Community Pharmacy Agreement 2025

September 2025

An Roinn Sláinte
Department of Health

Irish Pharmacy Union

HSE

Table of Contents

Introduction

The Community Pharmacy Agreement 2025 marks a significant milestone in the strategic collaboration between the Department of Health (DoH), the Health Service Executive (HSE), and the Irish Pharmacy Union (IPU). It sets out a comprehensive and ongoing pathway to modernise and expand the role of community pharmacy in Ireland's healthcare system. The agreement is designed to support the delivery of safe, equitable, and efficient healthcare, and to ensure that community pharmacists are better equipped to contribute to national health priorities through structured engagement, sustainable funding, and integrated service delivery.

Pharmaceutical care refers to the responsible provision of medicines and the associated clinical support required to optimise health outcomes. As the most commonly used intervention in healthcare, medicines play a critical role in preventing, managing, and treating illness. However, inappropriate or suboptimal use can result in avoidable harm, poor outcomes, and inefficiencies across the health system.

Community pharmacists are highly trained healthcare professionals and medicines experts who ensure that medicines are used safely, effectively, and appropriately. They help patients understand their treatments, support adherence, detect and resolve medicine-related problems, and coordinate care where necessary. Their role is particularly crucial for vulnerable or underserved populations, for whom community pharmacies often represent the most accessible point of care, especially when access to general practice is constrained.

Community pharmacies are among the most accessible and trusted healthcare providers in Ireland. With over 85% of the population living within 5km of a pharmacy, they serve as vital health and wellness hubs, offering a wide range of services, from dispensing and medicines optimisation to immunisation, chronic disease management, and public health promotion. Their reach, expertise, and patient relationships position them uniquely to support the Sláintecare vision of delivering care closer to home.

There have been ongoing engagements and meetings between the DoH, the HSE, and the IPU since mid-2023, addressing themes such as the role of community pharmacists, pharmacy funding, service expansion, administrative complexity, and digital enablement.

In parallel, the Minister for Health established the Expert Taskforce to Support the Expansion of the Role of Pharmacy in Ireland. The Taskforce's interim (November 2023) and final (July 2024) reports laid out a comprehensive vision for expanding pharmacists' scope of practice. To oversee implementation, a Community Pharmacy Expansion Implementation Oversight Group (IOG) was formed in 2024, comprising representatives from the Department, HSE, and IPU. The purpose of the IOG is to oversee the delivery of the Pharmacy Taskforce's recommendation on the introduction of a Common Conditions Service, with pharmacists provided with prescriptive authority linked to the service and its parameters, and contraceptive prescribing by pharmacists to continue a prescription for contraception.

Budget 2025 included a dedicated allocation for community pharmacy, and the Minister for Health directed the Department and HSE to advance discussions with the IPU toward a more structured engagement. This public investment reflects the Government's intent to recognise pharmacy's contribution to public healthcare, enhance access to services, and support ongoing modernisation and reform. The Department, the HSE and the IPU entered a process of structured engagement to agree

an Engagement Framework, which was published by the Minister for Health in May 2025, and outlined the structure of the process and thematic areas for consideration and discussion in the formal talks, namely:

- Service expansion and access
- Administrative burden and reform
- Fees, sustainability, modernisation and value
- Digitalisation and ICT

These themes as outlined in the Framework form the basis of this Agreement, which is grounded in the principles of Sláintecare, the Programme for Government, and Ireland's Digital for Care Strategy. It aims to shift care closer to home, improve access, and ensure that patients receive the right care, in the right place, at the right time.

In order to avail of the terms of this Agreement (including the fee rate increases) Community Pharmacy Contractors are required to submit and return to the HSE a completed and signed Notice of Participation form in respect of their participation in this Agreement. Within this agreement, a range of expanded services have been outlined which provide opportunities for enhanced patient care. Community pharmacies will be provided with the opportunity to further expand their scope of practice by opting into these services as they are rolled out.

Section 1: Whole-System Integration

The DOH, HSE and IPU are committed to a unified and coordinated approach to health system reform, which meaningfully integrates community pharmacy into the design, delivery, and evaluation of services across the full continuum of care. This partnership recognises that pharmacies are a critical access point for patients, an integral part of primary care, and a key contributor to national goals for safe, equitable, and efficient care.

Maximising the role of community pharmacy in a modern health system depends not only on recognition of its value, but on structured participation in service design, delivery, and governance. This includes a renewed focus on how pharmacists' expertise contributes to medicines use, patient safety, and clinical outcomes.

Community pharmacy's role extends across a wide range of health system priorities, from community drug schemes to new models of care, digital transformation, population health and working in collaboration with the Regional Health Areas. Delivering more care closer to home, improving access, and meeting rising demand requires joined-up planning and sustained, strategic engagement with the pharmacy sector. By embedding community pharmacy within this reform pathway, the State can leverage pharmacy's accessibility, medicines expertise, and trusted role to achieve the Sláintecare goals of equity, efficiency, and universal access.

The report of the Expert Taskforce to Support the Expansion of the Role of Pharmacy published in 2024 outlines a timeline for independent, autonomous prescriptive authority for pharmacists, commencing with the Common Conditions Service. The indicative timeline for this full prescriptive authority is set from 2027-2030. A key recommendation within the report was for regular engagement between relevant stakeholders, including community pharmacist representatives, to provide updates and obtain input to inform the implementation of pharmacist prescribing.

1.1 Strategic Enablers

The Council of Europe's Resolution CM/Res (2020) on the implementation of pharmaceutical care calls on competent authorities to embed pharmaceutical care in national and regional health services. It highlights the need to:

- Enable pharmacists to contribute fully to patient care wherever medicines are used,
- Reconfigure pharmacists' roles to ensure sustainable, flexible care delivery models,
- Focus services on patient needs and outcomes, including through co-production of care.

To realise this vision in practice, a set of structural and leadership enablers will be required to embed pharmacy contributions at all levels, from national oversight to regional implementation. These enablers in conjunction with a structured pathway for sustained collaboration, will allow all parties to continue to deliver sustainable service expansion and drive continuous improvement across community pharmacy services.

1.2 Leadership and Representation

1.2.1 Chief Pharmaceutical Officer (CPO)

The Minister reaffirms the Government's commitment to the appointment of a Chief Pharmaceutical Officer (CPO) in the Department of Health, subject to the necessary public service HR processes and sanctions, as recommended by the Expert Taskforce to Support the Expansion of the Role of Pharmacy and aligned with commitments in the Programme for Government. This role will have a key strategic role that will provide leadership on policy direction and evidence-based expert advice for pharmacy and pharmaceutical care policy, including key enablers regarding the future role of pharmacy, workforce planning and education. The CPO will also be responsible for working with key stakeholders to modernise the Pharmacy Act, aligning evolving practice with proportionate legislative structures.

1.2.2 Service Delivery – Consultation and Engagement

The HSE and the IPU have agreed to establish a process whereby the parties will meet quarterly to discuss current issues in relation to strategic health service developments and operational matters as they pertain to Community Pharmacy services. A formal protocol will be developed jointly to set out how this process will operate. This process will commence in January 2026.

This process will leverage evidence-based advice, clinical expertise, and operational insight to help ensure that proposed policies and service changes being implemented by the health service are workable, sustainable, and aligned with patient and system needs. Early and structured consultation will be prioritised so that the perspectives and practical considerations of community pharmacy considered in operational matters.

The HSE is currently progressing the comprehensive reorganisation of structures at national, regional and local level, and appropriate consultation and engagement processes in respect of Community Pharmacy will be addressed as these structural changes are embedded.

1.2.3 Pharmacy Consultation

To embed pharmacy into the core of healthcare decision-making, community pharmacy will be consulted on policy matters affecting the profession. Early and structured consultation will be prioritised, where appropriate so that the perspectives and practical considerations of community pharmacy will be considered in the development of policy and related matters.

1.3 Pharmacy IT Integration and Digital Health Enablement

Community pharmacy is a critical enabler for Ireland's digital health priorities, serving as a trusted first point of contact for patients and as a high-quality source of structured healthcare data. Pharmacy IT systems must be ready to integrate seamlessly with core national digital assets, such as the Individual Health Identifier (IHI), National Shared Care Record (NSCR), National ePrescribing Service (NePS).

The success of these programmes depends on pharmacy's ability to connect securely, share data in structured and coded formats, and do so in real time, ensuring information is both clinically meaningful and operationally reliable.

1.3.1 Data Capture, Data Access, and System Value

Pharmacy systems already produce accurate, consistent, and traceable datasets, including:

- Product identifiers and dispensing timestamps.
- Prescriber identifiers and scheme eligibility markers.
- Vaccination records, service notes, and clinical service outcomes.

This structured data—captured under rigorous legal, regulatory, and professional standards—will form the foundation for wider data access by authorised healthcare providers, improving continuity of care, supporting public health planning, and enabling evidence-based policy.

Enhanced integration will ensure that pharmacy-generated data not only flows into national platforms but is accessible in ways that directly benefit patient care, reduce duplication, and streamline administrative processes.

The sharing of patient personal data from pharmacies to cover the submission of data to the PCRS for HSE Community Drugs Schemes continues under this Community Pharmacy Agreement.

Looking ahead, the full enactment of the European Health Data Space (EHDS) and the forthcoming Health Information Act will create broader obligations for all healthcare providers, including pharmacies, to share patient-identifiable information where required for the delivery of healthcare. The Health Information Act will also establish the legal framework for national digital health records, including the National Shared Care Record (NSCR) and the Electronic Health Record (EHR), ensuring that pharmacy data becomes an integral component of a patient's longitudinal health record.

The IPU and the HSE commit to collaborating to ensure that data sharing is in compliance with GDPR, and that pharmacies share patient personal data in a way is underpinned by a clear legal basis and reflected in the data protection policies and practices of each data controller. This will require working together within both the current and future legal framework to share data to enhance patient care and improve, promote and protect the health and welfare of the public. The goal is a more integrated, secure, and patient-centred digital health ecosystem that will ensure that pharmacy-generated data not only flows into national platforms but is also accessible in ways that directly benefit patient care, reduce duplication, and streamline administrative processes.

Section 2: Fees, Allowances and Development Funds

Under the terms of this Agreement, and in return for the obligations agreed to by individual Community Pharmacy Contractors under the agreement, the parties have agreed a range of fee adjustments in the case of existing services, and a range of fees in respect of new services and allowances as outlined below.

For the avoidance of doubt, the payment of any and all of these fees are contingent on the performance of the terms and conditions of this agreement and any failure to honour the agreement will result in fees reverting to their earlier level. The relevant fees will be applicable in accordance with dates set out below provided the Community Pharmacy Contractor has submitted a completed and signed a Community Pharmacy Agreement 2025 Notice of Participation Form to the HSE. For the avoidance of doubt, the services and associated arrangements outlined in section 2.5 will be subject to separate individual opt in processes prior to launch.

The Minister for Health, with the consent of the Minister for Public Expenditure and Reform, will by Regulation, set the relevant rate of payment to be made to community pharmacy contractors in respect of this Agreement and the provisions of Section 42 of the Public Sector Pay and Pensions Act 2017 will apply.

2.1 Adjustments to Dispensing Fees

Standard dispensing fees payable to a community pharmacy contractor under the General Medical Services Scheme, the Drug Payment Scheme, the Long-Term Illness Scheme, the European Economic Area Scheme and the Health (Amendment) Act 1996 Scheme per item dispensed under those schemes will increase, as follows:

For each of the first 1,667 items dispensed by the Community Pharmacy Contractor in a month	€5.60
For each of the next 833 items dispensed by the Community Pharmacy Contractor in that month	€4.50
For each other item dispensed in that month	€4.10

These rates will be applicable from 1 September 2025.

2.2 HRT Arrangement

In line with the increase in dispensing fees outlined above, a fee of €5.60 will be payable for each item dispensed under the HRT Arrangement.

2.3 eHealth Integration Allowance

To recognise the central role of community pharmacies in the digital transformation of healthcare, and to support the development of the systems, infrastructure, training, and workflows required to capture structured clinical data, the State will provide an additional once off grant of €1,825. This

allowance will be payable once the Community Pharmacy Contractor has submitted a completed and signed a Community Pharmacy Agreement 2025 Notice of Participation Form to the HSE.

2.4 Emergency Medicine Administration Preparedness Allowance

To recognise that community pharmacists are authorised to administer emergency medicines, and that this service is provided on an ad hoc basis requiring pharmacists to be trained and ready to respond, an annual recurring allowance of €525 will be made available to community pharmacy contractors. This allowance will commence in January 2026 and be payable annually thereafter on confirmation of receipt of signed agreement by community pharmacy contractors.

2.5 New Fees and Allowances for New Services

In furtherance of the Government's commitment to supporting community pharmacy services through investment, reform and modernisation, the parties have agreed that the following new services may be offered by community pharmacies, and for which the following fees have been agreed.

2.5.1 Free Contraception Scheme

A service fee of €37.50 will be payable for each continuation of a prescription for a short-acting contraception to a woman eligible to avail of the Free Contraception Scheme.

This fee will apply from the launch date of this service and more details on this service provision, and the terms and conditions will be defined within operational guidance provided in advance of the launch date and related contractual measures to be developed in consultation between the Parties.

2.5.2 Pneumococcal Polysaccharide (PPV 23) Vaccination

A fee of €28.50 will be paid to Community Pharmacy Contractors for administration of a Pneumococcal Polysaccharide Vaccine (PPV23) by a pharmacist to an eligible individual in the relevant at-risk group under the GMS scheme, provided that the vaccine is not administered by the Community Pharmacy on the same day as an Influenza vaccine.

A fee of €42.75 will apply for the administration of Influenza and PPV23 vaccinations by a pharmacist on the same day by the Community Pharmacy Contractor.

If the person is not covered by the GMS scheme it will be a matter for the community pharmacy contractor to determine the administration fee.

These fee rates will commence as soon as arrangements are put in place for Community Pharmacies to order PPV 23 vaccines and for claims to be processed through the HSE PharmaVax interface with PCRS.

2.5.3 BowelScreen

Community pharmacists and their teams, as trusted healthcare professionals, can play an important role in supporting increased uptake through promoting the programme at population level as well as enhancing access by supporting individuals to participate in the programme to recognise this health promotional role an annual allowance of €500 will be provided to all participating community

pharmacy contractors. This allowance will be available on confirming participation with the HSE onboarding process for this programme and annually available thereafter.

A fee of €5.00 will be paid to Community Pharmacy Contractors for each time a pharmacy team member confirms participation of an eligible patient in the BowelScreen programme and registers them to receive a FIT (Faecal Immunochemical Test) kit.

The allowance and fees will apply from the commencement of this service in 2026. Terms and conditions of the Service will be defined within the operational guidance provided in advance of the launch date and related contractual measures to be developed in consultation between the Parties.

2.5.4 Common Conditions Service Establishment Allowance

A once-off allowance of €2000 to facilitate the establishment of the common condition service will be paid to each Community Pharmacy Contractor who confirms participation in the Common Conditions Service by end of Q1 2026. To receive this allowance, confirmation of participation in the service must be returned by 1 December 2025. Commencement of the service must thereafter commence no later than 31 March 2026 otherwise the allowance will be repayable.

2.5.5 Common Conditions Service Evaluation – Data Provision

An annual allowance of €1,667 will be paid to each of the 150 Community Pharmacy Contractors who is selected on completion of an expression of interest to collect and return data for the purposes of the evaluation of the Common Conditions Service, and to help inform plans for future expansion of the service. For avoidance of doubt these contractors will need to collect and provide the data in a digital format as per CCS requirements. The final approach and methodology will be agreed between the parties.

2.6 Training, Education and Development of the Pharmacy Team

The HSE annual Pharmacy training grant will be increased as a sector by €2,432,050, per calendar year making the available budget for training for the sector increasing to €4,864,100. In conjunction a new budget of €500/ pharmacy will be made available to contribute to pharmacy contractor expenses for purchasing of mandatory reference texts either in paper or electronic format. The annual budget allowance for this is €957,500, bringing the annual education and training budget for the sector to €5,821,600. This means that the annual education and training budget available per pharmacy will be €3060 per annum.

2.7 Enhanced Immunisation Fund

To support enhanced immunisation programme development as outlined within the agreement in the area of immunisation expansion a dedicated annual funding allowance of €2,000,000 from 2026. This yearly budgetary allocation is ring fenced for community pharmacy delivered immunisation programmes and any unallocated funding will be reinvested across the sector on an annual basis.

2.8 Medicines Optimisation Fund

To support medicine optimisation programme development as outlined within the agreement a dedicated annual funding allowance of €4,500,000 will be made available from 2026. This yearly budgetary allocation is ring fenced for community pharmacy delivered optimisation programmes and any unallocated funding will be reinvested across the sector on an annual basis.

