The role of pharmacy in supporting the public’s health
An EPF white paper and call to action

European Pharmacists Forum
March 2015
Executive summary

Pharmacies will have a key role in addressing healthcare challenges.

All healthcare systems are facing common issues in dealing with ageing populations (affecting both patients and workforces), in having to manage rising demand for care within constrained budgets, and in adapting to new treatments and new technologies.

Pharmacies are the most accessible healthcare service, located at the heart of the communities they serve. They need to demonstrate the benefits of the services they can deliver and persuade governments to remove legislative and funding barriers.

The European Pharmacists Forum (EPF) has identified five key healthcare areas where pharmacies will be able to make the maximum impact on improving the health of the population:

- **Medicines adherence**: Pharmacists help patients understand their medicines, improving adherence and outcomes
- **Vaccinations**: Administering vaccines in pharmacies increases uptake rates
- **Screening**: Pharmacies can identify those at higher risk at an early stage to allow effective interventions
- **Self-care**: Helping the public to look after themselves reduces the pressure on other care providers
- **Disease prevention**: Pharmacies deliver public health services that can change behaviours

The EPF has a vision that over the next decade community pharmacies will take on a much greater role in disease prevention, public health and the management of long-term conditions. These services will be developed at scale so that they are making a real difference to the health of the population as a whole, increasing the efficiency of health systems.

Many new technologies are being used in healthcare. Community pharmacies will need to take advantage of these in order to support the care of patients.

In our "Call to Action", we seek to work collaboratively with health systems, Governments and pharmacy bodies to make this vision a reality. We ask you to join us in this work.

**EPF members**

- Marco Nocentini Mungai, Italy
- Paulo Jorge Cleto Duarte, Portugal
- Nick Kaye, United Kingdom
- Ad Hoevenaars, The Netherlands
- Marcella Perego, Italy
- Walter Taeschner, Germany
- Solmaz Azizi Birol, Turkey
- Jiří Hromada, Czech Republic
- Rosa Puig, Spain
- Michel Buchmann, Switzerland
- Wolfgang Kempf, Germany
- Dr João Silveira, Portugal
- Marián Carretero, Spain
- Pascal Louis, France
- Mike Smith, United Kingdom
- Max Gächter, Switzerland
- Kiritt Patel, United Kingdom
- Fernando Monteiro, Portugal
- Philippe Gaertner, France
- Rosa Navarro, Spain
- Philippe Pasdeloup, France
- Dott. Carlo Ghiani, Italy
- Jan Willems ten Pas, The Netherlands
- Dott. Giancarlo Visini, Italy
- Noel Wicks, United Kingdom
Making pharmacy the natural home for health

It is a great pleasure for me to contribute to this European Pharmacists Forum White Paper on the role of pharmacy in supporting the public’s health.

As a pharmacist, I am passionate about my profession. I have an unwavering belief that independent pharmacy has an important and growing role in delivering good quality healthcare in the heart of communities; and which goes beyond its well-established and trusted responsibility for dispensing medicines.

I believe this because the current and emerging healthcare challenges we face, whether from a growth in chronic illnesses or an ageing population, will add significant structural and cost pressures to European health and social care systems that are already under severe strain. This means that the need to keep citizens healthy and avoid illness, to provide services that are convenient and more accessible, and to avoid the need for costly hospitalisation, should be central objectives for any policy maker in the EU or its Member States.

Pharmacy is the natural home for the delivery of community based health services. As the examples in this paper demonstrate, pharmacy is already providing greater access and availability to a range of health and wellness services highly valued by the public and our patients.

We want the public to consider community pharmacies as their first port of call for support and advice on maintaining good health.

Whether through the promotion of self-care and championing prevention, supporting earlier detection and intervention, limiting and then managing the effects of long-term conditions, and improving patient adherence to their medicines treatment – pharmacy is central to ensuring healthcare remains sustainable and accessible to all.

I welcome this White Paper and its intention to promote the value of community pharmacy. I hope you will join me in making this objective a reality.

Ornella Barra
Executive Vice President of Walgreens Boots Alliance, Inc. and President and Chief Executive of Global Wholesale and International Retail

Ornella Barra was formerly Chief Executive Wholesale and Brands of Alliance Boots. In this role, she oversaw the Pharmaceutical Wholesale Division, as well as the overall development of International Health & Beauty and Brands. Ms. Barra had previously been Chief Executive of the Pharmaceutical Wholesale Division (from January 2009 to September 2013), and before that, Wholesale & Commercial Affairs Director. Ms Barra started her career as a pharmacist in Italy and is an honorary professor of the University of Nottingham’s School of Pharmacy in the UK.

