

## PGEU organises European Pharmacists Professional Forum on AMR in Bucharest, Romania

**On the 17<sup>th</sup> May**, PGEU held its European Pharmacists Professional Forum (EPPF) meeting in Bucharest, Romania under the auspices of the Romanian College of Pharmacists. The Forum focused on **antimicrobial resistance (AMR)** and featured speakers including the Minister for Health for Romania, the Organisation for Economic Cooperation and Development (OECD) and the European Centre for Disease Prevention and Control (ECDC). The outcomes of this working group helped inform the drafting of the PGEU's Best Practice Paper on AMR.





June

## PGEU Annual Symposium

On 13<sup>th</sup> June, PGEU, together with the UK Presidency, organised the **PGEU Annual Symposium entitled 'Leading the Change'** in London, UK.

Distinguished speakers and guests explored a number of future scenarios for society and health systems, heard success stories and were able to learn from failures of other actors. Pharmacy leaders from PGEU member countries and beyond discussed how to develop professional practice further and play an even greater role in health systems.



June

## AMR Best Practice Paper

On the 29<sup>th</sup> June, PGEU published its **Best Practice Paper on AMR** which coincided with the release of the European Commission's Action Plan on AMR. The Paper presented the strong commitment of the pharmacy profession to play an active role in tackling this global public health crisis. It called on governments to involve community pharmacists in AMR Action Plans developed at a national level, involve PGEU in the EU Joint Action on AMR and to increase collaboration and communication between community pharmacists, other healthcare professionals, health service providers, regulators, industry, patients and the public.



September

## Workshop on GP-PHARMACIST COLLABORATION

On the 25<sup>th</sup> September, PGEU co-hosted a workshop with the National Association of Pharmacies of Portugal (ANF) on GP-pharmacist collaboration in primary care at the European Forum for Primary Care (EFPC) Conference. Speakers included pharmacists, GPs and the Organisation for Economic Cooperation and Development (OECD).



September

## Best Practice Paper on PHARMACOVIGILANCE and the 1<sup>st</sup> EMA Public Hearing

**On the 26<sup>th</sup> September**, the European Medicines Agency’s Pharmacovigilance Risk Assessment Committee (PRAC) held its first ever Public Hearing. At the Hearing **PGEU presented an overview** of the contribution community pharmacists make to reducing risk and ensuring the safe use of valproate for patients. Such Public Hearings are intended to give EU citizens a voice in medication safety evaluations and their introduction is as a direct result of the 2012 revisions to EU pharmacovigilance legislation, which this year celebrates its fifth anniversary.



**On the same date**, PGEU published its **Best Practice Paper on Pharmacovigilance and Risk Minimisation**

highlighting the role community pharmacists play in ensuring the safe, rational and effective use of medicines across Europe. The paper provides an overview of the activities and services community pharmacists provide to ensure the highest level of patient safety, as well as several key recommendations.



October

## ECONOMICS VS HEALTH? An EU Proportionality Test for Health Professions

**On 18<sup>th</sup> October**, the Council of European Dentists (CED), the Standing Committee of European Doctors (CPME) and the PGEU organised an event hosted by MEP Lieve Wierinck and MEP Dr Peter Liese at the European Parliament. The event brought together academic experts, EU officials, representatives from national governments, patients and healthcare professionals to discuss the impact on health professions of the proposal for a Directive on a proportionality test of professional regulation. MEP Françoise Grossetête (rapporteur for the ENVI Opinion on this dossier) highlighted that *“healthcare professionals have a public mission to patients”* and *“they are also one of the most mobile professions in the European Union today”*. The debates concluded that the proposed Directive had very little added value to health professions. MEP Dr Peter Liese closed the meeting by underlining that the risks of ‘regulatory chill’ as an intended consequence of the proposal must be avoided and reaffirmed his support for the special treatment of health professions in EU law.