2.9 Unused Medicines Return and Disposal Development Fund

A yearly allocation of €4,500,000 is being made available to provide for the provision for a HSE tendered medicine disposal service from community pharmacies. Unallocated funding on stabilisation /steady state of this service will be ring fenced for pharmacy service development.

Section 3: Service Expansion and Access

3.1 Enhancing Access to Public Health Services and Health Promotion

3.1.1 Community Pharmacies' Role as Health and Wellness Hubs

Community pharmacies are often the first and most accessible point of contact with the health service. Every day, pharmacists and their teams provide signposting, safety netting, and informal reassurance to people who may otherwise struggle to access care.

Pharmacy fees support more than the safe supply of medicines and patient counselling. They also reflect the wider contribution that community pharmacies make - offering advice, directing individuals to appropriate services, and supporting public health.

This contribution plays a vital role in protecting patient safety, reducing unnecessary pressure on other parts of the health system, and ensuring concerns are addressed at the earliest opportunity. This broader role remains essential to the sustainability of Ireland's health service.

Community pharmacies are well positioned to act as health and wellness hubs. The majority of community pharmacies open 6 days a week, with a significant proportion opening 7 days a week, and have extended daily opening hours. Approximately 50% of the population lives within 1km of a community pharmacy, and 85% of the population lives within 5km of a community pharmacy.

Community pharmacy has long supported and participated in campaigns enhancing access to existing public health services such as screening services, and health promotions initiatives such as the HSE Making Every Contact Count (MECC) programme.

By empowering individuals and communities, pharmacies drive better health outcomes and enhance overall wellbeing. There is scope to further build on this key role within community pharmacy.

The HSE MECC programme is aimed at preventing chronic disease. Healthcare professionals see many patients each year, giving them a chance to promote better health. MECC aims to use these regular visits to help people make healthier choices, leading to better health.

The MECC programme is supported by different frameworks. These are:

- Healthy Ireland, a Framework for Improved Health and Wellbeing 2013-2025
- Making Every Contact Count, A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service
- National Framework for the Integrated Prevention and Management of Chronic Disease in Ireland 2020-2025

In the above context, community pharmacy teams will continue their health promotion work by further embedding the practice of delivering brief interventions in defined areas, i.e. practicing MECC in their consultations with patients. This will provide opportunities for pharmacists and their teams to reinforce healthy lifestyle messages while supporting and encouraging people to play an active part in their self-care.

Another example of a health promotion campaign in this space is the Safe Pharmacy initiative which has been developed and implemented by the Irish Pharmacy Union in partnership with the HSE, An Garda Síochána, and Safe Ireland. It provides a safe, private space within participating community

pharmacies for individuals experiencing domestic abuse or coercive control. These pharmacies offer access to a phone, information, and contact details for specialist support services. The initiative ensures that help is available discreetly and locally, especially for those who may be monitored or isolated at home. By leveraging the accessibility and trust of community pharmacies, Safe Pharmacy plays a vital role in supporting vulnerable individuals. Nationwide availability and ongoing awareness raising is important to ensure the service is as accessible to as many people as possible.

Deliverables/Outputs

- Pharmacists and their teams are empowered to further deliver patient-centred, high-quality services that strengthen public health.
- Community pharmacy accessibility and professionalism are leveraged to increase awareness of, and engagement with, health promotion initiatives.
- Access to existing and new Public Health services is expanded through the pharmacy network.
- Integration of pharmacy into the wider healthcare system is strengthened.
- Awareness and availability of the *Safe Pharmacy* programme is broadened nationwide.

Requirements for Implementation:

Community Pharmacy will:

- Apply *Making Every Contact Count (MECC)* principles during consultations, as appropriate.
- Participate in identified training and education to support delivery of public health campaigns.
- Support approved health promotion campaigns, with annual priorities agreed with the IPU.
- Use and adapt national campaign materials (digital and/or printed) as feasible, inserting pharmacy branding in line with provided guidelines.
- Ensure that pharmacies participating in Safe Pharmacy have the appropriate arrangements in place in relation to available facilities, and training and engaging staff.

The HSE will:

- Agree priority national health promotion campaigns annually with the IPU.
- Supply campaign materials in accessible formats and provide clear guidance on permitted local adaptations.
- Provide pharmacists and their teams with resources on follow-up pathways (e.g. Healthy Eating, Active Living, Alcohol Awareness programmes).
- Actively promote awareness of the *Safe Pharmacy* programme across primary and secondary care settings to strengthen referrals and visibility.

Timeline: Q4 2025

3.1.2 BowelScreen: The National Bowel Screening Programme

The **National Screening Service** runs 4 national population screening programmes (BowelScreen, BreastCheck, CervicalCheck and Diabetic Retina Screening).

Bowel Cancer is the second most common newly diagnosed cancer in men and the third most common in women. 2,600 people are diagnosed with bowel cancer in Ireland every year. Studies have shown that bowel cancer screening from the age of 50 upwards can reduce the number of people dying from bowel cancer.

When eligible people are sent an invitation letter to take part in BowelScreen for the first time, they are asked to contact the programme by phone, email or online to consent to take part, register their participation and request a home-test kit. A unique barcode identifier is assigned to each individual patient who registers with the programme in this way. Bowel screening then provides free FIT (Faecal Immunochemical Test) kits, labelled with and linked to this barcode, by post following the request. The test is then completed in the person's own home and returned by post to BowelScreen for analysis. Results are subsequently issued to the GP and participant. Following initial participation, individuals are offered the FIT test every two years by the BowelScreen programme.

Community pharmacists and their teams, as trusted healthcare professionals, can play an important role in supporting increased uptake through promoting the programme at population level as well as enhancing access by supporting individuals to participate in the programme.

There are a number of areas in which the BowelScreen community pharmacy intervention will assist individuals in accessing the programme:

- Opportunistic promotion regarding participation in the BowelScreen programme as part of other consultations.
- Providing the necessary clinical information to enable informed consent to be obtained for participation in the programme.
- Assisting individuals, including those in vulnerable and hard to reach groups, who have been sent an invitation letter for the screening programme, and who are clinically eligible, to register their participation and to be supplied with the FIT kit.
- To check, input or amend eligible individual's details on the BowelScreen register.

Deliverables / Outputs

- Increased participation in the national BowelScreen programme, supporting its aim of reducing colorectal cancer mortality in the eligible age range.
- Community pharmacies become a trusted and accessible point for awareness, registration, and support with the BowelScreen programme.
- Eligible individuals are supported, through their community pharmacy, to register, update details, and request that FIT kits be posted to them.
- Patients are better informed about the importance of bowel screening and how to use the FIT kit, including familiarity through demonstration kits where appropriate.
- Greater reach to vulnerable and hard-to-reach groups through opportunistic engagement and trusted local pharmacy access.

Required to Implement

As this is an opt-in service, Pharmacy contractors will be required to provide notice of participation to the HSE.

Community Pharmacy will:

- Complete BowelScreen education modules to ensure pharmacists and their teams are trained to provide accurate and effective support.
- Display and share BowelScreen health promotion materials in the pharmacy and/or across digital pharmacy channels.

- Opportunistically identify eligible patients and respond when individuals self-identify in the pharmacy.
- Provide clear information on BowelScreen to support informed consent and encourage programme participation.
- Check, input, or amend patient details on the BowelScreen register as needed.
- Register patients who consent to receive a FIT kit and, where necessary, demonstrate use of the kit.

HSE will:

- Integrate community pharmacy into National Screening Service operational pathways.
- Provide pharmacists and their teams with training modules and educational materials to ensure readiness for implementation.
- Supply appropriate information resources and promotional materials for use in pharmacies (both digital and printed).
- Maintain responsibility for issuing FIT kits and processing returned tests, ensuring pharmacy activities align with programme timelines.
- Collaborate with the IPU and pharmacies to monitor uptake and refine support processes where needed.

Timeline: This will be rolled out in a phased basis across 2026, starting with the training and health promotion activity.

3.1.3 Sexual Health Services

Community pharmacists already play a central and well-established role in the provision of emergency contraception, ensuring timely and equitable access for people across Ireland. This service has demonstrated the accessibility, professionalism, and responsiveness of community pharmacy in meeting urgent sexual health needs, and it is now firmly embedded as a trusted part of the health service.

Building on this foundation, community pharmacies are well positioned to expand their contribution to broader sexual health services. Consultations already encompass ongoing contraception needs and may include referral for Sexually Transmitted Infection (STI) testing and, where relevant, sexual assault and other safeguarding services and supports. There is opportunity to build on this core service provision to support accessible, equitable, person-centred services aligned with the National Sexual Health Strategy, 2025 – 2035.

3.1.3.1 National Condom Distribution Service (NCDS)

The National Condom Distribution Service (NCDS) distributes free condoms and lubricant sachets to services working directly with population groups who may be at increased risk of unplanned pregnancy, HIV or STIs. This service, which is managed by the Sexual Health Programme, HSE Health and Wellbeing, has been expanded to GPs and will be further expanded to community pharmacy. This will involve pharmacists having a stock of condoms/lubricants supplied by the NCDS to distribute to patients as part of a clinical consultation. Condoms/lubricants would be supplied to individuals who

may be at an increased risk of experiencing a sexually transmitted infection or an unplanned pregnancy.

3.1.3.2 Contraception Services

Improved access to contraceptive services in Ireland is vital for promoting reproductive autonomy and reducing health inequalities and is a cornerstone of the national Women's Health Action Plan. Further expansion of the Free Contraception Scheme and better access to contraception is also supported by the Programme for Government, Sláintecare 2025+ and the National Sexual Health Strategy.

The **Free Contraception Scheme (FCS)** was introduced by the Minister for Health in September 2022 and has been welcomed by healthcare professionals (HCPs) as an important step in the provision of women's healthcare in Ireland. The scheme is free at the point of care to women, girls, and people identifying as transgender or non-binary, within the eligible age range (currently 17-35 years) for whom prescription contraception is deemed clinically suitable. Clinical consultations and a wide range of contraceptive options included on the HSE Reimbursement List are free of charge under the scheme.

The continued supply of short-acting reversible contraception by community pharmacists is currently being progressed by the Community Pharmacy Expansion Implementation Oversight Group. This will allow community pharmacists to conduct a clinical consultation with a patient and, where appropriate, continue a prescription for short acting reversible contraception in line with nationally developed protocols and associated regulatory and operational requirements.

Building on the emergency contraception service already embedded in community pharmacy, the continued supply of short-acting reversible contraception service will allow pharmacists to support timely access and continuity of care. Future development of models of pharmacist prescribing will be progressed in line with the report of the Expert Taskforce on the Expansion of the Role of Pharmacy.

3.1.3.3 Alignment with the National Sexual Health Strategy

The *National Sexual Health Strategy, 2025 – 2035* has additionally identified a number of areas where capacity constraints and/or barriers to access exist with a potential, and in some cases clearly identified, role for community pharmacy. These will be progressed as part of the ongoing engagement process, and in consultation with relevant stakeholders such as the Sexual Health Programme.

Deliverables/Outputs

- Improved patient access to contraception services, including through the National Condom Distribution Service (NCDS) and the Free Contraception Scheme (FCS).
- Pharmacists will be enabled to continue a prescription for short acting reversible contraception. Under the FCS, this will include reimbursement for clinical consultations and medication supply for eligible patients. Patients who are not eligible for the FCS will be able to receive clinical consultation and medication supply, where appropriate, at their own cost.
- Development, in 2027-2030, of a model of pharmacist prescribing in line with the report of the Expert Taskforce on the Expansion of the Role of Pharmacy and as part of a larger role for pharmacists in line with recommendations in the National Sexual Health Strategy 2025 – 2035.

Required to Implement

As these are an opt-in services, Pharmacy contractors will be required to provide notice of participation to the HSE.

Community Pharmacy will:

- Identify individuals who may be at an increased risk of experiencing a sexually transmitted infection or an unplanned pregnancy and provide them with advice, support and access to free condoms/lubricants within clinical consultations.
- Ensure pharmacists and their teams complete required training for service delivery of continued supply of short-acting reversible contraception.
- Operate the continued supply of short-acting reversible contraception service in line with agreed protocols and associated regulatory and operational requirements.
- Provide relevant information on home STI testing.

HSE / DoH will:

- Enable pharmacies to order free condoms and lubricant sachets from the National Condom Distribution Service, to supply as part of a clinical consultation.
- Make appropriate legislative changes to enable pharmacists to continue prescriptions for short-acting reversible contraception under the FCS.
- Liaise with the IPU to support a communication plan to raise awareness of these services, as appropriate.
- Deliver key enablers for a national continuation of contraception scheme (legislation, protocols, training, operational supports).
- Identify opportunities for community pharmacists and their teams to support patient care, as part of the ongoing process and in line with recommendations in the *National Sexual Health Strategy, 2025 – 2035* particularly where capacity constraints and/or barriers to access exist.

Timeline: Participation in the NCDS – Q4 2025 on a phased basis

Implementation of the continuation of contraception:

- Training available Q4 2025.
- Service will commence in 2026 when the key enablers for service delivery including relevant legislation, clinical protocols, training, regulatory and operational supports, are in place.
- The launch date and timelines/communication plans will be agreed via the Community Pharmacy Expansion Implementation Oversight Group.

3.1.4 Immunisation Services

Immunisation is one of the most effective of all public health interventions, helping people of all ages live longer, healthier lives. The HSE National Health Protection Strategy 2022-2027, published in 2022, provides a key objective to 'deliver a high level of prevention and control of vaccine-preventable diseases across population groups through immunisation programmes'. It is of national importance to increase vaccine uptake in eligible groups to achieve this objective. This will include:

- Working towards the influenza vaccination target of 75%.

- Promoting uptake of COVID-19 vaccines and pneumococcal polysaccharide vaccine (PPV23).
- Promoting vaccination uptake in pregnancy and other at risk or vulnerable groups.

Community pharmacists now administer 1 in every 3 vaccinations under the influenza and COVID-19 vaccination programmes. Additionally, under Schedule 8 of the Medicinal Products (Prescription and Control of Supply) Regulations 2003 (as amended) they can supply and administer pneumococcal polysaccharide and herpes zoster vaccines without the need to obtain a prescription; these services, where provided, are on a private pay basis. Pharmacists working in the community may also privately administer vaccines which have been prescribed by a medical practitioner, such as private RSV, HPV and travel vaccines where a specific administration instruction is indicated on the prescription.

There is an opportunity to support:

(i) The increased uptake of pneumococcal polysaccharide vaccine (PPV23) by providing PPV 23 vaccination to healthy over-65 year olds who are eligible

(ii) Catch-up vaccination programmes: Pharmacists will be enabled to participate in future catch-up vaccination programmes as these arise, and as required, for example HPV catch-up, MMR catch-up

(iii) Schools immunisation programmes

Information available from existing immunisation programmes suggests that uptake has declined across all childhood vaccines to well below the World Health Organization's (WHO) 95% target. There is a need to collaborate with all immunisation providers and child health professionals, promoting collective responsibility to achieve the 95% uptake target for all recommended childhood vaccines.

The schools immunisation programme is delivered by HSE schools immunisation teams. This includes routine childhood vaccines such as 4 in 1, MMR, HPV, Tdap and MenACWY vaccines. The children's flu vaccine is available in GP practices and Community Pharmacies, and is also offered in school settings through a combination of GPs, Community Pharmacists and HSE vaccination teams.

The DOH, HSE and IPU will explore a wider role for Community Pharmacies in the delivery of the schools immunisation programme, to include completion of necessary training, to support the attainment of WHO childhood vaccination targets.

(iv) Provision of travel vaccines

Streamlining patient access to travel vaccination services will be progressed as a priority as part of the ongoing engagement process, subject to clinical and therapeutic appropriateness.

(v) Future immunisation programmes

Consider the optimum strategic approach to inclusion of pharmacists as vaccinators in the context of new and emerging vaccine preventable disease.

To support the development of wider role of community pharmacists across these range of services a dedicated funding allowance has been made available in the form of an "Enhanced Immunisation Fund".

Deliverables/Outputs

- Maintain and expand the role of community pharmacists in the national influenza and COVID-19 vaccination programmes.
- Support the increased uptake of pneumococcal polysaccharide vaccine (PPV23) by enabling and funding community pharmacists to administer the PPV23 vaccine to healthy over 65-year olds with GMS eligibility as part of the HSE pneumococcal vaccination programme.
- Improve the access to national vaccine catch-up programmes through Community Pharmacy participation as required.
- Leverage the nationwide availability and local relationships of community pharmacists to explore the involvement of community pharmacy in the schools immunisation programme.
- Increase free access to current and future vaccines by ensuring pharmacists are included as vaccinators on relevant national programmes.
- Complete a review of the appropriateness of the supply and administration of additional vaccinations by pharmacists and consider implementation of relevant recommendations.

Required to Implement

As these are an opt-in services, pharmacy contractors will be required to provide notice of participation to the HSE.

