PGEU
European Community Pharmacists

The Future of Pharmacies in Europe

Tallin, Estonia

Mikołaj Konstanty, PGEU President

9 September 2026

1. What is PGEU?

Pharmaceutical Group of the European Union

Members: Professional Bodies & Pharmacists' Associations

Est. 1959

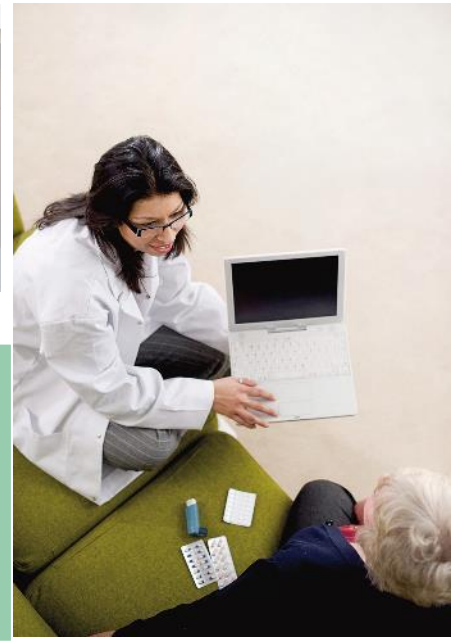
- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Rep
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- Kosovo
- North Macedonia
- Norway
- Switzerland
- Turkey
- United Kingdom