“*Healthcare professionals have a public mission to patients.*”

November

## Safer Europe Without FALSIFIED MEDICINES

**On 7<sup>th</sup>-8<sup>th</sup> November**, under the sponsorship of the Estonian Presidency of the Council of the EU, PGEU and other members of the **European Medicines Verification Organisation (EMVO)** partners organised a conference **on the implementation of the Falsified Medicines Directive**. The conference allowed better understanding of the current state of implementation at both European Union and Member State level and highlighted the challenges for stakeholders and governments in implementing the safety features for medicinal products. Ideas for coping with the challenges were developed and shared. The conference was attended by pharmaceutical supply chain representatives, EU officials and national medicines agencies, and concluded that the European medicines Verification System (EMVS) can be ready in time if all stakeholders were fully committed.





November

**The Latvian Pharmacy Owners Association became a full member of PGEU**



**On the 16<sup>th</sup> November, the Latvian Pharmacy Owners Association** became a full member of PGEU. There are 783 community pharmacies in Latvia and around 1500 community pharmacists serving more than 35.000 citizens that visit Latvian community pharmacies every day.

“*With admission of Latvia, PGEU represents community pharmacists and pharmacies from 27 EU countries.*”

November

**The Community Pharmacy contribution to Sustainable Health systems**

**On the 23<sup>rd</sup> November**, the European Commission, the OECD and the WHO European Observatory on Health Systems and Policies issued **28 country health profiles** in the context of the State of Health in the EU (SoHEU) cycle initiative. The country profile results were complemented by a Commission **companion report**, which recommended: (i) greater investments in health promotion and disease prevention; (ii) a stronger role for primary care; (iii) more integrated care; (iv) proactive health workforce planning and (v) better use of patient-centred data across the EU.



the paper recommended key policy actions at national level to enhance the contribution of community pharmacy services to render EU health systems more resilient, sustainable and accessible for all.

**On the same day**, PGEU supported this initiative with the release of its Opinion Paper “**The Community Pharmacy Contribution to Sustainable Health Systems**”, which highlighted the vital role community pharmacy already plays in ensuring access to high quality healthcare. In addition,



December

**Internal Market and Consumer Affairs Committee (IMCO) vote on PROPORTIONALITY TEST**

**On the 4<sup>th</sup> December**, the IMCO of the European Parliament voted for a position on the proposal for a Directive on a proportionality test of regulated professions. PGEU welcomed the efforts by IMCO to improve the legislative text. While not fully addressing the concerns of the pharmacy profession, IMCO recognised the special nature of healthcare professions and ensured a sufficient margin of discretion to Member States to guarantee the highest level of human health protection when regulating healthcare professions. It gives a clear mandate for the EP Rapporteur in the upcoming triilogue discussions under the Bulgarian Presidency of the Council, as the IMCO position was adopted with an overwhelming majority.

# Community pharmacy services: Measuring and improving health outcomes in community pharmacy



Community pharmacists are uniquely positioned to help mitigate the high risk of medication discontinuation and non-adherence to therapy. Community pharmacists improve adherence for patients starting new therapies and continuing existing regimens. They also are increasingly engaged in delivery of preventive services such as immunisation and early screening. Professional services and programmes that go beyond medicines supply have been found useful in improving the patient care and health outcomes for various diseases such as hypertension, asthma, diabetes, etc as well as increasing the population's access to health services.



In 2017, PGEU surveyed its members to understand the extent and variety of community pharmacy services available across Europe. Thirty member countries (out of 32) responded. PGEU is very pleased to share highlights of the findings:



## Supply of medicines services



**Dispensing  
Prescriptions**  
**100%**

The dispensing of medicines is a fundamental service of community pharmacies. It includes checking the medication, dose, frequency, form, duration, instruction etc are appropriate for each patient.



**Disposal of  
Medicines**  
**90%**

Ninety percent of countries indicated that they provide a service for the safe disposal of expired or un-used medicines, whereas the remainder countries have alternative non-pharmacy disposal schemes.



**Night/Out-of-  
hours Services**  
**93%**

Night / out of hours services are on-call or extended opening services to increase the accessibility to community pharmacies, which is provided in 93% of countries.



**Homecare  
Services**  
**47%**

Forty-seven percent of countries provide homecare services such as support for chronic disease patients in tertiary care or in their homes.