Community Pharmacy will:

- Ensure pharmacists and their teams complete required training for service delivery.
- Operate services in line with agreed protocols and associated regulatory and operational requirements.
- Continue to use HSE PharmaVax or relevant HSE systems for capturing vaccination information.

HSE / DOH will:

- Commence a process to examine the addition of new vaccines to the appropriate place within the regulations having due regard to clinical appropriateness, training and legislative requirements.
- Continue to implement national vaccination programmes in the National Immunisation Information System on a phased basis.
- Enable community pharmacists to deliver vaccinations as part of national catch-up programmes, as appropriate.

Timelines:

Pneumococcal Q4 2025

From 2026: Commence the review of the appropriateness of the supply and administration of additional vaccinations by pharmacists and consider where appropriate, the enabling legislative mechanism to underpin same. Consideration of travel vaccinations will be prioritised.

3.1.5 Common Conditions Service

The Common Conditions Service (CCS) will enable community pharmacists to provide advice and treat common and often self-limiting conditions in community pharmacies. On foot of a recommendation from the Expert Taskforce to Support the Expansion of the Role of Pharmacy (the "Expert Taskforce") the development of a national Common Conditions Service is being progressed via the Community Pharmacy Expansion Implementation Oversight Group. This service will enable community pharmacists to manage common conditions by offering self-care advice, safety-netting, and, when appropriate, supplying certain over the counter (OTC) medicine(s) and prescribing prescription-only medicine(s) (POMs) through established protocols. This will allow patients to access care at the least point of complexity which aligns with the principles of Sláintecare. As recommended by the Expert Taskforce an initial list of eight conditions will be included to allow pharmacists working in a community pharmacy to provide treatment to patients for:

1. Allergic Rhinitis
2. Cold Sores
3. Conjunctivitis
4. Impetigo
5. Oral Thrush
6. Shingles
7. Uncomplicated UTI / Cystitis
8. Vulvovaginal Thrush

The Common Conditions Service will be accessible to all. A consultation fee will apply for all patients availing of the service. Where a reimbursable medicinal product is dispensed, community pharmacies will be reimbursed in line with the patient's eligibility under the HSE Community Drug Schemes.

As a part of this service, pharmacists will be required to keep certain records for each consultation as agreed by the Community Pharmacy Expansion Implementation Oversight Group, who are tasked with overseeing the implementation of the national Common Conditions Service. Pharmacists will also have records available that would provide data for the evaluation of the service, and to inform plans for future expansion.

A minimum data set to evaluate the Common Conditions Service and determine its long-term impact has been developed by the Implementation Oversight Group. This has been informed by recent research carried out by the RCSI related to Identifying and Measuring Important Outcomes for Evaluating the Impact of Pharmacist Prescribing in Ireland. The Department of Health and HSE will continue to work with the IPU to determine the details of data collection, informed by the work of the Implementation Oversight Group and recommendations from key stakeholders.

To align with the Digital Health Framework, a digital first approach should be taken in order to standardise the services and ensure that there is no undue administrative burden associated with the implementation of the Common Conditions Service.

The Common Conditions Service will ultimately build on the expertise of community pharmacists, allowing them to utilise their unique skills as medicines experts to benefit patients and the public within the healthcare service.

Deliverables/Outputs

- Pharmacists to be facilitated to further utilise their skills and knowledge via a broader range of services to offer people the opportunity to access the right care, in the right place, at the right time under the principles of Sláintecare.
- Improved patient access to treatment for an agreed list of common conditions facilitated by pharmacist prescribing of prescription medication under the Common Conditions Service where the relevant criteria are satisfied.
- Community Pharmacist representation within fora used to review and expand the Common Conditions Service.

Required to Implement

As this is an opt-in service, pharmacy contractors will be required to provide notice of participation to the HSE.

Community Pharmacy will:

- Provide the full suite of all eight Common Conditions Service (CCS) modules; partial participation is not permitted.
- Complete training for each of the common conditions, delivered by the Pharmaceutical Society of Ireland (PSI). Training will cover approved protocols, inclusion and exclusion criteria, formularies, and referral pathways. The PSI will arrange for the delivery of this training which will be delivered over the coming months.
- Follow approved protocols when prescribing prescription only medicines for common conditions. The protocols include the appropriate clinical inclusion and exclusion criteria, formulary, and referral pathways.
- Utilise uniform branding and nomenclature to ensure standardisation and identity of the service - Common Conditions Service. Insertion of local branding in line with provided guidelines will be permitted.
- Notify the HSE so that their details are updated on the Pharmacy Finder website, enabling members of the public to identify participating providers.
- Standardise data capture as per CCS requirements.
- Where invited, provide a minimum data set to support evaluation of the service.

HSE / DOH will:

- Develop clinical protocols for the management of each common condition and put a process in place to ensure these are maintained.
- Provide details of pharmacies participating in the programme on the Pharmacy Finder website.
- Enable reimbursement for prescriptions issued by pharmacists under the CCS.
- Oversee, through the IOG, the delivery of the introduction of a CCS, with pharmacists provided with prescriptive authority linked to the service and its parameters.
- Co-ordinate and deliver a national communication plan to raise awareness of the service.

- Work with the IPU to provide the consultation record form and engage with software suppliers to progress integration of this with existing pharmacy information systems.
- Work with the IPU to determine the details of data collection. This will be informed by the work of the Implementation Oversight Group.

Timeline: The enablers to implement this service will be in place in Q4 2025. It is acknowledged that pharmacists have a significant role in winter vaccinations and the provision of health advice during the peak winter months. The Department of Health and the HSE will be cognisant of these competing priorities and will consult with the IPU when identifying a launch date and for the initiation of a public communications campaign for this service.

3.1.6 Supply and Administration of Emergency Medicines

In accordance with the *Medicinal Products (Prescription and Control of Supply) Regulations 2003* (as amended), pharmacists can supply and administer certain prescription-only medicinal products in defined circumstances. This legislation allows for the administration of certain emergency medicines in the community pharmacy setting.

A Pharmacist Scope of Practice survey conducted by the IPU in 2023 found that 365 respondents indicated that they had administered an emergency medicine, with pharmacists noting that since the implementation of the legislation they have managed anaphylaxis, asthma attacks, and severe hypoglycaemia in practice. Pharmacists respond to these emergencies as and when they present, with significant beneficial, and often lifesaving, impacts for patients.

At present, pharmacists provide this service without dedicated funding, meaning they frequently act at financial loss when administering emergency medicines. Given the first principle of the pharmacists' Code of Conduct, to put the patient first, this places pharmacists in a challenging position. Through this process, the Parties recognise the need to ensure that community pharmacists are supported to continue providing this essential safety net for patients in a way that is both sustainable and reasonable. To support every pharmacy to provide emergency medicines, an allowance will be provided; further details will be provided by the HSE. In addition, the HSE will put in place a standardised process for reimbursement of ingredient cost where supply and administration of emergency medicines occur.

3.2 Training and Development of the Pharmacy Team

Community pharmacy teams are composed of pharmacists and support staff who work collaboratively to ensure the responsible supply of medicines, provide health advice, and support public health initiatives. Professionalism, continuous learning, and adherence to regulatory standards to maintain public trust are central to the safe and effective running of these teams.

3.2.1 Access to Required Reference Materials

To ensure safe, evidence-based practice, and in accordance with the Pharmaceutical Society of Ireland's Guidelines on the Equipment Requirements of a Retail Pharmacy Business, there are several essential references that must be present on site within all pharmacy premises.

Medicines Complete is an online platform providing up-to-date, current edition access to the required reference texts (e.g. *British National Formulary (BNF), BNF for Children, Martindale*, *Stockley's Drug Interactions)*. These core resources are also available in hard copy format which is the preferred format for some pharmacy teams. Access to these resources either in hard copy or digital format is essential because it supports safe, accurate, and up-to-date decision-making on medicines, reducing errors and improving patient care.

In recognition of the requirement for access to essential references to support accurate dispensing, clinical decision-making and patient safety, pharmacists and their teams will be able to claim reimbursement, under the HSE Training Grant and within its confines, for the cost of mandatory reference texts (either online resources such as Medicines Complete or physical textbooks).

3.2.2 HSE Pharmacy Training Grant

As the scope of practice of community pharmacists widens so does the need to develop and empower pharmacy support staff to ensure the success and sustainability of these changes. This shift requires upskilling and formal recognition of support staff roles to maintain safety and efficiency.

New developments in health service delivery such as the requirement for open disclosure training for all people working across the health service lead to demands for training programmes for community pharmacy teams. Training developed and delivered by the Irish Institute of Pharmacy is only accessible to registered pharmacists and as such there is a gap in the funding of core mandatory training provision for non-pharmacist community pharmacy staff.

Where pharmacists complete approved training to support delivery in practice of clinical pharmacy services e.g. vaccination services and the supply and administration of emergency medicines, the cost of the training itself may be free (e.g. applicable IIOP online modules) or approved under the HSE Pharmacy Training Grant. However, the time requirement to complete such training is often significant and requires payment for a locum pharmacist to release the pharmacist for training. Such costs are not currently covered by the HSE Pharmacy Training Grant.

The HSE Pharmacy Training Grant currently provides funding of up to €1,270 per calendar year to pharmacy contractors for approved training courses completed by any staff member employed on a continuous basis. The grant covers course fees and requires submission of documentation such as claim forms, receipts, certificates of completion, and a staff training plan. The training grant will be uplifted to €3060 per pharmacy. An annual process will be put in place to review the list of approved programmes eligible for grant funding which will include funding for course costs, and in the case of pharmacists, an allocation to cover the agreed time commitment associated with the course. To support the digitalisation agenda and to ensure efficient processes the funding application and payment process will be digitalised.

Deliverables/Outputs

- Improved patient access to clinical pharmacy services which require additional, nationally agreed training to deliver in practice
- Greater opportunities for training and professional development for all members of the pharmacy team
- Recognition of the requirements for protected time for pharmacists to complete approved training programmes

- Alignment of the HSE Pharmacy Training Grant with national priorities

Required to Implement

Community Pharmacy will:

- Engage in ongoing training and development to ensure ongoing evidence-based practice aligned with national priorities.

HSE will:

- Increase the HSE Pharmacy training grant to €3060 per calendar year.
- Put in place a new annual process to review the operation of the Grant and the list of approved training courses and costs claimable.
- Implement a more streamlined digital process for claims to be processed under the training grant.
- Reimburse, under the HSE Training Grant and within its confines, the cost of mandatory reference texts (either online resources such as Medicines Complete or physical textbooks).
- Provide a contribution, under the HSE Training Grant and within its confines, towards the time costs required to provide study leave for pharmacists to undertake required training.
- Expand the list of approved training courses for which associated costs can be claimed for to include:
    - Open Disclosure training
    - Safe Pharmacy training
    - Preceptor training
    - Common Conditions Service training
    - Vaccination training
    - Emergency medicines training
    - MECC training
    - BowelScreen training
    - Handling clinical waste training
- Review and update the list of approved training courses and costs claimable.

Timeline: The increased HSE Pharmacy training grant will commence from January 2026.

3.3 Proactive Measures to Address Medicine Shortages

The issue of medicinal products shortages ("medicine shortages") is recognised as a global problem by the World Health Organization, and in Ireland has to date been addressed by way of a multi-stakeholder approach developed by the Health Products Regulatory Authority (HPRA) supported by several organisations including the HSE and the IPU. A medicines shortage occurs when the supply of a medicinal product is inadequate to meet the needs of the patient.

Medicine shortages have become a persistent public health issue across Ireland over the last number of years. Despite community pharmacists continued proactive efforts to find solutions, we continue to see a negative impact on patients and a concerning erosion of trust in the medicines supply chain. Medicines unavailability causes inconvenience and distress to patients, and it can lead to discontinuation of treatment, increased co-payments or out-of-pocket payments, and increased risk of adverse events. In 2025, pharmacists across Ireland are spending on average 6 hours and 22 minutes per week managing medicine shortages according to the IPU's annual Medicine Shortages Survey.

3.3.1 Reimbursement of Exempt Medicinal Products (EMPs) where there is a Shortage of a Product on the Reimbursement List

An exempt medicinal product means a medicinal product to which paragraph 2 of Schedule 1 to the Medicinal Products (Control of Placing on the Market) Regulations 2007, or any equivalent legislation in any EEA State other than the State, applies. They are used in Ireland where no licensed alternative is available to support ongoing patient care in the context of medicine shortages. EMPs are not included on the HSE PCRS Reimbursement List (the "Reimbursement List"). Only medicines with a marketing authorisation can be considered for addition to the Reimbursement List under the Health (Pricing and Supply of Medical Goods) Act 2013. Where a medicinal product shortage occurs and the supplier does not make arrangements for a temporary code with the HSE, such a code cannot be issued. However, in certain circumstances, where the price is acceptable to the HSE and in the context of a medicinal product shortage where there is no suitable therapeutic alternative that is included on the Reimbursement List, reimbursement support for EMPs without a temporary code may be made available.

In the short term, the HSE PCRS is committed to working with the IPU to establish a process to highlight where there is reimbursement support for EMPs that could be used as suitable therapeutic alternatives to medicinal products in short supply. This process would quickly and easily support community pharmacy contractors to access up to date information on what EMPs may be permitted/reimbursed, in the short term, under Community Drug Schemes and arrangements. As part of this process, the HSE PCRS and the IPU will work together to flag, via the IPU Medicines Shortages List and the IPU Product File web service, where reimbursement support for EMPs without a temporary code, that could be used as a therapeutic alternative to a medicinal product on that list (where agreed with the patient and prescriber) may be made available. This is contingent on EMP prices being reasonable in the context of Community Drug Schemes. It is noted that given the market for EMPs, prices can be subject to fluctuations. Therefore, ongoing review is required.

Future developments, including the centralisation of Discretionary Hardship Arrangements will incorporate the process for reimbursement of EMPs where there is a shortage of a product on the Reimbursement List.

3.3.2 Medium Term Priorities

The European Commission's proposal for a **Critical Medicines Act** is an important step to strengthen the security of supply and availability of critical medicines, recognising this as a strategic priority for the European Union. It is currently in the process of being further shaped via negotiations at Council Working Party and later with the European Parliament into a practical and impactful instrument that delivers tangible improvements on shortages of critical medicines.

The **Health (Miscellaneous Provisions) Act 2024** provides a primary legislative basis for the introduction of various actions to manage shortages of medicinal products. One area under consideration across the Department and Health and HSE is the introduction of therapeutic substitution by pharmacists in case of prolonged nationwide medicinal product shortage. This would require secondary legislation to authorise pharmacists to directly supply clinically appropriate substitute prescription only medicinal product(s) on foot of a protocol without the need for a further prescription when certain prescribed medication(s) is unavailable. The Act also allows for improved reporting of information to support the monitoring of the current and future supply of medicinal

products, and the identification and management of medicinal product shortages. Such improved reporting would support pharmacists in their day-to-day practice. The Department is committed to exploring therapeutic substitution by pharmacists and improved reporting mechanisms as key parts of the overall strategy to manage medicines shortages in Ireland.

To support this, efforts should also be taken by all stakeholders to reduce reliance on EMPs by ensuring that suitable licensed, reimbursed alternatives are available through agreed processes within the State's regulatory and pricing and reimbursement framework.

3.3.3 Long Term Strategy for Medicines Shortages in Ireland

Policy, legislative and contractual measures to ensure public service obligations are met should be utilised to ensure continuity of medicines. In that context the Department of Health reaffirms its commitment to developing an overarching strategy for medicines shortages in Ireland. The Department is actively developing a workstream in this regard. It recognises the IPU and its members as key stakeholders in this process and will continue to engage on the consideration of proactive measures to address medicines shortages.

However, it is acknowledged that the issue of medicines shortages is complex, and so the Department seeks to develop policy not only on reactive, but also long-term strategic mechanisms.

Deliverables/Outputs

- Improved visibility of reimbursement support available for EMPs where applicable.
- Commencement of a workstream, including as part of the ongoing process of engagement between the Parties, to explore the appropriateness of therapeutic substitution by pharmacists in the context of medicine shortages.
- Commencement of proactive engagement between the HSE PCRS and IPU to enable communication on what EMPs can be supported for reimbursement where there is shortage of a product on the Reimbursement List.

Required to Implement

HSE / DOH will:

- Where possible, the HSE PCRS will progress temporary administration codes for EMP medicines at agreed prices in a realistic timeframe. This is contingent on engagement from stakeholders such as marketing authorisation holders and wholesalers to the unlicensed medicines market for an agreed price to be set against an administrative reimbursement code.
- Continue the ongoing review of the published EMP list with administrative codes.
- Engage with the Pharmaceutical Industry as part of the Framework Agreement for Supply and Pricing of Medicines (FASPM) to enable favourable medicine pricing policies under the Community Drug Schemes.