2026: 33 Countries

At the Heart of Communities

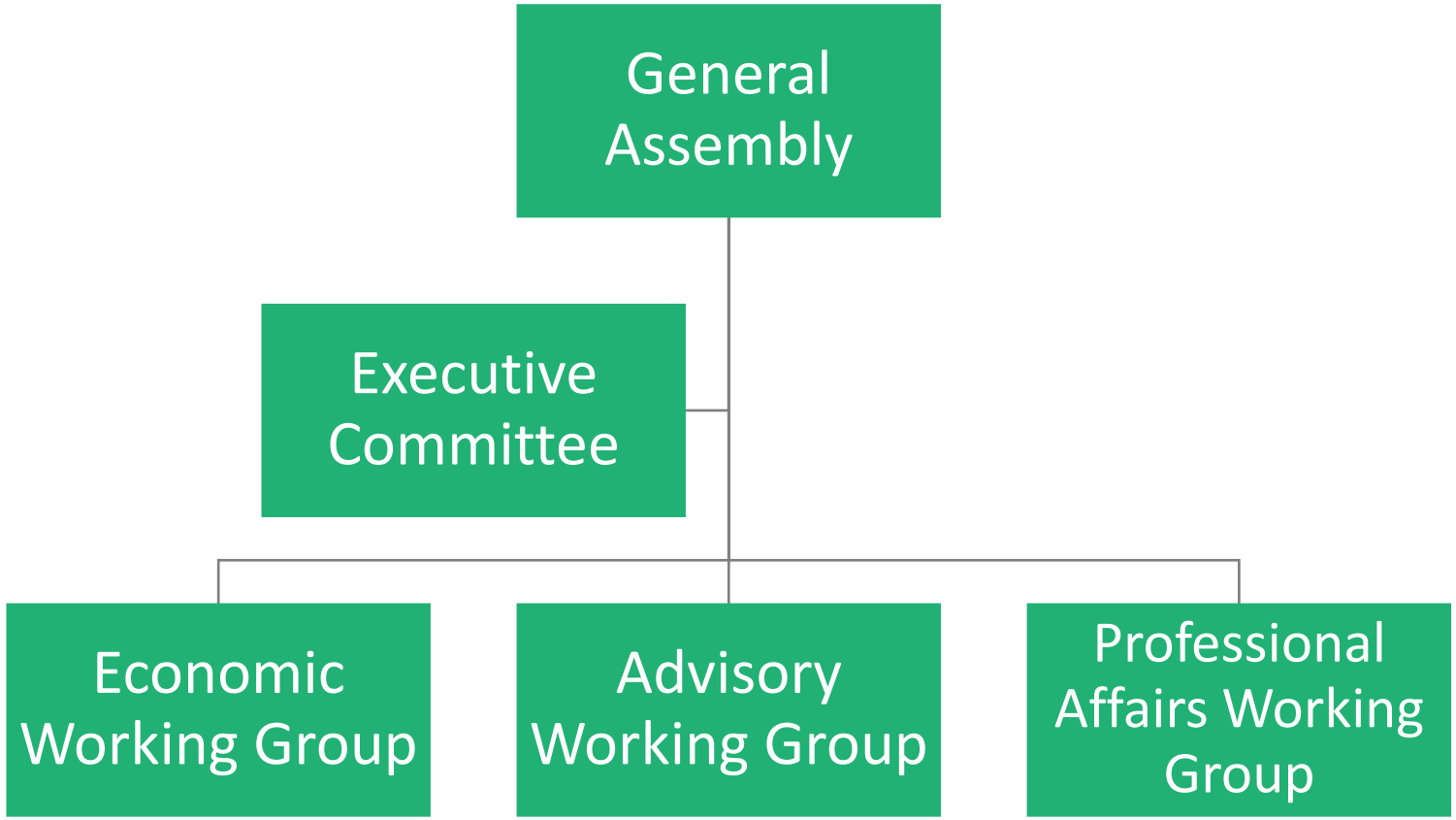
500,000 Community Pharmacists

200,000 Community Pharmacies



500 million citizens

Structure



Secretariat: 7 members of staff

The Role of PGEU

- PGEU brings the voice of community pharmacists to the relevant policy makers, institutions and stakeholders in both EU and national fora.
- PGEU advocates to advance and protect the sustainable contribution community pharmacists make to individual health, public health and to health systems in all relevant EU and national fora.
- PGEU is recognised as a rigorous, pro-active and constructive partner by policy makers and stakeholders.
- PGEU lobbies the EU institutions to ensure community pharmacists' interests are reflected in the formulation of EU legislative and non-legislative initiatives.
- PGEU gives visibility to and assists its Members at European and at national level, both in political and technical meetings with institutions and stakeholders as well as at conferences and working groups.

PGEU links National Members and EU

- PGEU serves as a hub to share information among its members on relevant developments affecting community pharmacists at local, national, European and international level.

- PGEU collects, analyses and shares with members key facts and figures regarding community pharmacies and responds to members' requests for information regarding the situation in other countries on specific pharmacy related issues.

- PGEU provides members with information and advice on pharmacy trends in the European Region.

- PGEU coordinates activities and events with its members and with sister organizations.


European
Commission


European Parliament


European Council
Council of the European Union


EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH


ecdc
EUROPEAN CENTRE FOR
DISEASE PREVENTION
AND CONTROL


eahp


EUROPEAN PHARMACEUTICAL STUDENTS' ASSOCIATION
EPSA


EAFP
EUROPEAN ASSOCIATION OF
FACULTIES OF PHARMACY


AESGP


efpia


medicines
for europe
better access. better health.