“

*Medicines are the most frequently used intervention within the modern health system. Used appropriately, medicines bring about a remarkable improvement in a patient's condition or result in cure. Making sure that the right patient gets the right medicine, at the right time, followed by the appropriate advice is the corner stone of pharmacy practice.*”



## Services promoting rational use of medicines



### Medication Review Type I:

**100%**

By definition, all pharmacies in Europe provide type 1 medication reviews as part of the national, mandatory dispensing process (checking the medication, dose, frequency, form, duration, instruction etc are appropriate for each patient).



### Medication Review Type II:

**53%**

53% of all responding countries indicated they provide Type 2 medication reviews, which involves a structured, private consultation between pharmacist and patient and focuses on issues of adherence and the safe, effective and rational use of medicines.



### Information to patients on conditions/treatments

**57%**

This service is defined as a service or activity whereby specific information is provided to patients on their medication(s) or condition(s) in addition to standard counselling and advice and is provided in 57% of countries.



### Manual Preparation of Personalised Dosage Systems

**37%**

Manual preparation of personalised dosage system is defined as for example, a “dosette box” or similar adherence aid where doses are prefilled into their respective time/day slots in a box or pack for a defined time period (e.g. for an entire week at a time). This service is provided in 37% of countries.



### New Medicines Service

**27%**

Twenty-seven percent of responding countries provide a service for patients prescribed a medicine for the first time (also known as a ‘new medicine service’). It is defined as a service similar to a medication review, but which is specifically provided to patients starting a new medication to support adherence in the first months of treatment.



## Measurement and Testing services



**Blood pressure measurement**

**90%**

Ninety percent of countries indicated that they provide blood pressure measurement services.



**Weight**

**90%**

Ninety percent of countries also indicated that they provide a weight measurement service.



**Glucose**

**77%**

Seventy-seven percent of countries stated that they provide a blood glucose measurement service.



**Cholesterol**

**73%**

Seventy-three percent of countries indicated that they provide cholesterol measurement services.



“

*Many pharmacies in Europe are equipped to carry out health checks and contribute to early detection of diseases, especially among people who are not frequent users of other health services. They are a unique gateway for signposting, accessing and providing services and information on health issues to a broad spectrum of the population.*

”



## Disease management services



**Asthma/COPD Management**

**43%**

Forty-three percent of countries provide services to support patients suffering from asthma or chronic obstructive pulmonary disease (COPD).



**Diabetes Management**

**43%**

Forty-three percent of countries provide diabetes management services to support patients.



**Hypertension Management**

**37%**

Thirty-seven percent of countries provide hypertension management services to support patients.



“

*People with chronic diseases managed by medication visit their community pharmacists more frequently than any other healthcare professional.*

”



“

*Patients with for example, asthma, diabetes or a heart condition see their community pharmacist every time they get a prescription filled.*

”





## Medicines administration services



### Flu Vaccination

**40%**

In 40% of countries, vaccination for the seasonal influenza ('flu) virus is available in a community pharmacy. In 23% of countries the 'flu vaccination is administered by pharmacists, whereas in the remaining countries it is administered by other healthcare professionals in the pharmacy.



### Other Vaccination

**17%**

In 17% of countries, vaccinations other than for influenza (e.g. travel vaccines, pneumococcal, shingles, human papilloma virus etc) are administered by the pharmacist and in 20% of countries by healthcare professionals other than pharmacists in the pharmacy.



## Other services



### Smoking Cessation

**70%**

Seventy percent of countries provide stop-smoking services to help people give up smoking at national, regional and local levels.



### Needle & Syringe Exchange

**27%**

Twenty-seven percent of countries provide a needle and syringe exchange service for intravenous drug users.



## And finally, some of the latest best-practices and their beneficial outcomes for patient care and health service resilience.

### New Medicine Service pilot in Ireland



The Irish Pharmacy Union (IPU) recently completed a pilot study for a **New Medicine Service** (NMS) where patients receive structured information, advice and support in the first weeks of starting a new therapy. Results from the pilot indicate a successful increase in patient adherence to prescribed regimens of 9%, which is in line with similar services evaluated in **England** and **Norway**. Consideration for wider implementation and funding across Ireland is currently being sought.