Timelines

- EMP reimbursement support visibility – Q4 2025
- Long term strategy for Medicines Shortages in Ireland – From 2026

3.4 Medicines Optimisation

Ireland has high and rising levels of polypharmacy as well as evidence of potentially inappropriate prescribing and potential prescribing omissions. This impacts health, safety and quality of life and results in preventable hospital admissions with adverse drug reactions.

Medicines optimisation is defined as 'a person-centred' approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines. It involves improving prescription efficiency, shared decision making, effective administration and monitoring to achieve desired health benefits while minimising risks and waste. Optimising a person's medicines is important to support the management of long-term conditions, multimorbidity, high-risk medicines and polypharmacy.

3.4.1 High-risk Medicines

High-risk medicines are those that carry a heightened risk of causing significant patient harm if used in error. This includes, but is not limited to, anticoagulants, opioids, insulin, cytotoxics, lithium, methotrexate, immunosuppressants, and certain controlled or biologic therapies. Community pharmacists play a critical role in mitigating these risks through structured safety checks, patient education, and integration with national safety systems.

Community pharmacists already carry out essential safety tasks in the dispensing of high-risk medicines, such as clinical and dosage checks during dispensing, patient counselling and tailored advice on safe use, interactions, storage, and side effects, monitoring requirements, flagging known drug interactions and duplication of therapies, and providing education and counselling to individuals for high-risk medications, in line with pregnancy prevention programmes.

Pharmacists are also active participants in pharmacovigilance, regularly submitting reports of adverse drug reactions to the HPRA and helping identify real-world safety issues.

With national support to formalise and extend these responsibilities, pharmacy can play an even greater role in preventing harm and enhancing system-wide safety and efficiency in the use of high-risk medication.

3.4.1.1 Clozapine

Clozapine is an atypical antipsychotic medication which is initiated and monitored in secondary care settings in Ireland. It is licensed for treatment resistant schizophrenia or as a second line treatment for schizophrenia where the patient has experienced significant side effects to other antipsychotic medicines. It is also licensed as a treatment for psychosis in Parkinson's Disease, where the standard treatment has failed. There are a number of safeguards in place to support safe prescribing and dispensing due to concerns over its side effect profile, some of which are potentially fatal and require frequent monitoring, including agranulocytosis.

Clozapine is currently dispensed from HSE Pharmacies, either in Community Mental Health Services or linked to an Acute Hospital Pharmacy. These pharmacists are closely linked with the prescribers and the clozapine nurse, who plays a pivotal role in co-ordinating care. However, these pharmacy services are not in a position to provide phased dispensing or medication management supports such as monitored dosage systems, which may be used by the community pharmacy to dispense the

patient's other medications. There is currently no national HSE funded arrangement in place for the dispensing and supply of clozapine by Community Pharmacy Contractors.

The current pathways vary across different parts of the country, and a number of potentially serious patient safety risks have been identified.

Appropriate training is in place through the Irish Institute of Pharmacy (IIOP) eLearning module "Clozapine - A Clinical Overview", which is available to pharmacists to enable them to deliver safe effective care to patients prescribed these medications. It covers issues such as its licenced uses, information on potentially serious side effects of clozapine and monitoring requirements, and signposting of clinical resources, to ensure the safe supply of clozapine to patients and medication safety risk minimisation. This module describes all the requirements for pharmacists to ensure the safe supply.

The development of a standardised integrated pathway across community and secondary services, for the dispensing and monitoring of clozapine, would ensure safeguarding for this vulnerable patient population.

Deliverables/Outputs

- Development of a standardised pathway for clozapine dispensing and monitoring for community-based patients.
- An ongoing process with the HSE to identify services to support the management of other high-risk medications.

Required to Implement

- IPU and Community Pharmacy engagement with the HSE on the development and implementation of a standardised clozapine pathway.

3.4.2 Opportunities to Improve Medicines Optimisation

There is good evidence that community pharmacy-based schemes to support people with new, high risk or discharge medicines, and to support people to understand and use their medicines appropriately, improves adherences and delivers benefits.

Within this agreement, a dedicated fund has been allocated to progressing opportunities to improve or expand community pharmacy services in relation to medicines optimisation. Services which may be considered for development under this fund could include:

- Diagnostic Testing to guide rational and appropriate prescribing.
- A New Medicines Service to help patients who have been newly prescribed medication for a long-term condition to understand how to use their medicines effectively and safely.
- A Discharge Medicines Review Service to ensure safe and effective use of medicines during the critical transition from secondary to primary care.
- Structured Medication Reviews to identify and resolve medication-related problems, improve adherence, and ensure that each medicine is clinically appropriate, safe, and aligned with the patient's health goals.

The fund will provide targeted investment in new services, technologies, and care models, enabling pharmacies to pilot and implement initiatives that:

- Improve patient access to healthcare.
- Reduce pressure on other parts of the health system, particularly GP and hospital services.
- Support national public health priorities such as antimicrobial stewardship, immunisation, and chronic disease management.
- Demonstrate value for money through data-driven evaluation and outcome measurement.

The fund will be designed to test, refine, and scale up new approaches within community pharmacy in a structured and evidence-based manner. This ensures that promising initiatives can be trialled in selected areas before being rolled out nationally, while creating a framework for collaboration between the HSE, Department of Health, the Irish Pharmacy Union (IPU), and other stakeholders.

One of the first priority initiatives to be supported by the fund will be a pharmacy-based Point of Care Testing (POCT) pilot focused on respiratory infections.

POCT Pilot – Tackling Antimicrobial Resistance

Antimicrobial resistance (AMR) is a major public health threat, driven by the overuse and misuse of antibiotics.

- In Ireland, over 90% of all antibiotics prescribed originate in the community.

National data shows Ireland's antimicrobial prescribing rates are above the EU average, placing additional urgency on interventions to reduce inappropriate prescribing. Community pharmacies are often the first point of contact for people seeking advice on respiratory symptoms such as sore throats, coughs, and colds. Pharmacists are trusted healthcare providers, able to deliver early assessment and intervention while supporting patients to access the right care, in the right place, at the right time.

Sore throats are commonly caused by viruses but can be bacterial in origin (e.g. as a result streptococcal infection). Advances in swab test technology now make it possible for a simple throat swab to confirm the presence of streptococcal infection within minutes. This technology provides a practical way to support appropriate antibiotic use while giving patients rapid, local access to clear, evidence-based advice.

The POCT pilot will involve clinical assessment and point of care testing for sore throat guided by symptom assessment and severity scoring models. Where streptococcal infection is identified as being likely, pharmacists will advise patients on appropriate treatment options, which may include self-care, supply of OTC medication and / or referral to General Practitioner. Advice, safety netting and supply of medication to support with symptom management will be a feature of care for all patients irrespective of whether the sore throat is considered viral or bacterial in origin.

3.4.3 Phased Dispensing

The supply of medication in instalments ("phased dispensing") can support patients prescribed certain high-risk medications who are at risk of medication misadventure when these medications are supplied as the typical monthly instalment supplied under the Community Drug Schemes. Psychotropic medications represent a class of medication that are high risk, have a high dependency potential and carry a significant risk of misuse. They are often prescribed in the management of

conditions where cognitive or functional impairments justify closer monitoring through phased supply.

Phased dispensing was introduced in 1996 for patient safety reasons. Phased dispensing support is currently available under the GMS Scheme for the following reasons:

- Reason 1 - at the request of a patient's physician; or
- Reason 2 - due to the inherent nature of a medicinal product i.e. product stability and shelf life; or
- Reason 3 - where a patient is commencing new drug therapy with a view to establishing patient tolerance and acceptability before continuing on a full treatment regime.
- Reason 4 - in exceptional circumstances where the patient is incapable of safely and effectively managing the medication regimen.

Where a phased dispensing claim is submitted, the current requirement is that an item be dispensed across multiple supply occasions.

Monitored Dosing Systems are devices that enable the individual medicine doses to be organised according to the prescribed dose schedule. The State has never agreed to the funding of Monitored Dosing Systems. It will still remain at the discretion of the pharmacist to dispense medications using monitored dosing systems, or for the prescriber to request same. Such items will not be reimbursed.

Where nursing supervision is available in a patient's residential setting, phased dispensing claims should not be submitted but in any event, are not reimbursed and patient will need to pay for this service.

There is a significant administrative burden associated with the approval process for phased dispensing (which is in the main intention to prevent the inappropriate submission of Monitored Dosing Systems in the form of phased claims). There is a significant cost associated with the reimbursement of phased claims. To support with targeting resources effectively and to those medications with the highest risk or potential for misuse the parties agree to limit phased dispensing fees to a defined set of high-risk medication classes:

- Psychotropics (ATC codes N05 and N06);
- Opioids (N02A);
- Codeine (R05DA04); and
- Pregabalin and gabapentin (N02BF).

The approved list of medications will be provided by the HSE.

For reason code 1 and 4, by focusing GMS phased dispensing reimbursement on the medication categories on the approved list, phased dispensing payments can be targeted to medications with the highest risk or potential for misuse. GMS phased dispensing fees under Reason Code 1 and 4 will no longer be reimbursed for medication other than those on the approved list. The associated approval process will no longer apply. GMS phased dispensing fees will remain payable as per current arrangements under reason code 2 and 3 and will not be subject to the approved list. Pharmacies may decide to charge patients for non-reimbursed phased dispensing as a private service if it involves a medication which is not on the approved list.

The funds released by restricting phased dispensing to certain classes of medication will be redirected to support and fund broader pharmacy service delivery. This will be monitored and reviewed on an ongoing basis and in the event that further savings are realised these will be reinvested in the sector.

3.4.4 Unused Medicines Return and Disposal

Ireland is currently out of line with many developed health systems with no national programme to support the safe disposal of unused medicines. Having a system of collection for expired medicines has been required under EU law since 2004 (2004/27/EC).

Improperly disposing of medicines impacts on crops, biodiversity and contaminates our water system. One of the most pressing health challenges of our time is antimicrobial resistance and every antibiotic incorrectly disposed of adds to this problem. The Environmental Protection Agency too has set out the establishment of a nationwide system as a key recommendation in its National Hazardous Waste Management Plan.

Traditionally community pharmacists have facilitated patients in returning unused medication to their pharmacy either on a good will basis, or in some cases on a paid for service basis. Additionally, there have been certain local or regional initiatives which aim to raise awareness among members of the public regarding appropriate ways to dispose of unused medicines and to encourage them to return their unused medication to their local pharmacies. These initiatives have been funded by the HSE on a time bound basis in certain areas but to date no national programme has been established.

Enabling patients to return their unused medicines to their local community pharmacy restricts access to unused medicines, thereby reducing the risk of suicide, self-harm and accidental poisoning in children. Ireland's Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015-2024 and the National Drug Strategy: Reducing Harm and Supporting Recovery 2017-2025 highlight this need to reduce the availability of medicines which can be used for these purposes.

The most effective way to prevent the problems associated with unused or expired medicines in the community is to reduce the quantities of these medicines in circulation within the community.

Pharmacists are perfectly placed to provide this service as:

- They are experienced in disposing of medicines safely;
- They fully understand and appreciate the risks that unused or expired medicines can pose;
- People are most likely to dispose of medicines if it is convenient for them to do so, and pharmacists are the most accessible health professionals; and
- Many of the people who would avail of the service often attend their pharmacy on a regular basis.

Deliverables/Outputs

- Provide a nationwide service for unused medicines return and disposal through Community Pharmacies.

Required to implement

This is not an opt-in service, Pharmacy contractors signing up to this Agreement will be required to provide this service.

Community Pharmacy will:

- Participate in a nationwide programme for the return and safe disposal of unused medicines.
- Utilise uniform branding and nomenclature to ensure standardisation and identity of the service; insertion of local branding in line with provided guidelines will be permitted.

HSE / DOH will:

- Lead on a public awareness campaign in relation to reducing medication waste.
- Lead on a public communication campaign in relation to what items may be returned under this service.
- Provide for collection and disposal of unused medicines from Community Pharmacies, through a nationally procured service.

Timeline: This initiative will commence in 2026, commencing with procurement in Q1.

3.5 Smoking Cessation

In 2022, Sláintecare funding was provided by the Department of Health to establish dedicated stop smoking services in 20 Sláintecare Healthy Community areas across Ireland, including the provision of free nicotine replacement therapy (NRT) to those who engaged with the service. Following approval from the Department of Health, this offer of free NRT was extended to all clients engaging with HSE stop smoking services from July 2022.

The current process is local and variable for the administration of free NRT to individuals who are not eligible under existing community drug schemes. It places a significant administrative burden on the local stop smoking services and community pharmacists through localised reimbursement arrangements. As an interim solution, the HSE Tobacco Free Ireland Programme has entered procurement for one national provider or conglomerate of pharmacies that can supply medication to clients through their pharmacies.

The Department of Health and HSE are committed to working towards the Tobacco Free Ireland goal (smoking prevalence of <5%) by providing access to the best possible evidence-based treatments to support smoking cessation, including removing barriers to accessing evidence-based medications and allowing patients to receive this treatment at a pharmacy of their choosing. It is recognised that further scoping of long-term solutions is required to achieve this goal. This pathway will be further progressed through the ongoing engagement process.

Deliverables/Outputs

- An agreed long-term pathway for the provision of smoking cessation medications via community pharmacies, to replace the current interim model.

Required to implement

- IPU and Community Pharmacy engagement with DOH and HSE on the development and implementation of a future pathway for the provision of smoking cessation medications, as part of the ongoing engagement process.

Section 4: Administrative Burden and Reform

4.1 Background and Strategic Context: Administrative Burden Reform

Community pharmacists play a vital role in supporting patient care, health system access, and the safe supply of medicines. As the delivery of healthcare continues to evolve—driven by rising demand, advances in digital health, and a growing emphasis on community-based services—there is a shared understanding among the Parties of the need to enhance the operational environment in which pharmacies work.

The need to review and address the administrative demands on community pharmacy has been formally recognised by the Minister for Health and is reflected in the current Programme for Government, which includes a commitment to streamline pharmacy reimbursement procedures. This recognition reinforces the shared objective of ensuring that community pharmacy can continue to deliver high-quality services to patients, while reducing unnecessary complexity in day-to-day operations. Over the years, Community Drug Schemes have been developed as Department of Health policy initiatives. These schemes are underpinned by legislation, operated by the HSE through the PCRS, and delivered by community pharmacies across the country. Their ongoing success depends on effective collaboration between all Parties to ensure that policy intent is matched by operational feasibility and service sustainability.

The complexity of these schemes — and the administrative workload associated with their delivery — has increased over time. This reflects broader policy, legal, and budgetary considerations, including the need to ensure equitable access to new and innovative medicines within finite healthcare budgets.

The HSE is committed to providing access to as many medicines as possible, in as timely a fashion as possible, from the resources available (provided) to it.

There is a National Application, Assessment & Decision Process for new medicines which is underpinned by Primary Legislation (Health (Pricing and Supply of Medical Goods) Act 2013) put in place by the Oireachtas. The HSE must comply with the relevant legislation when considering investment decisions around new medicines.

The HSE robustly assesses applications for pricing and reimbursement to make sure that it can stretch available resources as far as possible and to deliver the best value in relation to each medicine and ultimately more medicines to Irish citizens and patients.

HSE decisions on which medicines are reimbursed by the taxpayer are made on objective, scientific and economic grounds.

There are formal processes which govern applications for the pricing and reimbursement of medicines, and new uses of existing medicines, to be funded and / or reimbursed.

The HSE considers the following criteria prior to making any decision on pricing / reimbursement, in line with the Health (Pricing and Supply of Medical Goods) Act 2013:

(1) The health needs of the public,

(2) The cost effectiveness of meeting health needs by supplying the item concerned rather than providing other health services,

(3) The availability and suitability of items for supply or reimbursement,

(4) The proposed costs, benefits, and risks of the item or listed item relative to therapeutically similar items or listed items provided in other health service settings and the level of certainty in relation to the evidence of those costs, benefits and risks,

(5) The potential or actual budget impact of the item or listed item,

(6) The clinical need for the item or listed item,

(7) The appropriate level of clinical supervision required in relation to the item to ensure patient safety,

(8) The efficacy (performance in trial), effectiveness (performance in real situations) and added therapeutic benefit against existing standards of treatment (how much better it treats a condition than existing therapies) and,

(9) The resources available to the HSE.

The HSE Corporate Pharmaceutical Unit (CPU) is the interface between the HSE and the Pharmaceutical Industry in relation to pricing and reimbursement applications for medicines. Pharmaceutical companies are required to submit formal applications if they wish their medicines to be added to the list of reimbursable items / funded via hospitals. The role of the CPU is to manage the process around pricing and reimbursement applications for medicines received by the HSE from Industry and to lead on pricing negotiations with individual companies around specific medicines.