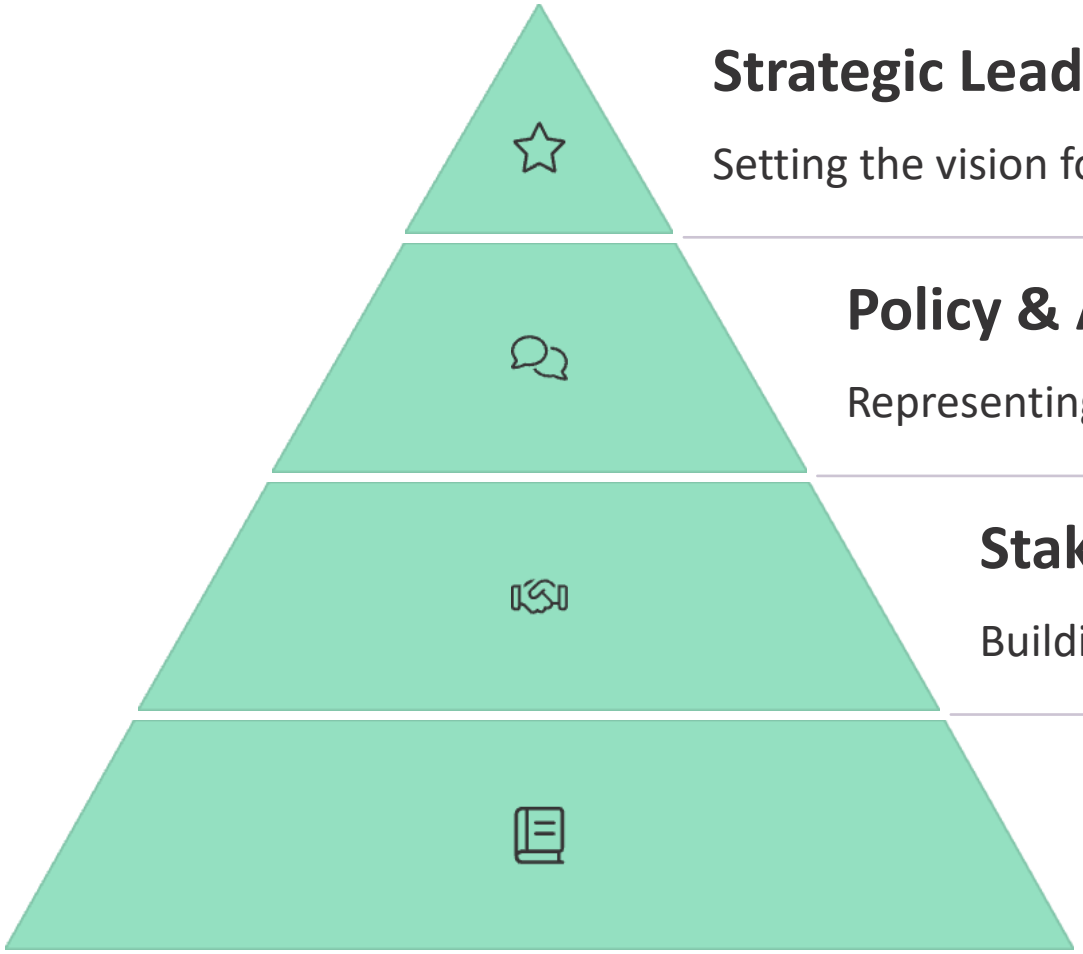

GIRP
the vital link in healthcare


CPME
MEDECINS EUROPEENS EUROPEAN DOCTORS


EFN


fip
ADVANCING
PHARMACY
WORLDWIDE

PGEU's core functions



Strategic Leadership

Setting the vision for European community pharmacy

Policy & Advocacy

Representing pharmacists to EU institutions and agencies

Stakeholder collaboration

Building partnerships with health organizations, NGOs, HCPs, patients

Knowledge exchange

Sharing best practices across PGEU members

2. Pharmacy Services in Europe and why they matter

PHARMACY SERVICES

- Health promotion
- Individualised care planning
- Disease prevention
- Medicine use review
- Early screening
- Chronic disease management

These services are designed to optimise the safe and effective use of medicines, improve health outcomes, and support patients in their day-to-day healthcare journeys.

Study snapshot

A repeated cross-country survey mapping implementation, reimbursement and regulatory barriers.

33
countries surveyed
27 EU Member States + 6 neighbouring countries

47
community pharmacy services mapped across six categories

2020 → 2025
same core instrument and methodology used for longitudinal comparison

1
validated national response per country after review

Pharmacy services in europe

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RESEARCH

Evolution of community pharmacy services in the European Union and beyond: a cross-country survey of 33 national pharmacy organisations

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Abstract

Introduction Community pharmacy practice in Europe has evolved, expanding beyond dispensing roles to include preventive, counselling, and clinical services. However, evidence on the implementation, reimbursement, and regulation of these services across the European Union (EU) remains limited, especially after the COVID-19 pandemic. Understanding these developments is crucial to inform workforce planning, funding frameworks, and the integration of pharmacists into primary care. With limited healthcare resources, investing in pharmacy-based public health interventions leverages pharmacies' accessibility, geographic distribution, trusted patient relationships, and skilled workforce.

Aim This study aimed to update the mapping of community pharmacy services (CPS) across Europe, comparing 2025 data with pre-pandemic (2020) findings, and to examine trends in service provision, reimbursement, and regulatory barriers from a health policy perspective.

Method A cross-sectional survey was conducted among national pharmacy associations in all 27 EU Member States and six neighbouring countries (n = 33), to contextualise EU findings within the wider European pharmacy practice landscape. A previously validated instrument was used to collect data on 47 CPS, including implementation level and reimbursement status. Responses were validated through national review, and data were analysed descriptively and compared with 2020 results.

Results Across the 33 countries, a median of 26 services per country was reported (range: 9–43). Using a consistent data collection instrument and methodology, 77% (n = 36) of mapped CPS were available in a greater number of countries in 2025 than in 2020. Notable growth was observed in vaccination (10–19 countries), medication reconciliation (7–15), and first-time dispensing interventions (11–16). Public reimbursement increased for 49% (n = 23) of services between 2020 and 2025, with the largest increases in vaccination (+ 5 countries), screening (+ 4 countries), and dose administration aids (+ 3 countries). Despite this progress, variation between countries persists, alongside regulatory and operational barriers (remuneration, workforce capacity and interprofessional integration).

Conclusion Since 2020, CPS have expanded across Europe, with wider availability and, in some cases, progression from pilots or individual provision to national implementation. Wider and more sustainable implementation appears to depend on supportive regulatory frameworks and public remuneration.

Keywords Community pharmacy · Community pharmacy services · Europe · Health policy · Reimbursement · Service implementation

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Impact statements

- The expansion of community pharmacy services in Europe highlights opportunities for pharmacists to assume wider clinical roles within primary care, particularly in vaccination, medicines optimisation, and prevention services.

