

# Colette McCreedy's thoughts on Europe

The Pharmaceutical Group of the European Union — which champions community pharmacy in Europe — recently issued a policy statement on pharmacy's role in improving patient adherence to medicines. Colette McCreedy from the National Pharmacy Association spoke to **Matthew Wright** about her work with the PGEU, before the document's launch

Category M cuts, changes to medicines supply, new clinical roles and 100-hour pharmacies. With all these things to think about — and more — it is likely that community pharmacists are not giving much thought to what goes on at European level. But they can rest assured that at least one person is: "What happens in Europe is very significant to pharmacy practice," declares Colette McCreedy, the National Pharmacy Association's chief pharmacist and director of pharmacy practice.

Mrs McCreedy has had a passion for things continental since she worked in Switzerland "in a skiing village up in the mountains" as a young pharmacist. She recalls customers bringing in mushrooms they had picked for her to check which were safe to use — for culinary purposes.

"Mushroom season — and everybody had their own secret places where they used to get them [although] they used to tell me," she laughs, adding (with mock gravitas) that she did not spread the word because it was confidential information under the code of ethics.

Fluent in French, and with an understanding of German, Mrs McCreedy has been keeping a close eye on decisions from Brussels affecting health and pharmacy in her work with the Pharmaceutical Group of the European Union — or Groupement Pharmaceutique de l'Union Européenne. Working alongside other members of the PGEU's UK delegation (see Panel), she clearly enjoys the challenge of this additional role — "it keeps me busy" — and, particularly, building relationships with PGEU representatives in other member states.

A PGEU policy statement "Targeting adherence: improving patient outcomes in Europe through community pharmacists' intervention" was presented to the European Parliament earlier this month. It is designed to inform discussions that are taking place around European health policy, particularly within the Directorate-General for Health



Colette McCreedy is a member of the UK delegation to the PGEU

and Consumer Protection (DG-SANCO), says Mrs McCreedy. "This will feed into the need to consider medication adherence, and issues like the costs and wastage from non-adherence," she explains.

Mrs McCreedy and her European colleagues have been working hard to ensure that pharmacy's voice is heard when decisions are being made by the European Commission. So what have they been keeping an eye on?

## Control of entry

"One of the biggest issues that pharmacy needs to be aware of is the continuing drive by the commission to deregulate pharmacy," Mrs McCreedy begins. She believes this is something that the EC has been looking to do over a number of years. "And it has attempted to do it in many different guises," she remarks.

One of the most recent such attempts, Mrs McCreedy suggests, was through the EC's

services directive, which has now been passed and published. "Initially, when that draft directive came out," she explains, "health was included in the directive — and the way that it was drafted could have called into question member states' ability to control geographical distribution of pharmacies and pharmacy ownership at national level."

Mrs McCreedy believes that the PGEU, at a European level, and its UK delegation, at a national level, "contributed significantly to getting health out of that directive".

But how important is that? She suggests that the impact depends largely on the country. "If we look at the UK, the most significant concern about the services directive was that it could have made it difficult for the four UK health departments to continue with control of entry — or variations on the control-of-entry theme," she explains.

"So now, as a result, we've got a services directive that is looking at free movement of services between the countries, but without having the difficult issues for UK pharmacy within it."

While she flags this up as a real success, she acknowledges that the issue of control of entry is still under the microscope in Europe "in the form of infringement proceedings taken out by the commission against Spain and Austria".

"What the commission is doing," she pauses before getting down to the nitty-gritty, "is challenging Spain and Austria's national laws relating to pharmacy ownership and pharmacy establishment. If these cases are taken to the European court and the court decides that the establishment laws in those countries are against the Treaty of Rome, that could put in question the ability of the four UK countries to have control of entry."

Mrs McCreedy is of the opinion that many pharmacists do not think that the goings-on in Europe have a great impact on national bodies — "that we just carry on doing the things we do within our own national legislation" — but, in fact, "there's so much that goes on in Europe that can have a significant effect at national level — and pharmacy is not exempt from that", she says.

"That is not to say that individual pharmacists need to be active in this area," believes Mrs McCreedy. "What it does illustrate is the importance of having a strong UK delegation to the PGEU . . . to influence the process."