The National Centre for Pharmacoeconomics (NCPE) plays a pivotal role in assisting the HSE with the assessment of all new medicines and new uses of existing medicine(s). The HSE CPU commissions the NCPE to assess medicines following receipt of an application for reimbursement. Since September 2009, in collaboration with the HSE CPU, the cost-effectiveness of all new medicines are considered prior to a decision being made by the HSE. The NCPE makes a recommendation in relation to reimbursement at the price submitted by the company in its rapid review or HTA dossier / application.

The Drugs Group is the national committee which the HSE has in place to make recommendations on the pricing and reimbursement of medicines. The membership of the HSE Drugs Group includes public interest members. Pharmacoeconomic reports are reviewed by the HSE Drugs Group along with the outputs of commercial negotiations, and any patient group submission(s) received. The HSE Drugs Group considers all of the evidence and makes a recommendation to the HSE Senior Leadership Team.

The decision-making authority in the HSE is the HSE Senior Leadership Team. The HSE Senior Leadership Team decides on the basis of all the demands it is faced with (across all services) whether it can fund a new medicine, or new use of an existing medicine, from the resources that have been provided to it in line with the Health (Pricing and Supply of Medical Goods) Act 2013.

The HSE, in complying with this legislative framework, must ensure that reimbursement decisions deliver the best value to the State and support the widest possible access for patients. This necessarily results in eligibility rules, restrictions, and scheme-specific criteria that are required to be applied within pharmacy practice for medicine costs to be reimbursed to pharmacy contractors.

While these processes are essential for the governance and financial stewardship of the medicines budget, they can create administrative complexity at the point of delivery. The Parties therefore recognise the importance of streamlining these administrative requirements, where possible, to

maintain the efficiency, sustainability, and clinical effectiveness of the community pharmacy contribution to these schemes.

In that context, the Pharmacy Administrative Burden Working Group (PABWG) was established to identify and document key processes within community pharmacy that may benefit from simplification or refinement. The Group has provided a structured forum for examining issues across policy, operational, and digital domains, helping to inform the development of a more integrated and efficient approach to service delivery and claims management.

This collaborative work has already yielded positive outcomes. A clear example is the updated procedure for submitting supporting documentation with end of month claims, known informally as the “yellow bags” process. As of 31 March 2025, pharmacies now receive advance notification when additional paperwork is required for a claim, significantly reducing the need to routinely print and submit Unified Claim Forms and associated documentation. This change illustrates how targeted administrative enhancements can ease workload while maintaining essential oversight and compliance.

The insights from the Working Group have helped shape the overall structure of this Agreement. Reform areas have been organised according to their timeline—short-term, medium-term, and longer-term—to support coherent planning and delivery. These actions are closely aligned with national health policy, the Programme for Government, and shared priorities across the sector. Together, they represent a practical foundation for reducing administrative workload in a way that supports patient care, service innovation, and the future development of the healthcare system.

4.2 Simplifying and Modernising HSE Community Drug Schemes Processes

The HSE Community Drug Schemes, reimbursed by the PCRS in Ireland, provide financial assistance for medications and medical consumables to eligible individuals. These schemes include the GMS Scheme, which offers free medications to those with a medical card subject to the relevant co-payment; the Drugs Payment Scheme (DPS), which caps the monthly cost of approved medications for individuals and their family; and the Long-Term Illness (LTI) Scheme, which covers the cost of medications and consumable ancillaries for specific long-term illnesses. These schemes, which are set down in legislation, ensure that essential medications are accessible and affordable for those in need. There are ongoing efforts to further optimise the pharmacy claiming process, streamline workflows, and ensure consistency and accuracy in claims. However, due to reimbursement restrictions for products (e.g. managed access protocols) there is a need for regular updates to the product file and reimbursement administrative arrangements.

4.2.1 Integration of the Secure Scheme Checker

An agreed priority across stakeholders is to ensure that patient eligibility and product specific approval (e.g. medicines with a managed access protocol in place) under Community Drug Schemes are confirmed as early as possible in the prescription journey and without having to leave the Patient Medication Record (PMR) to consult an external website, enabling efficient reimbursement verification.

Development work has commenced on the phased implementation of the Secure Scheme Checker, with integration into pharmacy systems as the ultimate goal. The PCRS has issued a functional

specification document to each of the pharmacy software vendors and the IPU which provides comprehensive details for the development of the new service as a guide to all key stakeholders involved in the integration project for the Secure Scheme Checker.

One Step Verification

The development of Secure Scheme Checker Integration embedded within community pharmacy PMR systems, will enable one-step eligibility and facilitate product and patient specific approval confirmation at the earliest possible point in the prescription journey. This single, streamlined step will allow verification to occur before any clinical decision or dispensing process begins, eliminating the need for pharmacists to consult external portals or interpret circulars manually (where feasible). This will reduce uncertainty for both patients and pharmacists, minimising the risk of rejected claims, and free up pharmacist time to focus on their professional responsibilities. Crucially, this reduction in administrative burden is also intended to unlock capacity within pharmacies to deliver additional clinical services, enhancing the Pharmacist role in supporting national health system priorities.

Phase 1 (in progress) includes:

a) Verification of current patient eligibility status across schemes including ability to view arrangements such as family grouping and applicable exemptions
b) Display of relevant prescription charge and phased dispensing status.
c) Visibility of special drug approvals and long-term illness (LTI) entitlements.

Timeline: Q4 2025

Vendor work (to unlock One Step Verification)

- Full integration of the Secure Checker into PMR systems.
- Seamless, single-step eligibility verification within the PMR software aligned with the pharmacy workflow.
- Support for early-stage intervention and claim certainty before dispensing or service delivery begins.

Future Phases, e.g.:

d) Access to vaccination history (influenza, pneumococcal, COVID-19).

Where additional information/features are added to the Secure Scheme Checker such as approval for products not on the formal Reimbursement List, this will inform future phases of the system integration. The information held within the Secure Scheme Checker such as eligibility and patient specific information regarding reimbursement under Community Drug Schemes will form the basis for that which will be integrated into the PMR of the pharmacy software vendor systems.

4.2.2 Centralisation of Discretionary Hardship Arrangements

Centralisation of Discretionary Hardship Arrangements to the PCRS has been set out as a key deliverable to streamline the manual process for approval and payment that exists currently via the local health offices within the HSE.

Through centralisation and in line with Section 23 of the Health (Pricing and Supply of Medical Goods) Act 2013, Community Pharmacy Contractors will be enabled to apply for items not on the formal GMS Reimbursement List on an individual patient basis through an online portal via the PCRS Secure Scheme Checker in the same manner that is currently operated for Long Term Illness (LTI) Scheme drug requests. This will remove the manual (paper) process currently in place for approvals to the local health office.

Patients will carry approval against their GMS eligibility as opposed to the current system which applies approval to the pharmacy by the local health office for a set period of time for the GMS patient.

The centralisation of this arrangement requires extensive development and resources within PCRS. The first phase would encompass a central application system. The second phase would involve the submission of payments to PCRS through the established monthly processes in place for community pharmacy contractors which has not been scoped or developed to date.

Timeline:

Phase 1 – Q3 2026

Phase 2 – Q4 2026

Delivery of Phase 2 will be aligned as closely as possible to Phase 1.

4.2.3 Upcoming Enhancements and Integration Projects

4.2.3.1 High-Tech Arrangement Administration

(i) Visibility of unassigned stock:

As part of the High-Tech Arrangement, community pharmacies complete an online end of year stock take. The stock take captures stock due to be dispensed, unassigned stock available for return, out of date stock and stock not fit for use e.g. damaged. To support pharmacists in times of immediate patient need, the HSE will enable pharmacies to view unassigned stock available for utilisation by eligible patients accessing their medication through the High-Tech Arrangement. This will support the movement of non-fridge High-Tech medicines between pharmacies, where appropriate. The aim is not to transfer the patient, but to enable immediate action to meet urgent patient needs when stock is unavailable at the dispensing pharmacy.

Where drug/medicine is available in neighbouring pharmacies, an option to select unassigned stock available from them will present. The relevant details including the location of the pharmacy, map, details of product and email/telephone number of the pharmacy with unassigned stock will display to facilitate one to one discussion between community pharmacies to address the immediate patient need.

(ii) Ongoing enhancements to the High-Tech Hub

It is acknowledged that the timely supply of High-Tech medicines is a critical requirement to enable optimal patient care. The HSE and IPU also acknowledge that the efficient use and efficient ordering of medicines is critical to the sustainability of HSE budgets.

The HSE agrees pricing arrangements with pharmaceutical companies including wholesale mark-ups which are intended to ensure that delivery of High-Tech medicines takes place to Community Pharmacies without restriction and independent of any separate commercial relations between any pharmacy or pharmacies and any other supplier or wholesaler.

The HSE will continue to operate and enhance the High-Tech Hub.

Deliverables / Outputs

- As part of the continued enhancement of the High-Tech Hub arrangements, the HSE will engage with suppliers of High-Tech medicines to ensure that there is no differentiation of pharmacies in the terms of the delivery service they receive on the basis of commercial arrangements in place between suppliers and pharmacies in relation to the delivery of non-High-Tech medicines. The IPU will support the HSE in these engagements.
- The HSE and IPU will engage with suppliers to ensure there are robust processes in place to reduce and / or eliminate the potential for incorrect orders including appropriate processes for stopping the delivery of an undischarged order where an error has been made and identified.
- The HSE and IPU will work to agree a suite of standard communications to clients / patients around the ordering process for repeat High-Tech medicines, and setting out the necessity for providing notice around re-ordering and the reasons why pharmacies cannot automatically hold High Tech medicines in stock. The aim of same is to optimise or reduce the levels of HSE stocks held in pharmacies.
- Processes around supplies to patients who are temporarily travelling will be formalised. The HSE and IPU will operate those processes to ensure that High Tech medicines are supplied to patients who are eligible / ordinarily resident in Ireland. Appropriate consideration of all pharmaceutical matters (including appropriate storage) are part of the service expectation when dispensing in such circumstances.

4.2.3.2 Review of 'GMS Repeat' arrangements

To streamline the process for claiming for GMS Repeat prescriptions, the PCRS will accept GMS Repeat prescriptions submitted as either GMS or GMS Repeats in monthly files. Pharmacies selected for Review will continue to submit supporting documentation as requested. There will be no requirement for vendors to update their systems as this is purely an optional item.

4.2.4 Ongoing Engagement Process

The Parties acknowledge the importance of existing formal structures for operational and strategic engagement on matters related to community pharmacy reimbursement. These fora provide a foundation for sustained progress and support the ongoing modernisation and simplification of HSE Community Drug Schemes as committed to in this agreement. Ongoing engagement processes will facilitate future discussions regarding reimbursement administration. One of the first areas that will be discussed is a transition from prescription-level rejection to item-level rejection. This would reduce

unnecessary rejections and allow for better tracking of them. The transition would involve updates to PCRS systems, so the current target is for implementation in Q3 2026. Other areas that will be discussed include, but are not limited to, items such as streamlining claiming procedures for extemporaneous compounding, quantity restrictions and product validations.

Joint Operational Group (JOG):

This forum is a structured engagement between the IPU Contract Department and the PCRS, where operational issues encountered by individual contractors are formally addressed. Where IPU members have unresolved queries or difficulties that have not been rectified through standard communication channels, the Contract Department may escalate these to the JOG for resolution.

Joint Consultative Group (JCG):

This strategic forum brings together senior representatives from the IPU and the PCRS to address higher-level policy and system issues affecting the pharmacy sector. It is attended by the Chairperson and Vice-Chairperson of the IPU Pharmacy Contractors' Committee (PCC) and facilitates dialogue on emerging priorities, reform initiatives, and sector-wide impacts.

PCRS Pharmacy Connectivity Workstream:

Meeting approximately every six weeks, this group provides a structured, ongoing opportunity for the IPU and PCRS to discuss IT systems, reimbursement workflows, and data quality improvements. The group receives regular reports on claim rejections, analyses reasons and trends, and considers potential technical or process solutions to reduce administrative burden and rejected claims.

An example of ongoing improvement is the enhanced monthly XML file, which is made available to all pharmacy contractors. This structured, coded file provides detailed data on claims, their status, and supporting attributes. However, the file is currently under-utilised in some pharmacy software systems. The Parties agree to work together to promote the use of this enhanced file and to support vendor adoption of its features to unlock efficiencies and insights at the pharmacy level.

Commitment to Ongoing Streamlining and Reform:

Outside of the formal groups mentioned above—and through them—the Parties reaffirm their ongoing commitment to identify, propose, and support initiatives that simplify and streamline community pharmacy reimbursement procedures. This includes responding to the Programme for Government commitment to reduce pharmacy administrative burden and enhancing alignment with evolving policy goals and national digital health strategies.

This ongoing process will also ensure that existing services are optimised, new opportunities are identified, and the implementation of digital enablers (e.g. NePS, NMPC, IHI integration) is supported through practical, collaborative engagement.

4.3 Reform of Prescription Management

The HSE's National ePrescription Service (NePS) will improve patient safety by reducing errors, enhance data quality through consistent use of identifiers, streamline pharmacy workflows by reducing duplication at scale, with implementation in pharmacies expected during Q4 2027 and 2028. In the meantime, all parties have agreed to work together to make incremental improvements to the prescription process, bringing efficiencies and benefits for both patients and pharmacists ahead of full NePS rollout.

Acknowledging the progress towards digitalisation and ePrescribing, collaboration has commenced between the Department of Health and the IPU to identify practical mechanisms to reduce administrative burden associated with printing or paper-based prescription records.

All parties are supportive of the need to reduce reliance on printed Healthmail prescriptions and transition towards a fully paperless process. At present, printing and retaining paper Healthmail prescriptions is a legislative requirement.

In order to remove the requirement to print prescriptions, pharmacists must ensure that robust, auditable IT systems are in place to ensure they can safely view, check, and record their verification against the original electronic prescription if they wish to retain all records electronically.

The Department will work with the IPU and other key stakeholders to define the technical and legislative changes required to enable this transition, with a focus on limiting paper use wherever possible and prioritising digital solutions. The long-term goal is to adopt a digital-first approach and create the conditions for a fully electronic prescribing environment.

This will be progressed as a priority following the conclusion of these talks and will support the strategic transition to a fully digital prescribing environment. Following completion of this work, the requirement to print prescriptions received via Healthmail will be removed. All parties commit to achieving this by January 2026.

Deliverables / Outputs

- Transition from printed Healthmail prescriptions to a fully paperless prescribing process.
- Removal of the legislative requirement to print and store Healthmail prescriptions by January 2026, noting the option to print will be retained.
- Robust, auditable IT systems in pharmacies to support safe, digital-only prescription management.
- Clear technical standards and workflows to ensure safe verification and record-keeping without reliance on paper.
- Collaborative agreement on a digital-first approach to prescription handling, supporting the wider move to ePrescribing.

Required to Implement

HSE / DoH will:

- Progress legislative solutions to focus on limiting paper and prioritising digital solutions.
- Develop requirements to ensure digital prescriptions are secure, traceable, and auditable.
- Work collaboratively with the IPU and other stakeholders to define technical and legislative requirements.

Community Pharmacy will:

- Upgrade to pharmacy IT systems to ensure compliance with these requirements.
- Adapt their workflows to support safe and efficient paperless processes.
- Train their teams to support the transition to fully digital prescription handling.

Timeline: January 2026

4.4 Regulatory and Legislative

4.4.1 Controlled Drug (CD) Handling

As part of efforts to modernise and streamline CD procedures in retail pharmacy, a number of regulatory areas are being explored:

Destruction of Controlled Drugs: Regulation 25 of the Misuse of Drugs Regulations 2017 outlines the requirements related to the destruction of certain drugs. Currently, pharmacists working in community pharmacy are unable to witness the destruction of controlled drugs held in stock in their pharmacy and instead must arrange for the attendance of an authorised person. The provisions of Regulation 25 are currently being examined by the Controlled Drugs Unit of the Department to review the appropriateness of this process.

CD Safe Certification: Current legislation requires safes used for CD storage to be re-certified by a member of the Garda Síochána, not below the rank of Superintendent, every two years. Given existing governance structures in pharmacy and legal obligations on superintendent pharmacists, the requirement to re-certify every two years is being explored with an objective to reduce the frequency of certification, and additionally, in cases of material change or concern.

Electronic CD Registers: Current regulations and existing infrastructure require the maintenance of paper record-keeping for controlled drug handling within community pharmacy. Acknowledging the progress towards digitalisation, the Department is exploring the appropriateness of moving to electronic CD registers in line with the certification of pharmacy information systems.

Deliverables/Outputs

- Reduction of unnecessary regulatory burden related to the management of controlled drugs while upholding safety and legal compliance in CD management.

Required to Implement

Community Pharmacy will:

- Continue to adhere to all legislative and regulatory provisions related to the management of controlled drugs to ensure patient safety.

HSE / DOH will:

- Engage with key stakeholders to modernise and streamline CD procedures.
- Pursue legal advice and, where necessary and appropriate, make legislative change.
- Examine avenues to expedite the introduction of electronic CD registers.