### Pharmacy-Based HIV Medicines Dispensing in Portugal

The Portuguese government and the National Association of Pharmacies (ANF) agreed a set of measures to strengthen the link between the National Health System and the network of pharmacies, one of which is the provision of certain specialty medicines which are usually dispensed only in hospitals. Following this agreement, a pilot started in December 2016 where pharmacies dispense antiretroviral therapy (ART) and support people living with HIV.



Two-hundred and forty-six pharmacies that met special technical requirements (IT infrastructure, private area, staff qualifications, special wholesale agreement, etc.) participated in a pilot. More than 400 pharmacists completed a dedicated continuous professional development course in order to participate.

For over a year now, 45 patients receive their monthly antiretroviral medication and care in 31 qualified pharmacies. Only one patient decided to return to the hospital pharmacy. Following this success, an expansion of the service will start in March 2018 and it is expected that more than 400 patients will be able to choose a community pharmacy as their preferred provider to collect their ART and receive appropriate support.

Preliminary results from an evaluation of the service shows high trust and satisfaction from patients, with the majority of patients selecting their regular pharmacy to provide the service. These results will be relevant to assess the impact of transferring ART dispensing and follow-up care to community pharmacies in terms of impact to accessibility and quality of life of people living with HIV.



## Influenza vaccination pilot in France

In 2016, only 46% of the at risk population in France were vaccinated against the 'flu, way below WHO's recommendation of 75%. In 2017, the French government announced a pilot project aiming to improve 'flu vaccination coverage of the adult population by making this service available through community pharmacies. It builds on existing evidence of improved vaccination coverage in other European countries where this service is available from pharmacies.



In the Nouvelle-Aquitaine and Auvergne-Rhône-Alpes regions, 2,813 pharmacies took part in the pilot, corresponding to 58.8% of all pharmacies in these regions.

Community pharmacists participating in the pilot followed an approved education and training course and were supported by the French Chamber of Pharmacists via a dedicated online platform, also serving as a data collection point for the service. More than five thousand (5,073) trained community pharmacists delivered 154,740 vaccinations in the period from September 2017 to February 2018.

## Diabetes screening campaign in Italy

The Italian pharmacy owners association (Federfarma), the Italian Chamber of Pharmacists (FOFI), a Cross-Party Parliamentary Group on Diabetes and the Italian Society of Diabetologists (SID) organised a diabetes screening campaign during International Diabetes Week, 14-24 November 2017.

The service, delivered in pharmacies, included assisting patients in blood glucose testing and replying to a validated Diabetes Risk Score test (FINDRISC), as well giving advice on diabetes risks and prevention.

In total, 160,313 citizens, (of which 43,61% were older than 64), received the service in 5,671 participating community pharmacies across Italy. During the campaign pharmacists identified and signposted 4,415 patients that may have had diabetes (but were not aware) and 18,881 cases of suspected pre-diabetes, of which 2,900 people had high and/or normal risk of developing diabetes in the near future.



## Medinstart service in Norway

Following a successful randomised controlled trial involving 1500 patients from 60 Norwegian pharmacies, the Norwegian Pharmacy Association (NAF) recently secured government funding to provide their 'Medinstart' New Medicine Service as a nationally commissioned service for patients with cardiovascular diseases. The service is supported by practice standards and manuals for pharmacists, seven eLearning programmes and patient information materials.



# A look forward

Now that a fresh calendar is upon us, it's time to glance ahead at what's forecasted to be an interesting year for the pharmacy profession and the PGEU. One thing is for sure: 2018 will be anything but uneventful.

Below you will find five issues or topics to look forward to (or not so much in some cases), in 2018:

1

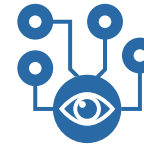


## Implementation of European Medicines Verification System

When the clock strikes midnight on the 9th February 2018, it will be exactly one year left before European Medicines Verification System (EMVS) must be up and running. In pharmacies, this means that all prescription medicines that bear the required 'safety features' will have to be authenticated and checked-out of national repositories before they are supplied to patients. A community pharmacy is already the safest place to get one's medicines, and the medicines authentication system will ensure even higher assurances.

However, before 2019 is upon us, we have a busy year ahead together with all of the supply chain actors working within the European Medicines Verification Organisation (EMVO) partnership. Each actor must ensure the system is ready in time for medicines authentication in the European Economic Area. More than 159.000 community pharmacies active in this territory will have to upgrade their hardware and software, undergo training and connect to national medicine verification systems (NMVS).