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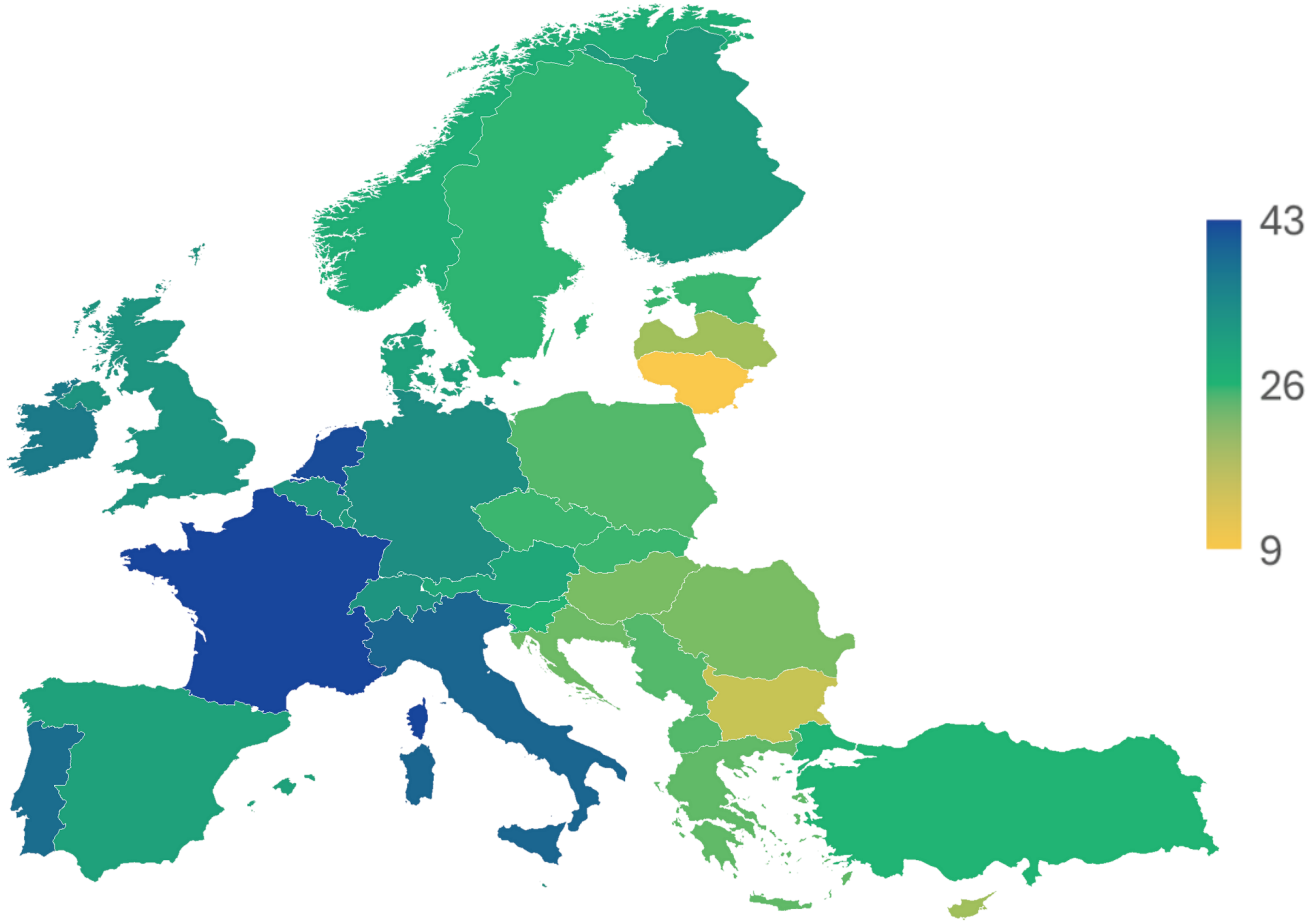
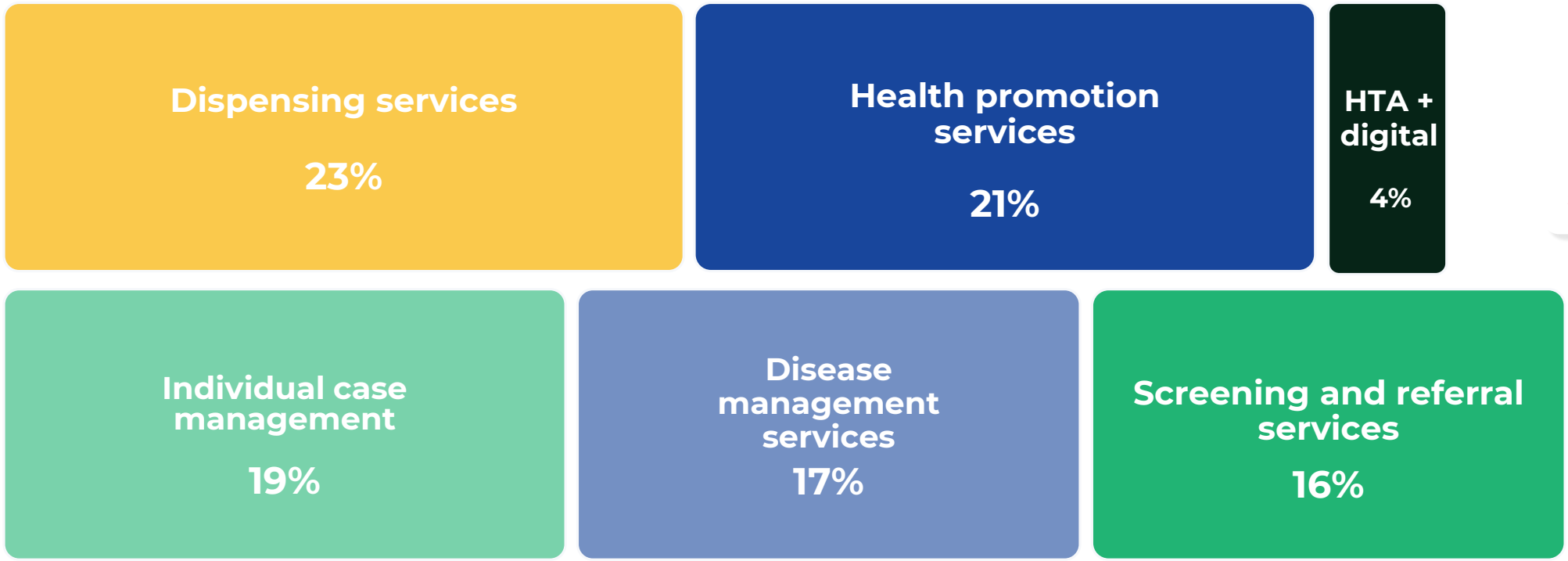