Timeline: Work to progress these procedures, including stakeholder engagement, will commence in Q4 2025 – prioritising first, the destruction of controlled drugs and safe certification, acknowledging the potential dependencies between electronic CD registers and certification of pharmacy information systems.

4.4.2 Pharmacy System Certification

Pharmacy information systems are central to safe, high-quality patient care, accurate dispensing records, and compliance with professional and legal obligations.

The goal of certification is to provide assurances that, subject to legislative change, pharmacy information systems could provide comparable and additional assurances that meet the intention of the existing legislative requirement. It will provide assurance that:

- Digital patient records are complete, reliable, and immutable, supporting traceability and audit.
- Systems support record-keeping practices in line with S.I. 488/2008, including unalterable endorsements, timestamped dispensations, and pharmacist-level accountability.
- User access can be managed securely within the pharmacy environment, reflecting the legal responsibilities of the supervising pharmacist.
- Clinical data can be recorded and transmitted using structured formats, supporting safe prescribing, dispensing, and claims.

Certification has the potential to confirm that pharmacy systems are technically ready to connect to national services, such as ePrescribing (NePS), Shared Care Records, the IHI, PCRS systems, and the HSE Health App. It will reduce the need for bespoke builds or fragmented rollouts by setting a clear, consistent baseline for functionality, security, and interoperability.

Importantly, certification supports digital transformation without disruption. It ensures that the essential role of the pharmacy system - as the clinical system in the pharmacy - is maintained, and that pharmacies can adopt new workflows confidently, knowing their tools meet national standards.

As Ireland moves toward initiatives such as the European Health Data Space (EHDS), a certified digital pharmacy environment will be a key enabler of connected, patient-centred care.

Deliverables / Outputs

- Establishment of a national pharmacy system certification framework that sets clear standards for functionality, security, and interoperability.
- Assurance that certified pharmacy systems meet the intent of existing legislation, support unalterable and traceable digital records, and enable pharmacist-level accountability.

Required to Implement

Community pharmacy will:

- Implement secure user access controls within pharmacy systems.
- Align pharmacy workflows with certified digital processes to ensure safe adoption of new systems.

HSE / DoH will:

- Engage pharmacy system vendors and pharmacies in developing and testing certification standards.
- Develop and publish certification criteria in consultation with the IPU and other stakeholders.
- Provide technical and operational support for vendors and pharmacies during the certification process.
- Maintain the certification programme over time, with updates reflecting evolving national and EU digital health standards, including EHDS requirements.

Timeline: Commencing 2026.

4.4.3 Electronic Duty Log

The Pharmacist Duty Log, also known as the Duty Register, is a legal and professional requirement in all retail pharmacy businesses in Ireland. It is used to document which pharmacist is responsible for the supervision and operation of the pharmacy at any given time. A secure, accurate and accessible duty register must be kept on the pharmacy premises for two years. It is possible to keep these records electronically so long as it is:

- Ongoing – continuously updated in real time,
- Contemporaneous – entered at the time the pharmacist is on duty,
- Retrievable – easily accessible for inspection or audit.
- Auditable- entries and any changes tracked and timestamped

Pharmacies can confidently transition to an electronic duty log, as long as it securely records all necessary details and can be easily accessed for PSI inspection or internal governance.

Section 5: Digitalisation and ICT

5.1 Enhancing the Integration of Community Pharmacies into National Healthcare Systems to Support eHealth and Improve Care Coordination, Data Sharing, and Patient Outcomes

Ireland's digital health strategy is guided by Digital for Care: A Digital Health Framework for Ireland 2024–2030, developed jointly by the Department of Health and the HSE. This strategy sets out six foundational principles to deliver integrated, patient-centred care using digital technology to enhance safety, access, and system efficiency.

To operationalise this strategy, the HSE Digital Health Strategic Implementation Roadmap lays out a sequenced programme of national digital initiatives through to 2030. These are closely aligned with wider commitments such as Sláintecare, the Digital Ireland agenda, and EU developments under the European Health Data Space Regulation **(EU) 2025/327** (EHDS) — a new EU-wide framework designed to facilitate secure access, exchange, and use of health data for care delivery, research, innovation, and policymaking.

The forthcoming Health Information Act, which is likely to be passed later this year, will introduce new legal and governance structures to support the safe, efficient, and rights-based use of health data in Ireland. The Act will provide a clear legal basis for the creation of national digital health records, provides a stronger basis for the use of the PPSN by healthcare providers and places specific obligations on those providers to share patient data. Whilst the core objective of the Act is to establish a robust framework for the management of digital health records and patient data, the legislation is also intended to underpin Ireland's participation in, and compliance with, the European Health Data Space regulation, ensuring that national digital health infrastructure evolves in line with European expectations. Its introduction reflects the State's recognition that secure, interoperable data sharing is foundational to effective, integrated care.

These developments are directly relevant to community pharmacy. National initiatives such as the National Shared Care Record (NSCR), the National ePrescription Service (NePS), the National Medicinal Product Catalogue (NMPC), and the deployment of the Individual Health Identifier (IHI) across all digital health systems are all critical enablers of digital health. Community pharmacies are not just recipients of these systems—they are active contributors to their success through the generation of high-quality clinical data, delivery of services, and direct patient care.

Pharmacies are central to delivering high-quality, accessible services and have a key role to play in the broader digital transformation of healthcare. Realising this potential requires ensuring that pharmacies have the systems, infrastructure, training, and workflows necessary to capture structured clinical data, support real-time digital services, and participate in secure data sharing. The IPU and the HSE commit to collaborating to ensure that data sharing is in compliance with GDPR, and that pharmacies share patient personal data in a way is underpinned by a clear legal basis and reflected in the data protection policies and practices of each data controller.

Accordingly, the ICT/Digital section of this agreement outlines how the HSE and community pharmacy can work together to adapt and participate in this evolving ecosystem—ensuring their capacity to

contribute to national objectives while maintaining high standards of care and data quality in the community setting.

5.1.1 National e-Prescription Service (NePS)

The HSE is implementing a National e-Prescription Service (NePS) which will be a secure, efficient, standards based central repository for the transmission, storage, and retrieval of electronic prescriptions and electronic dispensations in ambulatory care. It will be fully interoperable with third-party prescribing and dispensing systems, and with supporting services such as Individual Health Identifier (IHI), Health Identifiers Service (HIDS), NPMC and the HSE Health App. The NePS is not intended to replace the Patient Medication Record system (PMR) as the pharmacy's core clinical system for managing patient care.

To support accurate and efficient integration and interoperability with clinical systems, all electronic prescriptions and dispensations received, transmitted, or stored by the NePS must include actionable information based on the agreed minimum data sets for an ePrescription and eDispensation (electronic dispensing episode). This includes (but is not limited to): patient identifiers (e.g. IHI), healthcare professional identifiers (e.g. PSI registration number), clinical details, standardised medication codes (e.g. NMPC), and dispensing instructions. This will be standardised and coded information, where possible.

The NePS will manage the entire lifecycle of electronic prescriptions and electronic dispensations. It will support the curation and maintenance of a medication list. It will also provide the associated functionality to support care delivery and patient safety e.g. reduced transcribing, cancellation of prescriptions, ability to review patients' medication list.

The European Health Data Space (EHDS) Regulation entered into force in March 2025 and will be applicable in March 2029. This will require priority categories of electronic health data, i.e. ePrescriptions and eDispensations, to be accessible for primary use and patient access. The successful delivery and widespread adoption of the NePS is key to this and will rely on the ongoing involvement of community pharmacy.

The introduction of NePS will follow a phased approach across primary and secondary care, meaning that during the transition period, pharmacies will need to operate dual processes — managing both electronic prescriptions through NePS and traditional paper or Healthmail prescriptions. This complexity will present operational challenges for pharmacies, requiring significant communication, staff training, and careful workflow management to ensure safety and efficiency. Pharmacists and their teams will play a central role in supporting this transition by adapting processes locally, providing feedback through established vendor engagement forums, and ensuring patients continue to experience a seamless service as national systems evolve.

Deliverables/ Outputs

- Community pharmacies are active participants in the design, development, implementation, and ongoing use of NePS, ensuring successful adoption across the sector.
- The NePS is established as the secure, standards-based mechanism for the transmission, storage, and retrieval of ePrescriptions and eDispensations in Ireland.
- All NePS transactions use the agreed, coded minimum datasets including required identifiers and relationships and NMPC codes to enable safe interoperability across systems.

- Pharmacy PMR systems are updated to provide necessary functionality, interoperability and security, and have proven conformance to the required HSE standards for NePS.
- NePS is integrated with key national services (IHI/HIDS, NMPC, HSE Health App) to support traceability, data integrity, and patient access.
- Lifecycle and safety features are available and in routine use in community pharmacy, including prescription cancellation and medication list curation/review.
- Community pharmacies submit eDispensations to NePS in real time from pharmacy dispensing systems, enabling up-to-date medication information.
- Dispensation data flows are coordinated so that, once NePS is rolled out, pharmacies send dispensation data directly to NePS, which in turn forwards the data to the NSCR, avoiding duplication or parallel reporting requirements.

Required to Implement

The HSE will:

- Work with pharmacy system vendors to support the delivery of system updates that enable NePS functionality, interoperability, security, and conformance to required standards.
- Develop agreed minimum datasets with national standardisation and coding requirements for the NePS in consultation with all relevant stakeholders.
- Provide conformance testing so pharmacy dispensing systems can demonstrate compliance with NePS before rollout.
- Provide dedicated support channels for pharmacies during rollout and transition periods to facilitate implementation of the NePS and also to support patients.
- Allow reasonable lead timelines for adoption, aligned with operational and legislative change cycles.
- Consult with the IPU, pharmacy system vendors and all parties to develop the system for the benefit of the patient and clinical colleagues in the wider health setting.

Community Pharmacy will:

- Actively engage with the HSE in the design, development, implementation and ongoing use of the NePS, ensuring successful adoption across the sector.
- Use pharmacy PMR systems that have the necessary functionality, interoperability and security, and have proven conformance to the required HSE standards.
- Use NePS in daily practice, to access ePrescriptions and send eDispensations (including confirmation of supply to patient, which will be generated by the pharmacy dispensing system upon collection or supply) based on agreed minimum data sets and ensure dispensing systems are connected and functioning with compliant pharmacy dispensing softward software.
- Adopt new workflows as NePS is rolled out, supporting safe adoption into daily operations
- Comply with national standardisation and coding requirements (transmission and receipt of standardised healthcare data using agreed minimum datasets).
- Ensure compliance with the security and traceability of data (in line with any legal, professional and organisational standards) which may apply, through their PMR system.
- Maintain continuity of care in circumstances where access to the NePS is temporarily unavailable (locally or nationally), with support in the development and implementation of robust business continuity and downtime processes.

- Train staff to use the updated pharmacy dispensing systems so that all team members can operate NePS safely and effectively.
- Ensure appropriate governance of access controls, with the supervising pharmacist overseeing staff permissions in line with professional and information governance standards.

Timeline

The HSE is currently in a procurement process for the National ePrescription Service (NePS).

- Contract signing is planned for Q4 2026
- Building, configuring, integrating and testing with connecting systems is planned for 2027
- Initial sites go live is estimated to commence in Q4 2027
- Widespread implementation in Phase 1 sites (i.e. GPs and Community Pharmacies) during 2028

Collaboration and consultation during 2026 will progress to inform the build / integration / testing in 2027.

5.1.2 National Medicinal Product Catalogue (NMPC)

The National Medicinal Product Catalogue (NMPC) will enable integrated medicines management across all healthcare settings.

It delivers this by establishing and integrating a nationally standardised repository of identifiers and information for medicinal products and prescribed medical devices in Ireland. It ensures consistent, accurate, and accessible medicines information that moves with the patient.

NMPC information in community pharmacy will deliver key objectives from the Digital for Care 2030 Strategy, iNAP2, HSE Patient Safety Strategy, and compliance with upcoming EU legislation (EHDS).

Some key benefits of NMPC information in community pharmacy include:

- Alignment to the national medicine's information standard.
- Enabling involvement in enhanced/integrated clinical messaging /repository services (e.g. National ePrescription Service).
- Enabling integration of pharmacy medicines information to/from clinical applications (e.g. National Shared Care Records and HSE Health App).
- Reduced burden (e.g. Implementation of the NMPC enables increased digitisation of acute and ambulatory/outpatient prescribing in a standardised manner and enables development of more automated medication reconciliation and patient medication lists).

Community pharmacy has a long and proven history of using information systems that integrate consistent, coded and structured medicines information to support safe and effective patient care. The successful integration of the NMPC in community pharmacy means that any pharmacy information system with the appropriate data fields, interoperability capabilities, and mappings can contribute to and benefit from the national standard. Integration into the existing product file in use in community pharmacies will enable a smooth, non-disruptive rollout across community pharmacy systems.

Deliverables/ Outputs:

The NMPC will ensure consistent, accurate, and standardised medicines information is available across all settings.

Required to Implement

HSE will:

- Provide the IPU with the NMPC reference information and ensure it is maintained and up to date.
- Provide community pharmacy (through their existing solution provider) with the NMPC reference information and ensure it is maintained and up to date.
- Support vendors through conformance testing to confirm that PMR systems meet NMPC standards.
- Operate feedback and error notification mechanisms so contractors are informed of issues or changes.
- Provide communications and training resources to support pharmacy teams.
- Ensure alignment with wider data standardisation initiatives so pharmacy obligations are practical and consistent.

Community Pharmacy will:

Co-operate and actively participate in the implementation and use of the NMPC, including, but not limited to, the following areas:

- The delivery of reference information from the HSE's National Medicinal Product Catalogue (NMPC) to meet use-cases being supported.
- The implementation of NMPC reference information in community pharmacy PMR systems (through their existing solution provider) to support use-cases.
- The completion and maintenance of conformance testing in community pharmacy systems (including dispensing systems, product files/catalogues and knowledge files) to ensure adherence to NMPC standard.
- Active engagement with NMPC content feedback mechanisms including the alert and error notification system (mailing list) e.g. HSE targeted healthcare messaging on NMPC.
- Active engagement with communications and training requirements as relevant.
- Participation with new and existing HSE data standardisation initiatives, including clinical indicators, reporting enablers, and standardised functionality in line with relevant legislation and standards.

5.1.3 Individual Health Identifier (IHI) and PPSN Capture

The Health Identifiers Act 2014 requires all healthcare providers, including Community Pharmacies, to store the Individual Health Identifier (IHI) for all patients. The IHI is a lifelong, unchanging identifier that will be a key enabler of patient safety, medication safety, and digital health transformation, ensuring the accurate identification of individuals and the correct linkage of their associated health records.

The integration of IHIs into pharmacy systems aligns with Ireland's *Digital for Care Strategy 2024-2030* and the National e-Prescribing Programme, supporting the modernisation of pharmacy services and

improving interoperability across healthcare settings. The IHI will play a central role in ensuring patient identity integrity as Ireland transitions towards a fully digital prescription and dispensing process. To progress the inclusion of IHIs in pharmacy PMR systems, a two-phase approach will be taken:

Phase 1 – IHI Integration via PCRS XML file (estimated completed by end Q1 2026)

In Phase 1, the PCRS will facilitate the integration of IHIs for patients using community pharmacy services through monthly data updates, allowing pharmacy systems to match and populate patient records. For patients under the GMS, DPS and other community drug schemes, IHIs will be automatically included in the monthly files provided to pharmacies by the PCRS. Pharmacy management systems will be configured to import and store the IHI, requiring no manual intervention by pharmacists or their staff. Pharmacies will then validate and integrate the IHI data, ensuring consistency across all prescription and claims records.

Phase 2 – IHI Direct Interface to Pharmacy Systems (estimated completed by end Q2 2026)

For Phase 2, a direct interface will be established between pharmacy PMR systems and the HSE IHI database to enable real-time verification of IHIs at the point of dispensing. This will ensure that all prescriptions, entitlements, and records are accurately and consistently linked to the correct patient. The success of this phase is entirely dependent on the consistent and accurate capture of key patient demographic data within pharmacy systems. Pharmacies will be required to record and maintain a minimum dataset for IHI retrieval from the National IHI Index. This includes forename, surname, sex, and date of birth (which must be captured for every patient), along with at least one additional identifier such as PPSN, mobile phone number, address line 1, Eircode, or mother's birth family name (MBFN). An automated matching algorithm will continuously assess this information against the IHI database, with both the accuracy and completeness of the data being critical, not only to achieving an initial IHI match, but also to maintaining IHI integrity over time as patient records are created, amended, or updated. Prior to IHI integration, pharmacies will provide existing patient demographic details to the IHI Service for a one-time IHI and PPSN bulk matching and seeding process.

Pharmacies will not be required to seek patient consent to use the IHI, as this process is mandated under the Health Identifiers Act 2014. The Health Identifiers Service will process patient demographic data only for the minimum period necessary to facilitate matching, after which it will be securely deleted.

