

*Opening speech Jörgen Holmquist – Workshop on Access to High Quality Pharmacy Services*

Ladies and Gentlemen,

Let me thank you all for attending this Workshop. I am happy that so many stakeholders and Member States are represented here.

It is a pleasure to speak about the pharmacy sector. Unlike the financial sector on which our attention is focussed on during this current time of turmoil, it is refreshing to be able to speak about a service activity we all can visualise! The pharmacy service is not only something we are all familiar with. We also all know it is a vital health service.

In a Europe where, fortunately, citizens are living longer, travelling and working across borders more and are becoming more health conscious, pharmacies play an essential role both in helping to manage health costs by increasing preventive care but also in serving the elderly as a front-line health service provider. European pharmacists are key health professionals and given medical advances and demographic trends the importance of that role is bound to increase over time.

Given these factors, it is not surprising that questions on the regulation of pharmacies are coming to the fore at national level and that different national approaches are giving rise to questions at the European level from operators and, to a much larger extent, from individuals and professional associations. This is a very complex issue, but we can't afford not to look into it. We need structures capable of dealing with the increasing costs of more efficient and new tailor-made forms of medicine and the challenges of an ageing society. We need to ensure that the Internal Market delivers quality and accessibility in this field.

I know that many of you are worried about the application of the EC Treaty's fundamental Internal Market principles in this field. Some of you would argue there is an incompatibility between the Internal Market on the one hand and the provision of a health care related service on the other.

I totally disagree with that view. First, I want to make clear that the Internal Market freedoms apply in this field so there is no "choice" in applying them. Thus, in addition to infringement cases opened by the Commission, prejudicial questions are going to the ECJ from national courts. Secondly, I want to stress one fundamental point: Internal Market objectives must not and legally cannot *ever* be realised *at the expense* of public health objectives. That, I wish to assure you, is neither legally possible nor politically sought.

This is the core of today's debate. We must first define public health objectives and then assess how different national schemes manage to meet those objectives in the interest of all stakeholders and primarily of patients. Today we should have an open exchange of views.

Let's therefore first look at the public health objectives at stake. What are the essential health outcomes for European citizens? I leave this question open for discussion, but I think we can identify at least a few broad objectives.

Whenever we talk with Member States and stakeholders, one issue always pops up: the independence of pharmacists; that is what we might term the "scientific" independence of pharmacists: the possibility for the pharmacists on the basis of his scientific knowledge to provide the patient the best advice in view either of the patient's request (for OTC drugs) or the prescriber's requirement.

Whatever the approach adopted: this independence should be guaranteed. But I would like to invite you to discuss what is really necessary to guarantee this and what it is not and how can we achieve it in the most proportionate way so that the benefits of the Internal Market for such services and his recipients can be maximised?

A second issue that appears to be key to pharmaceutical care is "accessibility". Citizens don't want to drive an hour before reaching a pharmacy. Not during the day, but also not during the night. Maybe, they even prefer to get their medicines delivered at home. Also here, we should search for the least restrictive way to ensure that this objective is fully met.

We should also go further than the issues of independence and accessibility and look at the overall qualitative, performance of the sector from a public health perspective.

Affordability for instance is a key issue for citizens, especially in these times of low purchasing power. We should not forget that not all medicines are reimbursed by national systems. Moreover, medicines that are reimbursed, are often only partially reimbursed. The aim must be to ensure that all our citizens can afford the medicines and advice they require whatever their social circumstances. That's not the sole role of pharmacists but the way that pharmacy is structured can play its role in achieving the aim.

This is all the more important to consider given that the burden of health care expenditure on public finances will increase in all Member States and therefore the risk of co-payments increasing is a real one. What are your views on how to manage that with a view of keeping or increasing the level of quality of pharmacy services?

One other interesting development in this respect is the shift of emphasis from secondary to primary, preventive care. Pharmacy could and should play a leading role in this area as it is a key first source of information to citizens. How do you see this preventive/educational role being developed?

On screening services, do or would European citizens value the option of doing a diabetes screening or having their blood measured in a pharmacy? Do European citizens want variety of services offer?

Another challenge is the integration of more expensive but more targeted medication stemming from developments in biotechnology. How is pharmacy gearing up to the distribution and handling of these more selective and high expensive products? What are the challenges in distributing and informing patient on these specialised medication packages? And what about the possibility of on-line ordering?

These are all issues we should discuss today. I wish for us to have a factual discussion and move away from ideology.

I hope that, also during the afternoon session, the Member States can have such an open and constructive exchange of views. We know from experience that each Member State is convinced of having the best regulatory model! This holds for many issues and it also holds

for pharmacies. But I would like to invite you to learn from each other and try to identify best practices. Let's compare the outcome of different models and the reasons that are behind the differences in outcomes. This is also what I asked from my services. It's not a question of which one is the best but more a question of what are the best parts of the relevant framework.

I know today's discussion will not be easy. It is no secret that we have opened infringement procedures against some Member States because of complaints that questioned the compatibility of certain provisions of their regulatory framework with the principles of the Internal Market. But to those Member States and to all other participants I want to say the following: our objective is not to go to Court on these issues. Our objective is to find solutions that are in the interest of the European citizens. That is in our common interest and that is also our most important mandate.

At the end of this workshop our views will probably not be identical. But if we have an open exchange of views, I am sure we can find a lot of common ground and draw conclusions on how best to take this opening debate forwards in the interest of the European citizen.

Thank you all for your attention and for your participation.