Gradient colour map portraying the number of pharmacy services available in each country.

Going beyond dispensing

The 2025 map includes services across prevention, medicines optimisation, disease management and digital functions.



Interpretation

Dispensing remains foundational, but growth is concentrated in services that connect pharmacy to prevention, patient safety and primary care.

Service expansion is now visible

Across the mapped services, availability and public reimbursement moved in the same direction: upward

26

median number of services per country

range: 9–43

77%

of mapped community pharmacy services were available in more countries in 2025 than in 2020

49%

of services gained public reimbursement in more countries

n = 23 services

22/47

services reported regulatory limitations

implementation still varies

Service models gaining momentum

Examples of services moving from isolated initiatives to structured care models

Vaccination

10 → 19 countries

Public reimbursement doubled:
5 → 10 countries

Medication reconciliation

7 → 15 countries

Supporting safer transitions of care

First-time dispensing interventions

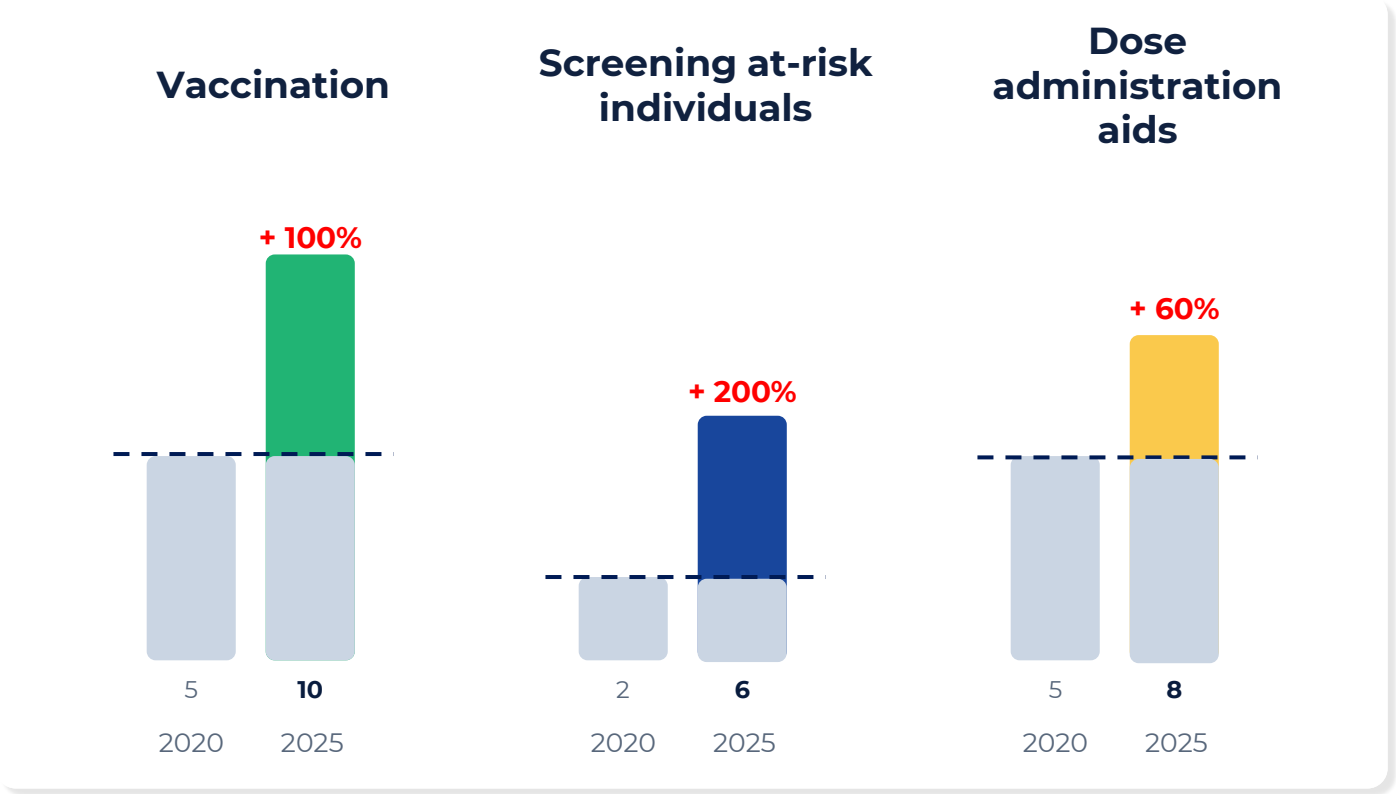
11 → 16 countries

Improving adherence and safe medicines initiation

Key message: Service deployment is no longer only about availability, it is about moving towards reimbursed, structured and integrated care.

Reimbursement is the bridge from availability to sustainability

Public funding expanded for 23 mapped services, with visible gains in prevention and therapy management.



Funding changes the service model

From optional activity

To commissioned care

+

To measurable outcome

Availability alone is not enough. Sustainable implementation requires a contractual mechanism that recognises clinical time, quality and data.

Five policy asks for the next phase

The evidence points to a service-based model of care, but it needs enabling frameworks to become consistent.

1. Expand legal scope where evidence supports pharmacist-led services