2



## Implementation of the General Data Protection Regulation

Pharmacists are consistently ranked amongst the most trusted professions and patients feel comfortable speaking with a pharmacist about their health. The success of pharmacy-held medication records in numerous EU Member States indicates a high level of trust by patients that such data is kept strictly confidential and secure. Maintaining such trust is a vital part of the relationship between a pharmacist and the person seeking care.

In May 2018, the EU General Data Protection Regulation (GDPR) comes into force and pharmacies, like any other healthcare practices, are taking necessary steps to ensure that they are compliant with the requirements of the GDPR. We aim to maintain and strengthen the trust and confidence of patients and other individuals whose personal data are collected and processed confidentially for treatment purposes and avoid breaches of relevant data protection rules.

3



### Revision of the Recognition of Professional Qualifications Directive

The pharmacy profession welcomed the last revision of the Directive on the Recognition of Professional Qualifications [Directive 2013/55/EU]. We were particularly pleased with the revision of the article regulating pharmacists' activities [Art. 45§ 2] and the current provisions properly reflect modern pharmacy practice in the Union.

However, provisions describing pharmacy education and training have not been changed since 1985 and we understand that in 2018 the Commission will investigate revision of other sections, namely Annexes of the Directive. We look forward working with the Commission on those with an impact on the pharmacy profession. We believe it is necessary to ensure consistency of the annexes with the main text of the Directive following the last modification also reflects scientific progress and innovation in practice and education.

4



### Discussion of the health agenda in the Future EU

In 2018, we expect extensive discussion between Member States and EU institutions on the next long-term EU budget, in the context of Multiannual Financial Framework (MFF). The Commission already emphasised the importance of allocating resources to areas where the EU sees a clear added value (namely defence, security, migration and competitiveness). Unfortunately, in the 'doing less more efficiently' scenario it is suggested to 'do nothing' at EU level in the area of public health.

We understand the need to respect budgetary restraints and use limited resources effectively, but we also know there cannot be economic prosperity and growth without good health. Therefore, we will be working with EU health community, EU Institutions and Member States to make sure that health remains high on the agenda and that a dedicated line in the next EU budget is secured, so that AMR, vaccination, workforce planning, effective and efficient pharmaceutical and health technology legislation benefits from EU cooperation.

5



### Brexit

This would probably qualify as the most discussed topic of 2017, on both sides of the channel. The two sides closed the year with a 'divorce' agreement, yet there are more questions than answers. Depending on the relationship between the UK and the EU, there may be implications for pharmacy in number of areas such as medicines and medical technologies authorisation and availability, recognition of professional qualifications of pharmacists and trade agreements.

We will continue to follow the negotiations and hope that decision makers will address any health security risks that may arise from the outcome of the negotiations with priority and great caution. The healthcare professional regulatory, patient rights and life sciences sectors cannot be addressed in the same way as other sectors and we are convinced that Brexit will remain the most popular word in 2018.

# Mission and Vision

**Our vision** is that community pharmacists are recognised and supported within national health systems as key health professionals making a dynamic, sustainable, and evolving contribution to the health of individuals and communities they serve whilst strengthening European health systems.

**Our mission** is, as rigorous, pro-active and constructive stakeholder:

- To advocate, advance and protect the sustainable contribution community pharmacists, make to individual health, public health and to health systems through the promotion of the responsible use of medicines and the provision of professional and clinical services;
- To promote and develop cooperation in community pharmacy among European countries;
- To ensure our vision of community pharmacy is reflected in EU policy and legislative developments.

# Core values

**Our vision and mission are grounded in the core values of the organisation:**



## Independence

PGEU is an independent not-for-profit association representing the interests of European community pharmacists and community pharmacies.



## Integrity

We assure and maintain transparency and consistency in our relationships with EU and other International institutions and other stakeholders.



## Inclusiveness

We operate in a spirit of inclusiveness by providing opportunities and fora for our members to be represented and heard across activities throughout the association.