She goes back to Spain and Austria: "At the moment, we are waiting to see whether the College of Commissioners will agree to those cases being sent to the European Court. What we are seeking to do is persuade

## UK delegation

The UK delegation to the Pharmaceutical Group of the European Union consists of five representatives:

- National Pharmacy Association board member
- NPA staff member
- Royal Pharmaceutical Society Council member
- Society staff member
- Pharmaceutical Society of Northern Ireland council member

the College of Commissioners to take out geographical distribution from those cases.”

She explains that in the professional services directive, which has only recently been implemented, there is a recital saying that establishment of geographical and demographic criteria for the opening of pharmacies is a matter for member states.

“The case that we are making is that it would be inappropriate for the European Court to consider an issue that the democratically appointed bodies in Europe . . . have already acknowledged is a national issue,” says Mrs McCreedy. “Why should the commission be trying to challenge something just because it didn’t get its own way during the democratic process?”

### Counterfeit medicines

Another subject the commission has been focused on is counterfeiting, according to Mrs McCreedy.

There have been various discussions in Europe around how best to ensure the integrity of the supply chain, she explains, and a number of options have been put forward by the commission in a recent EC consultation on combating counterfeit medicines (*PJ*, 29 March, p356). “Should there be a pedigree for the medicine from the time it leaves the manufacturer to the time it gets to the patient? Should there be an authentication system at pharmacy level, at the point of dispensing or at the point of entry into the pharmacy? Should authentication be at wholesaler level? All of these different initiatives are being explored.”

She points out that authentication systems have already been put in place nationally in some EU countries — she gives the example of the Aegate system in Belgium. Mrs McCreedy says that the commission in its consultation document “appears to feel that authentication at pharmacy level is disproportionate to the problem”.

She continues: “Of concern to the UK delegation is the idea of a special seal at manufacturer level that cannot be broken until it gets to the health professional level.” This will make parallel importing difficult, she explains, because an element of repackaging is involved in the licensing process — insertion of English language patient leaflets, for example.

And she makes clear that UK pharmacists — as well as those in Germany — rely on parallel imports as part of their business model. “We need to consider what impact this might have,” Mrs McCreedy insists. “For some community pharmacists it will be more important than others.”

But the issue goes further than parallel imports. “How will this affect monitored dosage systems,” she questions. “We need to get clarity in the consultation on what [the EC] means by repackaging.”

She describes this as “a prime example” of how, when proposed legislation comes out at EU level, “the commission is less informed about community practice in every single country. . . . The majority of countries don’t have monitored dosage systems, so it’s not been taken into account.”

### The value of pharmacy

Mrs McCreedy is proud of the background work that the PGEU does in promoting the value of pharmacy — “making sure that pharmacy is included in debates at an early stage”.

She describes a brochure on the pharmacist’s role in patient safety, produced by the PGEU last year. “In that brochure there are examples of good practice and the UK is featured in that. This is about making the decision makers in Europe very much aware of the role and the value of pharmacy so that when they start to produce legislation pharmacy is in the forefront of their minds.”

She elaborates: “The PGEU helps us to focus on what developments are occurring within the European institutions, but what it also enables us to do is to learn about pharmacy practice in different countries and understand pharmacy developments there.”

Mrs McCreedy believes that UK pharmacy is “leading the way in terms of how we’re developing our services and how the Government is focusing on making better use of pharmacy”.

Nevertheless, she does acknowledge that there might be older models of remuneration in other member states that are “based quite strongly around medicines supply”. The NHS, she suggests, may have paved the way for more innovation within pharmacy.

Mrs McCreedy seems genuinely enthusiastic about the European agenda: “It’s wonderful to learn so much about how pharmacy is practised. To compare notes with my equivalents in other [European] pharmacy bodies and to get to understand their ways of working is very useful.”

But national temperaments vary and opinions are diverse. “You cannot go into Europe thinking you are going to have your own way all the time,” Mrs McCreedy admits. “To be effective in Europe you need to have this amount of diplomacy and recognise that you’re not going to win everything.” She believes it is crucial to understand when it is possible to win, when Europe can be worked with effectively and when it is necessary to act at a national level.

“Fascinating” is how she describes the EU process. “Dealing with it for the past 20 years, I have to say that it is extremely interesting.” To not be around the table in Europe would be detrimental to community pharmacy, she insists.

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