2. Commission services through sustainable public remuneration
3. Invest in workforce planning and continuing professional development
4. Enable digital access to relevant patient records and service data
5. Benchmark pharmacy services in international health system assessments

5. Polish Best Practices

FROM DISPENSING POINT TO VACCINATION HUB

POLAND · A RAPID POLICY SEQUENCE

A pandemic spark became a permanent pathway

Six changes moved the service from emergency response to routine adult prevention.

1
2021
COVID-19
Pharmacists qualify and vaccinate under the national programme.

2
2022
INFLUENZA
Seasonal vaccination makes the service repeatable.

3
NOV 2023
PUBLIC CONTRACTING
NHS can contract pharmacies and finance recommended vaccination services.

4
FEB 2025
REIMBURSED e-Rx
Pharmacists can prescribe all recommended adult vaccines, including reimbursed products.

5
AUG 2025
11 SERVICES
Public funding expands across the adult pharmacy offer.

6
FEB 2026
18 DISEASES
NHS funds qualification and administration for a broad adult catalogue.

The Polish lesson: **do not wait for a perfect end-state. Start → learn → regulate → reimburse → digitize → expand.**

Sources: NFZ (29 Nov 2023; 25 Aug 2025; 5 Feb 2026); pacjent.gov.pl (14 Feb 2025); source deck.

THE BREAKTHROUGH

Fast track. One pharmacy visit. One clinical pathway.

Consultation, prescription, administration and documentation are connected around the patient.

01

CONSULT

Need, risk, questions

02

QUALIFY

Contraindications & consent

03

PRESCRIBE

Reimbursed e-Rx where eligible

04

VACCINATE

Safe administration on site

05

RECORD

e-card, documentation & claim

Patient experience: from decision to documented protection — without an avoidable hand-off

The service is a regulated clinical workflow — not “a syringe in a shop”.

Sources: pacjent.gov.pl (14 Feb 2025); NFZ (5 Feb 2026).

BACKUP · POLAND 2026

NFZ-funded pharmacy vaccination scope

Adults 18+: qualification and administration are financed; vaccine price depends on eligibility and reimbursement.