## Diversity

We strongly support the right and freedom of Member States to regulate community pharmacy according to their diverse societal, cultural and public health needs.



## Patient focus

We seek to understand, learn from and meet the needs of patients and communities who visit community pharmacies.

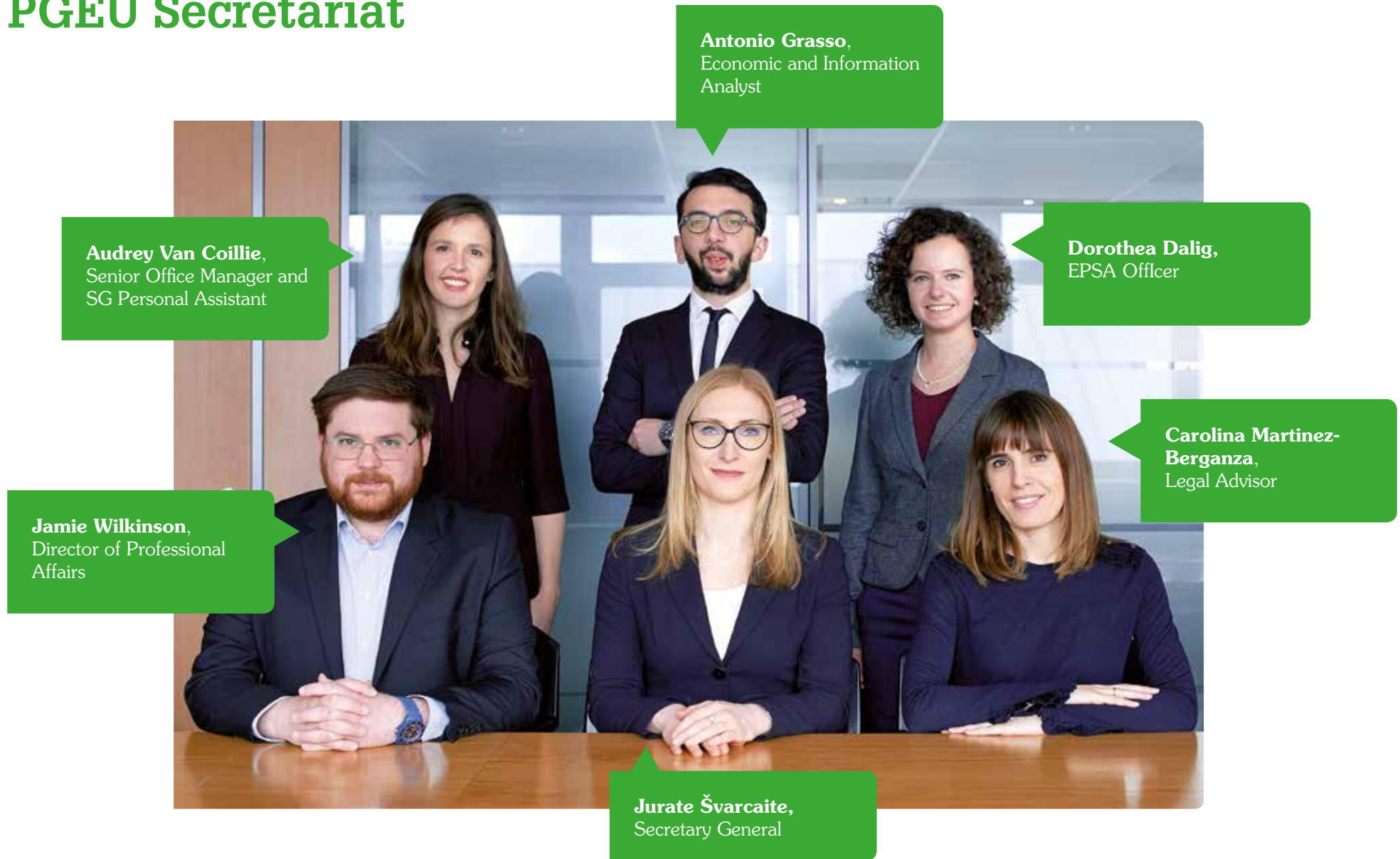


## Accountability

We keep our commitments and make measurable progress to achieve our mission.