It is also important to note that the IHI is distinct from the Personal Public Service Number (PPSN). While the PPSN may be included as part of the matching process, it cannot be used as a replacement for the IHI. The IHI is a unique identifier designed exclusively for healthcare.

It is acknowledged that reliable patient identification is essential to ensuring safe care, supporting clinical accountability, and enabling effective integration with national digital health infrastructure.

The IPU will work with the HSE and vendors to ensure that identifier capture is implemented in a manner that is secure, non-disruptive, and consistent with pharmacy workflows, particularly in high-volume environments where operational efficiency must be preserved.

Deliverables/Outputs

- Ensure accurate patient identification at the point of dispensing, preventing misidentification and medication errors.

- Reduce duplication by eliminating reliance on name-based matching, ensuring each prescription is securely linked to a unique patient record.
- Enable seamless integration with ePrescribing and other national systems, ensuring digital prescriptions are matched to the correct patient without relying on names, addresses, or manual identifiers.
- Facilitate real-time data exchange between pharmacies, GPs, hospitals, and national health databases, improving continuity of care.
- Enhance eligibility verification for entitlements such as GMS, DPS, and LTI, reducing administrative errors.
- Improve data quality and governance, ensuring consistency in patient records across all healthcare settings.
- Support compliance with the Health Identifiers Act 2014 and GDPR, ensuring patient data is managed securely and accurately.

Required to Implement

HSE will:

- Provide lookup and validation services to support real-time retrieval of IHIs, ensuring data quality.
- Work with pharmacy system vendors and the IPU to design, plan, and deliver system updates that enable automatic retrieval, storage, and use of IHIs within PMRs.
- Phase rollout of IHI services in a way that supports smooth adoption by contractors.
- Ensure alignment with national systems (e.g. ePrescribing, Shared Care Records, PCRS) so pharmacy workflows remain practical and consistent.

Community Pharmacy will:

- Use a PMR system that is compliant with HSE requirements and has passed conformance testing.
- Record and transmit IHIs in line with the Health Identifiers Act, using system functionality to capture or validate data.
- Ensure IHIs are included as a mandatory field for prescriptions, claims, and eligible patient services (e.g. immunisation events, Shared Care Records).
- Rely on system integration (with PCRS, Health Identifiers, and HSE lookup APIs) for automatic retrieval and validation of IHIs, keeping manual staff input to a minimum. This will require integration from the pharmacy solution to the IHI infrastructure.
- Support staff training where needed so teams are confident in using IHIs within the PMR.

Timelines:

Phase 1 – IHI Integration via PCRS XML file - estimated completed by end Q1 2026

Phase 2 – IHI Direct Interface to Pharmacy Systems - estimated completed by end Q2 2026

5.1.4 MyHealth@IE Programme

The MyHealth@IE Programme is the national initiative to provide people in Ireland with secure, digital access to their health information and services. It forms a central part of the State's eHealth strategy,

enabling individuals to view and where relevant, manage their own health records, prescriptions, vaccination history, and other health services through a single digital platform. By linking with other national systems such as the National ePrescription Service (NePS), and the Individual Health Identifier (IHI), MyHealth@IE is designed to support a more integrated, person-centred care while improving communication between patients and healthcare professionals.

The MyHealth@IE Programme encompasses:

1. National Shared Care Record
2. HSE Health App
3. MyHealth@EU

5.1.4.1 National Shared Care Record (NSCR)

The National Shared Care Record (NSCR) will provide a digital record of a patient's key healthcare data aggregated from various electronic data sources and settings, and is presented to clinicians, patients and carers in a secure and structured way.

The NSCR will be an enterprise-wide platform capable of supporting a patient's care transitions through the Irish healthcare system in a secure and robust manner. It will make an important contribution to the integration of care between acute and community services, including the shift of services toward the community and the establishment of vertically integrated Health Regions. The NSCR will be the cornerstone of Ireland's digital health infrastructure.

The NSCR will support:

- Better, safer clinical decision-making by providing a secure, longitudinal view of a patient's clinical history.
- Improved care coordination between healthcare providers.
- Improved patient experience and outcomes.
- More time released to care.
- Secure, safer and a more coordinated sharing of health information across settings including community pharmacy.

Access to the NSCR will be deployed on a phased basis from Q4 2025 beginning in a targeted Health Region. The NSCR will then be rolled out nationally and at scale to all clinicians, including community pharmacists, with the ability to view patient records aggregated from different source systems.

Community pharmacists as key participants in the NSCR will have the ability to read records. They will be required to contribute all dispensary and relevant clinical care data. This will include new data and, where appropriate, relevant historic information to provide essential clinical context and support a complete, long-term view of an individual's healthcare, enabling safe and effective service delivery.

Community pharmacy participation in the NSCR will require practical, proportionate, and well-supported implementation. The NSCR will use information from pharmacy systems including national identifiers (such as pharmacy ID, IHI, prescriber ID, product codes) to support traceability, accountability, and data integrity. The solutions developed will meet the HSE's information

requirements including the provision of accurate, complete, and appropriately coded data, while remaining flexible enough to accommodate different vendor systems (See Appendix 1).

The HSE and IPU will continue to engage on the technical requirements necessary for implementation. This collaborative model will ensure that community pharmacy is fully embedded in the NSCR ecosystem, with appropriate capabilities to support clinical decision-making, audit, continuity of care, and administrative alignment.

Deliverables/Outputs

- Full implementation of the NSCR with the inclusion of pharmacy data, (including, but not limited to dispensations, vaccinations, consultations) will contribute to a more complete and accurate patient record across the health system.
- This will improve transparency, continuity of care, and communication with clinical colleagues in wider care settings.

Required to Implement

HSE will:

- Provide the necessary technical support to enable smooth NSCR integration.
- Work with pharmacy system vendors and the IPU to design and deliver required updates.
- Ensure onboarding processes and training are clear and phased to minimise disruption to pharmacy operations.
- Maintain national standards for information governance, data security, and professional accountability across the NSCR.
- Work in consultation with all parties to develop the system for the benefit of the patient and clinical colleagues in the wider health settings.

Community Pharmacy will:

- Actively support the implementation and use of the NSCR.
- Use a PMR system that is compliant with HSE requirements and has passed conformance testing for NSCR integration.
- Ensure data exchange between pharmacies and the MyHealth programme to benefit the patient and clinical colleagues in the wider health settings. For community pharmacy this means access to a regular feed (potentially including historic data) for all relevant clinical data.
- Continue to maintain accurate and complete patient records in the PMR of relevant clinical data
- Continue routine use of PMR systems as part of dispensing and service delivery, with updates enabling NSCR participation.
- Take part in onboarding and training, supported by the HSE, vendors, and the IPU.
- Ensure appropriate governance of access controls, with the supervising pharmacist overseeing staff permissions in line with professional and information governance standards.

Timeline: Phased rollout will commence Q4 2025.

5.1.4.2 HSE Health App / Portal

The HSE Health App is a digital health service provided by the HSE which launched to the public in February 2025. It is a secure mobile app to give patients access to their own health information and empower them to manage their own healthcare. The HSE Health App will use aggregated data from existing systems and service providers, including the NSCR data, which will be shared from pharmacy dispensary systems and stored in the HSE clinical data repository.

The HSE Health App is live and constantly evolving. September 2nd, 2025, recorded 93,667 users fully onboarded. Some of the key features as per its 3.0 release include:

- **Access to Health Information**: View personal health records, including COVID-19 and flu vaccine records.
- **View Appointments**: Check upcoming, past, and cancelled hospital appointments.
- **Medicines List**: Keep a list of prescribed medicines, over-the-counter medicines, vitamins, and supplements.
- **Health Services**: Find information about health conditions, treatments, and nearby health services.
- **Health Card**: See a digital version of health cards such as a medical card, GP visit card, DPS card, LTI card and European health insurance card.

The HSE Health App as a digital patient engagement tool, will improve transparency and provide patient empowerment by enabling access to healthcare services and records. It will serve as a national platform through which individuals can access aspects of their health information, interact with public health services, and receive trusted digital communications from the State.

Relevant clinical data (including historic and new) captured or contributed by community pharmacists, will be reflected in the patient's record within the App.

The integration of pharmacy data into the App will be governed by national information standards.

With the introduction of further digital initiatives such as the shared care record, electronic healthcare records and ePrescribing, more information will be available via the app.

Deliverables/Outputs

The deployment of a digital technology that provides more integrated healthcare environment and provides patients with secure, personalised access to their health information.

Required to Implement

HSE will:

- Comply with their commitments for implementation of the National Shared Care Record
- Provide communications and resources so pharmacies can support patients in using the Health App effectively.

Community Pharmacy will:

- Comply with the implementation requirements for the National Shared Care Record.

- Support the deployment of a digital health service that provides patients with secure personalised access to their health information.
- Ensure data exchange between pharmacies and the MyHealth programme to benefit the patient and clinical colleagues in the wider health settings. For community pharmacy this means access to a regular feed (potentially including historic data) for all relevant clinical data.

Timeline: Public launch commenced in Q1 2025 with ongoing regular releases, as the product continually evolves.

The IPU will support the development of appropriate communication messaging.

5.1.4.3 European Health Data Space (EHDS) Compliance

In line with Ireland's obligations under the European Health Data Space (EHDS) Regulation (EU2025/327), this agreement incorporates provisions to ensure that pharmacy data—particularly related to medications and dispensations (also known as dispensing)—is securely and interoperably shared across the Irish and EU healthcare systems via MyHealth@EU. This supports both direct patient care and broader public health objectives, while safeguarding patient rights and data protection.

The Parties acknowledge the applicability of EHDS to the implementation of the National Shared Care Record (NSCR) and the HSE Health App. Accordingly, all data exchange, storage, and access mechanisms related to medications, dispensations, and clinical pharmacy services shall comply with EHDS requirements for both primary and secondary use of health data.

Specifically, the NSCR and associated pharmacy systems shall:

- Support interoperability using EHDS-recognised standards (e.g. HL7 FHIR v4, SNOMED CT).
- Ensure secure, traceable, and patient-consented sharing of ePrescription and dispensation data across EU Member States via MyHealth@EU.
- Include mechanisms for patient access, correction, and restriction of their health data in accordance with EHDS rights.
- Facilitate secondary use of anonymised or pseudonymised data for public health, research, and policy purposes, subject to permits issued by the designated Health Data Access Body (HDAB).
- Align with national implementation plans under HealthData@IE, including metadata catalogues, secure processing environments, and governance frameworks.

The IPU and HSE shall jointly ensure that pharmacy workflows, vendor systems, and governance structures are adapted to meet EHDS compliance by the March 2027 implementation, and March 2029 deployment. Any updates to EHDS requirements shall be reviewed and incorporated into the technical and operational roadmap for NSCR and the HSE Health App.

5.1.5 National Electronic Health Record

A digitalised healthcare system enables a more agile response to the evolving landscape of modern healthcare. A key component of this digitalisation is the introduction of a national Electronic Health Record (EHR).

As the NSCR depends on other clinical 'systems of record' e.g. GP Practice Systems, Hospital Patient Administration Systems etc. to provide it with data, there is still a need to invest in systems that can replace widespread use of patient records. Hence the need to deploy enterprise level EHR. The Digital for Care strategy proposes these EHR systems are deployed as an integrated solution that spans acute and community sectors, which are deployed regionally. The EHR is an essential component of a three-step approach to delivering digital health records for all:

(i) The HSE Health App,
(ii) The NSCR and
(iii) The national EHR.

Unlike the NSCR that contains a summary set of information, the EHR will provide healthcare professionals with a detailed view of a patient's health information based on hospital inpatient admissions and treatment by healthcare professionals in the community including public health nurses (PHNs), community physiotherapists, occupational therapists (OTs), speech and language therapists (SLTs) etc. The NSCR system will combine key data from these EHR systems with data from GP systems, the NePS, private hospitals etc. and make this available to healthcare professionals delivering direct care to all patients. Parts of this data will be made available to patients directly via the HSE Health App.

Required to implement

HSE will:

- Ensure alignment between the NSCR and the EHR so that pharmacy contractors are not subject to duplicate or conflicting requirements.
- Work with pharmacy system vendors and the IPU to manage integration with the EHR programme.
- Provide support, resources, and clear communication to ensure pharmacies understand when and how the EHR builds upon the NSCR.

Community Pharmacy will:

- Meet the requirements set out for the Shared Care Record, which will also apply to the her.
- Enable data exchange with the EHR programme through their PMR system, ensuring information is securely shared to support patients and clinical colleagues across the wider health system.
- Enable both read and appropriate write access to the EHR through pharmacy PMR systems, recognising pharmacists' role as prescribers and care providers, and ensuring information is securely shared to support patients and clinical colleagues across the wider health system.

5.1.6 National Immunisation Information System (NIIS)

The National Immunisation Information System (NIIS) has been built on the previous national solution (COVAX) and will record all vaccines administered to the public given as part of HSE national programmes.

Existing national immunisation programmes will be incorporated into NIIS on a phased basis, with the Primary Childhood Immunisations being the next programme to be added. Future programmes will be implemented in due course, including the Schools Immunisation Programme and other existing or new immunisation programmes.

The NIIS will ensure that the HSE has up-to-date information about HSE immunisation programmes for children, adults and healthcare professionals in Ireland. This will allow timely monitoring of vaccine uptake. As immunisations are administered by multiple clinician groups and in multiple settings, there is a requirement to maintain an integrated record of immunisations administered. This integrated record in NIIS will enable the display of up-to-date vaccination history within the HSE Health App, NSCR, EHR and other relevant HSE solutions. NIIS will support public health responses and facilitate clinical decision-making at the point of care across all health settings.

As additional functionality is incorporated into the NIIS, this will create the conditions whereby community pharmacies can expand their role in immunisation programmes.

Community pharmacies currently integrate with the NIIS through the HSE PharmaVax portal, which is used for the recording of Influenza, Pneumococcal and COVID-19 vaccinations. Shingles vaccinations are recorded via a separate HSE portal for patients aged over 50, while vaccinations for patients under 50 require submission via email to the PCRS.

HSE PharmaVax is not currently integrated with community pharmacy PMR systems. The HSE will continue to engage with the IPU to explore opportunities for better integration between HSE systems such as NIIS, HSE PharmaVax and pharmacy-based PMR systems, in the overall context of minimising duplication and manual reporting overheads. The HSE and IPU will continue to work together to ensure that systems are configured to support recording of consistent and high-quality immunisation data.

Deliverables/Outputs

- Facilitation of an expanded role of Community Pharmacies in the delivery of National Immunisation and catch-up programmes.
- NIIS will ensure that the HSE has up-to-date information about HSE immunisation programmes for children, adults and healthcare professionals in Ireland providing assurance on timely monitoring of vaccine uptake.

Required to Implement

HSE will:

- Examine the potential for development of HSE PharmaVax to support Community Pharmacy recording of existing and future vaccination programmes as relevant, commencing with Shingles vaccination.

- Provide feedback and an escalation mechanism will be incorporated into the HPP - PharmaVax roadmap, with agreed timelines for resolution of system-level issues. This mechanism will be co-managed by HSE and IPU representatives to ensure timely and coordinated responses.

Community Pharmacy will:

- Continue to use HSE PharmaVax or relevant HSE systems for capturing vaccination information.

Timeline: Implementation of NIIS commenced Q3 2025 and will continue on a phased basis.

5.2 Digital Enablers and Innovation

Digital enablers and innovations have the potential to transform pharmacy services in Ireland. These innovations will improve patient outcomes, enhance healthcare delivery, and reduce costs. Additionally, digital tools like mobile apps and patient portals empower patients to manage their health more effectively by providing medication reminders, educational resources, and direct communication with healthcare providers. Pharmacists play a crucial role in integrating digital therapeutics into patient care, with evidence-based interventions delivered via software programs to help prevent, manage, or treat medical conditions. The HSE has developed a strategic plan to leverage digital health technologies to improve access, efficiency, and quality of care, including initiatives to optimise resource allocation and empower patients to actively participate in their own care. Furthermore, exploring the opportunities for Artificial Intelligence (AI) could lead to even greater advancements in personalised medicine and predictive analytics, enhancing the overall effectiveness of pharmacy services. These innovations have the potential to reshape pharmacy services, making them more efficient and patient-centred.

Digital innovation, when enabled by the right foundations, has the potential to transform the delivery of pharmacy services, improve patient outcomes, and optimise resource utilisation across the health system. Key foundational elements include strong leadership and governance, a secure and reliable infrastructure, data and technical standards, innovative technology platforms, a supporting organisational culture, comprehensive change management support, and pro-active security.

Building on these strategic foundations, future-facing digital enablers must be explored and supported in a coordinated and standards-based manner.