01 COVID-19

02 Influenza (seasonal)

03 Tick-borne encephalitis

04 Diphtheria / tetanus / pertussis

05 Human papillomavirus (HPV)

06 Pneumococcal disease

07 Herpes zoster

08 Measles / mumps / rubella (MMR)

09 Poliomyelitis

10 Hepatitis A and B

11 Respiratory syncytial virus (RSV)

12 Diphtheria + tetanus

13 Varicella

14 Typhoid fever

15 Diphtheria / tetanus / pertussis / polio

16 Meningococcal B

17 Meningococcal ACWY

18 Yellow fever

Service cost: PLN 33.37 (12,5 CAD) paid by NHS; vaccine cost: 0–100% depending on product and patient eligibility.

Source: NFZ, Pharmacy vaccination 2026, 5 Feb 2026. Hidden backup slide.

SCALE · AUGUST 2026

Access became measurable impact

2,641

pharmacy vaccination points

Current network reported by NIA

≈1.2M

adult vaccinations delivered

Around the turn of 2025/2026

26

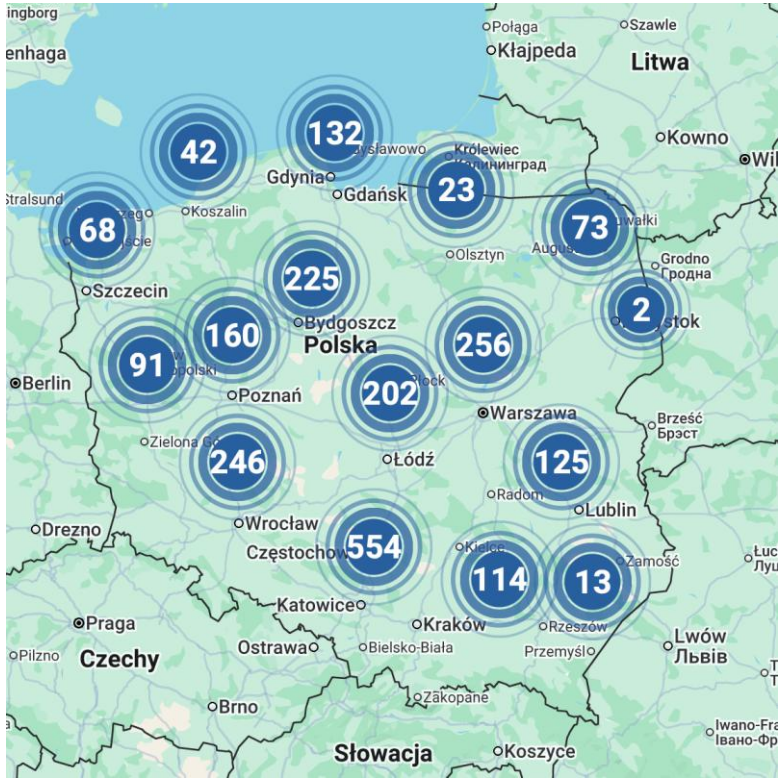
recommended adult vaccinations in scope

Legal catalogue / product combinations

18

diseases with NFZ-funded service

Qualification + administration



A national access engine — built on infrastructure that already existed

Access + trust + payment + digital workflow = reach

Sources: NIA, 3 Aug 2026; NFZ, 5 Feb 2026; source deck.

POLICY CONVERGENCE

Vaccination is moving beyond infection control

European policy now frames vaccination as life-course care, cancer prevention and cardiovascular prevention.

1 WHO / EIA2030

EQUITY + LIFE COURSE

Close coverage gaps. Tailor delivery to people and communities. Build cross-sector partnerships.

2 EU / CANCER + SAFE HEARTS

PREVENT CANCER & CVD

≥90% HPV coverage target for girls by 2030. Respiratory vaccination proposed as cardiovascular prevention.

3 ESC · 2025

A FOUNDATIONAL PILLAR

Vaccination should sit alongside established cardiovascular prevention measures, especially for at-risk patients.

Infection prevention → Clinical prevention → Resilient health systems

Sources: WHO EIA2030; EU Council Rec. 2024/4259; EC Safe Hearts Plan (2025); ESC Clinical Consensus (2025).

THE OPPORTUNITY

What if every pharmacy visit became a vaccination opportunity?

Adult vaccination often fails not because the vaccine is unavailable — but because the pathway is fragmented.

1 **ACCESS** Patients already walk in

2 **TRUST** A familiar healthcare professional

3 **ACTION** Advice can become protection today

The strategic question is not “Can pharmacists help?
It is “How much patient friction can we remove?”

Context: WHO EIA2030 and EU life-course immunisation priorities.

4. Digital and Future challenges

Is medicines supply becoming more digital?