# PGEU Secretariat



# PGEU Executive Committee 2017



**Croatia**



**Estonia**



**Malta**



**Spain**



**Denmark**



**Greece**



**Romania**  
Silviu Constantinescu,  
PGEU Vice-President  
2017



**UK**  
Rajesh Patel, MBE, PGEU  
President 2017

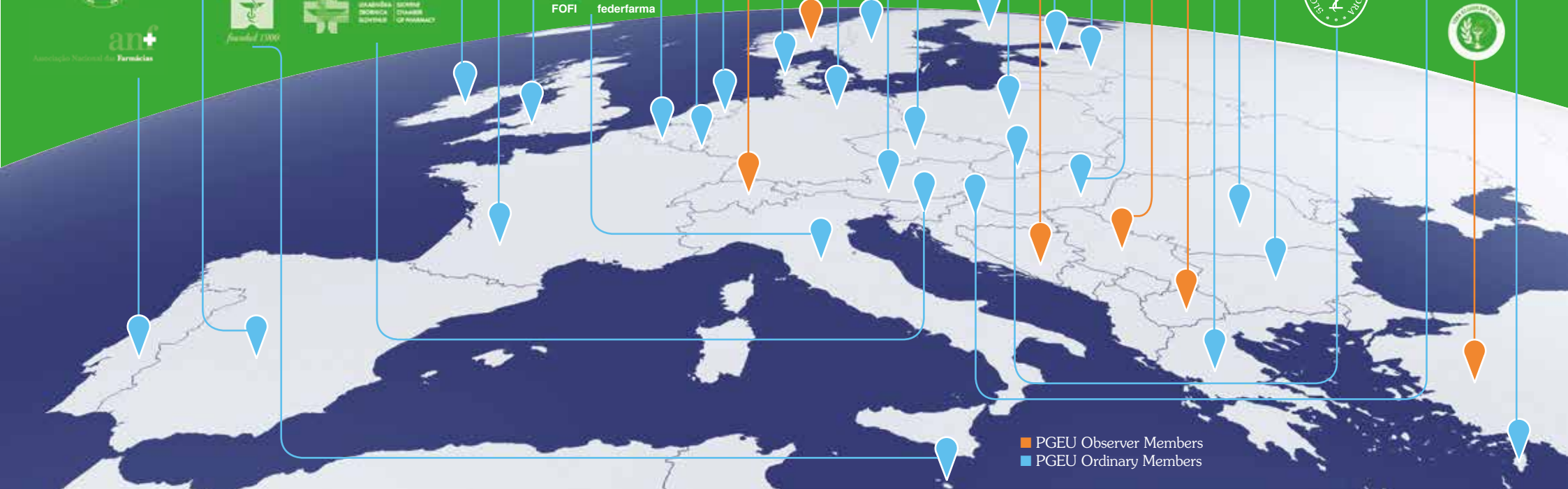
# PGEU Members 2017

NPA National Pharmacy Association  
 Pharmaceutical Society  
 ROYAL PHARMACEUTICAL SOCIETY  
 FSPF  
 USPO  
 UNPF  
 IRISH PHARMACY UNION  
 CONSEJO GENERAL DE COLEGIOS OFICIALES DE FARMACÉUTICOS  
 an+

apotek  
 pharmaSuisse  
 KMP  
 Syndicat des "pharmaciens"  
 apb  
 FOFI federfarma

Apotekföreningen  
 ABDA  
 Sveriges Apoteksförening  
 Österreichische Apothekerkammer  
 EESTI APTEEKIDE ÜHENDUS  
 APTIEKU TĪRŠNIEKU ASOCIĀCIJA

Farmaceutsko društvo Federacije Bosne i Hercegovine  
 Pharmaceutical Society of Federation of Bosnia and Herzegovina  
 SFUS  
 ΕΛΛΗΝΙΚΗ ΑΡΧΟΚΡΑΤΙΑ ΠΑΝΕΛΛΗΝΙΟΣ ΦΑΡΜΑΚΕΥΤΙΚΟΣ ΣΥΛΛΟΓΟΣ  
 HRVATSKA LJEKARNIČKA KOMORA  
 SLOVENSKA LJEKARNIČKA KOMORA





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