For example:

- **Mobile health applications and patient portals** can play a role in empowering individuals to manage medications, track adherence, and access secure, trusted healthcare information. Pharmacists, as accessible healthcare professionals, should be supported to contribute to and interact with such platforms, including those developed or endorsed by the HSE.
- **Digital therapeutics**, clinical decision support tools, and structured pharmacy consultation modules — when developed in line with national digital and clinical frameworks — can expand the role of pharmacy in chronic disease prevention and management. Integration with pharmacy systems and alignment with Shared Care Records will be critical to enable these tools safely and effectively.
- **Artificial Intelligence (AI)**, where carefully governed, has the potential to assist with medicines reconciliation, adherence prediction, and operational planning.

- **Standards-based data sharing**, real-time service APIs, and modular digital architecture can underpin these innovations, ensuring that community pharmacy can participate fully in the broader digital health ecosystem.

The Parties agree that innovation must be embedded into future planning frameworks and underpinned by certification, interoperability, and patient safety principles.

The Irish Pharmacy Union, through the IPU IT Steering Group, will continue to engage with the HSE and the Department of Health to identify, test, and advise on practical digital innovations that align with the evolving role of community pharmacy.

5.3 Cyber Security

The HSE's cyber security programme over the next 3 years aims "to instil trust among patients and providers by embedding security into our connected digital health services, while continuously adapting our defences to protect against the ever-changing threat landscape."

As community pharmacies become increasingly integrated into national digital health infrastructure, maintaining robust cyber security safeguards is essential to protect patient information, ensure data integrity, and uphold public confidence. The evolving threat landscape and the growing use of digital tools across healthcare settings require a coordinated and proportionate approach to cyber security — one that protects systems without disrupting patient care or pharmacy workflows. Controls should provide robust protection while reflecting the operational realities and responsibilities within the pharmacy environment.

The IPU will work with the HSE and relevant stakeholders to shape the design of pharmacy cyber security requirements. This includes co-design of system-level protections that align with the daily operations of pharmacies and the professional obligations of pharmacists. The IPU will also provide clear guidance, practical support, and engagement with vendors to assist pharmacies in meeting cyber security obligations. This will include promoting awareness, advising on good practices, and ensuring that cyber security measures can be adopted without undue burden.

5.4 Data Capture, Sharing and Reporting

Pharmacy information systems play a central role in the accurate capture and maintenance of patient-level health data. The information recorded in Patient Medication Records (PMRs) — particularly regarding dispensed medicines — is among the most reliable, structured, and consistently coded data in the health system. Pharmacists, as regulated healthcare professionals, understand the critical importance of accurate and timely record-keeping, not only for clinical decision-making and patient safety, but also to support continuity of care, pharmacovigilance, public health interventions, and audit.

The quality and reliability of this information — including identifiers, timestamps, medicine coding, and traceability — reflects real-world dispensing activity, underpinned by legal and professional obligations. These high standards will be recognised and reinforced through the national certification process for pharmacy systems, which will confirm their technical ability to support structured, codified data capture aligned with national digital health services.

As Ireland transitions toward a more integrated and data-driven healthcare system, community pharmacists will be required to share information into national systems. This will include data to support eligibility verification, shared care records, public health registries, and structured consultations — all contributing to Ireland's eHealth and population health agenda.

The programmes of work outlined in Section 5.1, such as National ePrescription Service (NePS), the National Shared Care Record (NSCR), the National Medicinal Product Catalogue (NMPC), and the Individual Health Identifier (IHI) programme are dependent on high-quality, validated data from source systems, including community pharmacy systems. Effective stakeholder engagement and co-design are key elements in the change management process, to minimise unnecessary disruption to workflows and ensure successful implementation and ongoing confidence in the national digital infrastructure.

5.4.1 Data Integrity and Validation

Pharmacists are required to maintain and further enhance data integrity as a concept and ensure the accuracy, completeness and validity of PMR data, as this information underpins clinical decision-making and patient safety. This is required to ensure compliance with medico legal standards and that product recalls are facilitated efficiently or to improve patient safety, patient user experience, use and re-use of healthcare data and improved transparency in financial management of medicine.

It is recognised that accurate, complete, and timely capture of clinical data — particularly identifiers such as prescribing healthcare professional, product code, eligibility basis, and patient details — is critical for safe patient care, effective medicines management, pharmacovigilance, product recalls, and public health reporting.

Accordingly, the Parties agree to:

- **Promote data integrity and validation standards** within pharmacy systems, including audit trails, version control, and structured, codified data entry aligned with national catalogues and identifiers.
- **Support structured data capture** at the point of care, ensuring that clinical records are complete, reliable, and interoperable with other health systems.
- **Co-develop shared templates and data field definitions**, used across the NSCR, and other national digital services, to improve consistency in clinical documentation.

The IPU will support these efforts by contributing real-world pharmacy practice insight, ensuring that proposed standards are practical, proportionate, and compatible with daily pharmacy operations.

5.4.2 Data Sharing and Access

The Parties acknowledge that pharmacy-generated data, particularly in the context of NePS, immunisations, medicines reconciliation, and structured consultations, will form an important component of national datasets for individual care, population health, and service planning.

The data shared from pharmacy PMR systems will be stored in a clinical data repository and used for HSE systems as required, including but not limited to the NSCR, the HSE Health App, and NePS. This data should be submitted from the pharmacy PMR systems based on event-based architecture to

support real-time event capture. Pharmacy contractors will be required to actively engage with HSE system alerts and error management processes to support data integrity.

To ensure appropriate use, the Parties agree to:

- Adopt a shared framework for pharmacy data access and sharing, aligned with HIQA guidance, GDPR requirements, and principles of minimum necessary access.
- Ensure that data recorded in community pharmacy systems can be shared with national services (e.g. NSCR, NIIS) using secure, interoperable formats, and viewed by other authorised care providers.
- Develop appropriate mechanisms for community pharmacy to contribute to public health reporting, safety monitoring, and service evaluation, without duplication or disproportionate burden.

5.5 Vendor Engagement

The Parties acknowledge the essential role played by pharmacy IT vendors in supporting the delivery of safe, high-quality care in community pharmacies. These vendors develop and maintain the clinical information systems used every day by pharmacists to dispense medicines, document patient care, and engage with national health infrastructure.

Timely and inclusive engagement with vendors is critical to the successful rollout of digital initiatives. Early involvement ensures that system changes are workable, aligned with community pharmacy workflows, and delivered in a coordinated and efficient manner.

A formal vendor engagement process is already in place, facilitated and led by the Irish Pharmacy Union (IPU). This process includes a standing forum with six structured meetings per year, three of which are attended by national stakeholders including the HSE (eHealth, PCRS, A2i-HIDs) and contributors such as the Department of Health, the Pharmaceutical Society of Ireland (PSI), and the National Cyber Security Centre. This forum is recognised as a mechanism for coordinating sector-wide vendor engagement, providing the gateway to additional technical discussions and bilateral engagements as required.

This model enables the discussion of emerging digital requirements and supports collective planning across vendor systems. Vendors have, however, consistently highlighted the challenge of managing multiple, overlapping requests from various programmes. The IPU has conveyed these concerns, which centre on the need for clearer sequencing, visibility of upcoming projects, and a structured approach to prioritisation.

To strengthen the existing model and ensure sector readiness, the Parties commit to the following:

- **Early and Inclusive Engagement**: Vendors will be involved from the outset of digital planning to ensure that development pathways are practical and timelines are achievable.
- **Visibility of Roadmaps**: The HSE, working in partnership with the IPU, will coordinate and publish indicative roadmaps for upcoming pharmacy digital projects. These will set out planned start dates, technical milestones, and expectations for system changes, giving vendors and contractors the visibility they need.
- **Standardised Development Process**: Each national project will follow good practice, including:

    - Advance notification of intent
    - Circulation of draft specifications for consultation
    - Provision of test environments and sample data
    - Access to vendor briefings and technical support
- **Fair and Sustainable Sequencing**: The HSE will work with the IPU to reduce duplication, avoid conflicting timelines, and group related changes where feasible, supporting sustainable vendor development and pharmacy adoption.
- **Recognition of Vendor Roles and Constraints**: Vendors are not State suppliers, and their development decisions must reflect the needs of their pharmacy clients. National requirements will therefore take account of real-world vendor timelines, capacity, and resource planning.
- **Vendor Inclusivity**: The engagement model will remain open and non-proprietary. No single solution will be mandated. Instead, national specifications will support a standards-based approach that enables interoperability and reduces fragmentation.

The **IPU will continue to facilitate vendor engagement**, by:

- Representing real-world pharmacy workflows and ensuring technical solutions reflect frontline needs.
- Coordinating regular meetings, consultations, and feedback between vendors and national stakeholders.
- Advising on sequencing, implementation feasibility, and pharmacy system readiness.

Together, this approach will deliver a stronger and more predictable engagement model — with the IPU as the trusted intermediary for contractors, and the HSE providing the roadmaps and structure needed for vendors to plan and deliver effectively.

Section 6: Ongoing Engagement

6.1 Implementation of this Agreement

The Department of Health, the Health Service Executive and the Irish Pharmacy Union will work together to implement the measures outlined within this agreement, using project management methodology, with regular review and agreed timelines for the completion of key milestones across all workstreams.

6.2 Process of Ongoing Strategic Engagement

The Department of Health, the Health Service Executive, and the Irish Pharmacy Union are committed to a process of ongoing, structured engagement to support the future development of community pharmacy. The continuation of a high-level, enduring strategic relationship is designed to support the shaping and implementation of pharmacy's role in a more integrated, efficient, and patient-centred health system.

6.2.1 Strategic Collaboration Group

A Strategic Collaboration Group, comprising the HSE, the Department of Health, and the Irish Pharmacy Union will be established. This will provide a structured forum for dialogue and joint consideration of strategic issues shaping the future of community pharmacy in Ireland. Meeting a minimum of two times per year, the group will focus on medium- to long-term system priorities.

Its purpose will be to:

- Enable shared understanding of policy, service, and workforce developments relevant to community pharmacy.
- Provide a space for early engagement on reforms, innovations, and EU-level developments with potential impact on medicines policy and pharmacy services.
- Identify common strategic priorities where coordinated action can strengthen delivery of sustainable, patient-centred pharmacy services.
- Promote trust and partnership working between the State and the profession, supporting evidence-informed policy and implementation.

The group will operate at a strategic level, bringing coherence in shaping the evolution of community pharmacy services and the delivery of agreed pharmacy services, providing the opportunity to progress engagement on the core themes addressed within this agreement, namely:

- Service expansion and access
- Funding and resources
- Continuous administrative improvements
- Digitalisation and ICT enablers

It is recognised that ongoing collaborations, some already underway, on key operational and related matters will also continue. Further it is recognised that, from time to time, and as required, specific programmes of work will be established with their own governance arrangements as appropriate.

This multi-year pathway will focus on specific, measurable deliverables that ensure service sustainability, expand patient care, and enable community pharmacists to practise to their full scope.

6.3 Structured Fee Reviews

The Public Service Pay and Pensions Act 2017 defines the process for ongoing structured engagement on fee arrangements.

The setting of fee amounts or rates, or reviews of the operation, effectiveness and impact of the amounts and rates will have regard to the provisions of section 42(10) of the Act, including any or all of:

> (a) the terms of any existing contractual arrangements or understandings with the service provider concerned;
>
> (b) the terms of any circular, instrument, or document which apply to the service providers concerned;
>
> (c) any submissions made and views expressed during the consultations under subsection (9);
>
> (d) the nature of the services rendered by different classes of service providers and the general nature of expenses and commitments of the service providers providing those services;
>
> (e) the obligation on the part of the State to have a prudent fiscal policy under the Stability and Growth Pact and the Fiscal Compact.

In this regard, Statutory reviews will be undertaken in June 2026 and June 2029.

Fee arrangements for new publicly funded services will be established in consultation with the IPU and agreed in line with service design and implementation. Fees set by Regulation under the Public Service Pay and Pensions Act 2017 are subject to the provisions of the Act. This ensures that new models of care can be introduced in a timely and sustainable manner.

Appendix 1 – NSCR Technical Requirements

The IPU and the HSE will work together to identify and agree on the technical solutions required for secure, structured data sharing between pharmacy patient medication record (PMR) systems and the NSCR platform.

Where necessary, the IPU will facilitate engagement between the HSE and pharmacy software vendors, ensuring that any proposed approach based on HSE requirements is technically feasible, compatible with existing systems, and aligned with daily pharmacy workflows. This may include engagement with relevant stakeholders to identify the optimal methodology for pharmacy participation, including integration approaches and the development of pharmacy-specific use cases. Integration is not intended to be disruptive to community pharmacy operations and should respect the supervisory pharmacist's role in overseeing clinical and governance responsibilities. Solutions developed will meet the HSE's information requirements including the provision of accurate, complete, and appropriately coded data while remaining flexible enough to accommodate different vendor systems. To support this, the HSE will clearly define the required data fields, validation rules, and transmission frequencies. This will include:

1. Agreement on data points for all dispensed medications to be shared with National Shared Care Record (See Appendix 2).
2. Inclusion of IHI as unique identifier and agree patient identifiable data for each patient as part of data exchange.
3. Adoption of a modern standard (e.g. HL7 FHIR v4 or more recent version) for data exchange between Pharmacy systems and National Shared Care Record.
4. Utilisation of standard terminology and coding e.g. SNOMED CT for clinical terminology.
5. Regular automated exchange near real-time (or agreed schedule).
6. An agreed plan for implementation.

The NSCR will use information from pharmacy systems including national identifiers (such as pharmacy ID, IHI, prescriber ID, product codes) to support traceability, accountability, and data integrity. Historic and new dispensed medication content will be included, and timelines for implementation will be realistic and mutually agreed.

The HSE will also provide appropriate technical, operational, and training support to assist pharmacies in using the new functionality. This includes guidance for pharmacy teams, assistance with onboarding, and helpdesk or vendor liaison channels where needed. Where necessary, data quality exercises will be undertaken, with support provided to pharmacies to improve consistency, completeness, and coding standards.

Appendix 2 – Required Dispensation Dataset

Field	Description	Notes
Regional/National Health Identifier	If the patient has a regional or national Health Identification	IHI
Patient Community Drug scheme card number		For patient identification, in case IHI is unavailable.
Patient PPSN		For patient identification, in case IHI is unavailable.
Patient First Name	The first name of the patient.	
Patient Surname	Surname of the patient	
Address	Current Address of Patient	
Date of Birth	Patient Date of Birth	
Gender	The gender of the patient. Gender is the biological distinction between male and female [ISO TS 22220]. The gender of the patient may be noted on the prescription since this can be important for gender specific effects of drugs, contra-indications etc. This field can be empty. Example: Male, Female.	Include Male/Female/Other if possible
Sex at Birth		the sex of the patient at birth, in case different from gender.
Pharmacy RPB registration number	The identification of the facility (pharmacy) from where the HP is dispensing the medicine.	
Pharmacy Address		
Pharmacy Eircode	Not included in EU or HIQA Summary	Eircode is linked to both PSI RPB registration number and HSE CPCA contractor number

Pharmacist PSI Registration Number	The identification of the person as Health Professional (HP). Example: 12345.	
Pharmacist Given Name	The name of the HP dispensing the medicine to the patient. This field can contain more than one element.	
Pharmacist Family Name/Surname	The surname/s of the HP dispensing the medicine to the patient. This field can contain more than one element. Example: Español Smith.	
Prescription Item Identifier	Identification of the related prescription item (from Country of affiliation) of the dispensed medicine.	
Medicinal Product Brand Name	The name, which may be either an invented name not liable to confusion with the common name, or a common or scientific name accompanied by a trade mark or the name of the marketing authorization holder.	
Active Ingredient(s)	Substance that alone or in combination with one or more other ingredients produces the intended activity of a medicinal product. This is the active ingredient of the medicine dispensed in the Country of treatment, that has to be the same that as the one prescribed, as substitution is not allowed. Example: Paracetamol.	
Active Ingredient Strength(s)	The content of the active ingredient expressed quantifiable per dosage unit, per unit of volume or per unit of weight, according to the pharmaceutical dose form. Strength has the following sub-elements: - Value (100, 200 etc.) - Unit (mg, gr etc.) Strength of the medicine dispensed in the Country of treatment that has to be the	

	same that the one prescribed. Example: 500 mg.	
Pharmaceutical Dose Form	The form in which a pharmaceutical product is presented (e.g. tablets, syrup).	
Total Quantity Dispensed	e.g. 30g of cream/ointment, 56 tablets, 5 vials, 1 inhaler or 300ml of liquid	To allow for split pack dispensing
Date of the dispensed medicine event	Date when the medicine was dispensed.	

15th September 2025

Signed by a duly authorised representative of the Department of Health **Date**

15th September 2025

Signed by a duly authorised representative of the Health Service Executive **Date**

15th September 2025

Signed by a duly authorised representative of the Irish Pharmacy Union **Date**