A wider shift to digital health

- Remote and online provision is no longer marginal. It is part of a **wider shift towards digital** health, e-prescriptions, telehealth, online platforms and cross-border services.
- **Digitalisation** of healthcare is **accelerating**.
- Patients increasingly expect **convenience** and remote access - online provision may support access for some patients.
- But digital channels also increase **risks**: **illegal** sellers, **fragmentation** of care, **unsafe** self-selection, **data misuse**, and cross-border **regulatory gaps**.
- **Digitalisation** in medicines and digital health services continues to increase, and remote/online provision can bring benefits, but must minimise risks to individuals and public health.

Digitalisation trends: e-pharmacy services

- **Remote consultation via video or chat:**
  - ✓People can consult a community pharmacist from home for advice, follow-up, or minor ailment triage.
- **Real-time monitoring**
  - ✓Wearable health devices and at-home diagnostics allow early detection of problems and personalized follow-up, enhancing patient safety for those on long-term therapies.
- **Two-way communication**
  - ✓Pharmacist – patient, and
  - ✓Pharmacist – other healthcare provider.
- **Increase of e-commerce and home delivery options**

Digitalisation trends: implementation of e-prescriptions and electronic health records

- The creation of the **European Health Data Space (EHDS)** will allow community pharmacists to **access patients' relevant health records,** such as medication history.
- This will enable community pharmacist to provide **enhanced pharmaceutical care**, checking for contraindications or duplicate therapies and adding their clinical interventions or advice notes into the record for other healthcare providers to see.
- **E-prescribing** is expected to be the norm EU-wide – including in **cross-border healthcare**, so that a prescription from one Member State can be dispensed in another via a secure digital infrastructure, the so-called **MyHealth@EU**.
- **Harmonised systems** are still needed.

Medicines are not like any other goods

Medicines are different because they require:

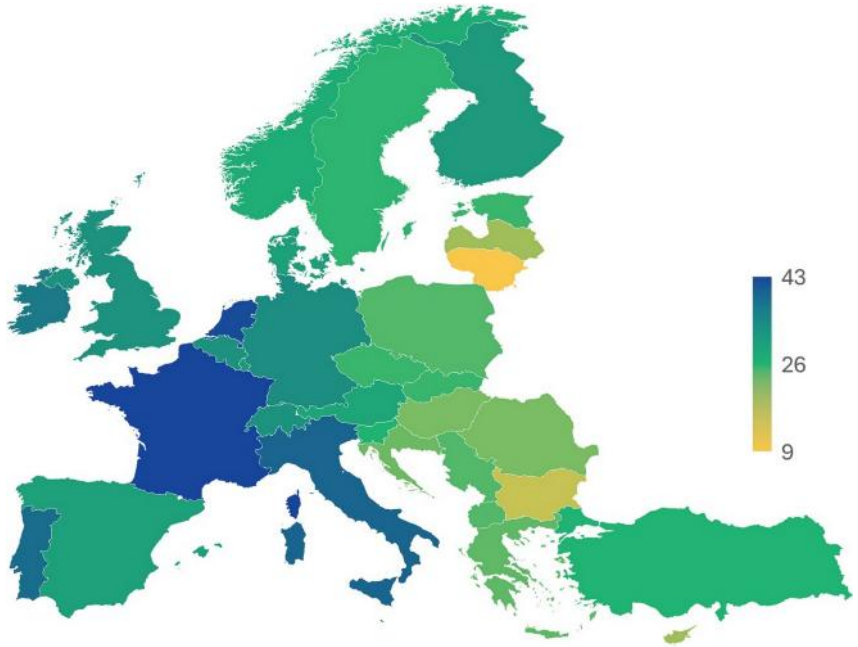
- Correct indication and **appropriate use**
- Assessment of **contraindications** and **interactions**
- **Consideration** of age, pregnancy, chronic disease and other medicines
- **Counselling** on safe and **rational** use
- **Pharmacovigilance** and follow-up
- **Safe** storage, transport and delivery

Clicking ‘buy now’ is not the same as receiving a medicine safely

What community pharmacies add

Community pharmacy adds value through:

- Pharmacist **assessment** before supply
- Advice and **counselling**
- **Detection** of inappropriate use
- Support for **adherence**
- Medication review and reconciliation **services**
- **Referral** when symptoms require further care
- Public health interventions and prevention
- Local **accessibility** and **trust**



The value of community pharmacy is not only that patients receive a product. It is that they receive a medicine within a system of professional care.

Main risks and red lines

Illegal online sale, platforms and fragmented care

- **Falsified**, unauthorised or inappropriate medicines
- Private **individuals** selling medicines online
- **Online platforms not verifying** sellers adequately
- **Misleading** product information and **advertising**
- Cross-border sales **bypassing national rules**
- **Fragmented care** between teleconsultation, prescribing, dispensing, delivery
- Automated systems / AI **replacing** professional judgement

We should not allow convenience to become a loophole.

Questions...?

THANK YOU!

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