I have an unwavering belief that independent pharmacy has an important role in delivering health in the heart of our communities

Ornella Barra

The role of pharmacy in supporting the public’s health
Current healthcare environment

Major challenges facing today’s healthcare systems

Three key issues – people (patients and workforces), systems (organisation and finance) and medicines and technologies lie at the heart of the challenges facing today’s health systems.

Healthcare issues are complex and ever-changing at every level, from individual patients to whole-country health systems. However, these three core issues offer a way of looking at the problems and of understanding how community pharmacies can play their part in improving health.

People

In most Western European countries, the average age of the population is steadily increasing. In addition, the number of people surviving to very old age (85 years or older) is also increasing. This places increasing demand on health systems.

One of the biggest challenges for any health system is to promote active and healthy ageing among its population. This means moving the focus towards preventative and health-promoting measures. Many long-term conditions are not the result of external factors (infections or injuries) but are the consequence of sustained personal behaviour – such as smoking, lack of exercise, poor diet and overuse of alcohol – leading to conditions such as heart disease, diabetes or cancers.

For many, the effects of ageing are as much social as medical. Patients with multiple long-term conditions can find their lives being increasingly restricted, with limitations on movement, eyesight or hearing leaving them dependent on social services or the growing army of unpaid carers. The impact of dementia or general frailness in the elderly can mean having to move out of their own homes and into residential care.

Systems

Within Western Europe, there is a diverse range of healthcare models. Since the global economic crisis began in 2008, all health systems have been facing huge financial challenges. Pharmacies have seen reimbursement prices for medicines cut back and many patients have been forced to make greater payments.

Despite this, healthcare still takes up a large and, in many countries, growing share of overall Government spending. Across the EU as a whole, around 10% of gross domestic product goes on healthcare. For politicians and the voting public, healthcare is still a top priority.

Systems have to cope with rising expectations from service users. There is increased demand for greater access to health services in more convenient locations and a recognition that an increased number of services will need to be delivered in evenings and weekends, as well as during the normal working week.

Many policy makers have set out a desire to provide more services from community or primary care settings rather than hospitals or clinics. This could be beneficial to pharmacies across Europe. However, these plans can be difficult to carry through and convincing payers that changes will bring longer-term benefits is often hard.

Most health systems are actually “sickness systems” – set up to manage ill health as and when it presents. The shift towards promoting active and healthy ageing throughout life will require more effort and funding for long-term
There is now an increasing trend to use technology to support patients’ treatment. This includes greater use of point-of-care testing and self-monitoring to ensure that treatments can be rapidly adjusted to match patients’ needs. Community pharmacies, with their great accessibility, are emerging as a key place for services based on rapid testing.

Patients and carers are taking a much greater interest in obtaining, owning and using their own health data. Patients are increasingly able to collect measurements of their own health and “real-time” indicators are expected to become more common with wearable technologies, such as “smart watches”.

Pharmacists are being asked to develop and provide services that will encourage and remind patients to take their medicines and ensure that medical devices (such as inhalers) are being used in the correct manner. This should be a win for all parties involved – patients, pharmacists, prescribers, pharmaceutical companies and payers for healthcare.

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The best treatments are only effective if they are actually used by patients in the way that manufacturers and prescribers intend. Key among this is adherence to medicines.

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The nature of treatments used in healthcare is always changing. Although there has been understandable focus on the rising cost of medicines themselves, less attention is paid to how changes in treatments mean that many conditions can now be managed in primary care or in people’s homes at much reduced cost to the health system.

The pharmaceutical industry has continued to flourish, being one of only a few sectors to emerge relatively unscathed from the global economic crisis, maintaining employment and tax revenues. The nature of pharmaceutical products continues to change. Personalised medicines and genetically-determined treatments are beginning to emerge.

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The role of pharmacy in supporting the public’s health

Over the last few years there has been an increased focus on improving adherence to medication.

The term “adherence” (also referred to in some countries as “compliance”) describes the extent to which patients take their medications as directed over the full length of the treatment regimen. Adherence is the preferred term as it denotes an interactive, collaborative relationship between pharmacists and patient and respects the role patients have in their own treatment.

Improving adherence will have a significant benefit for patient outcomes and costs to health systems.

Financial barriers to accessing treatments still exist in some countries in Europe. Recent studies have shown that higher patient co-payments can lead to reduced medication adherence and poorer adverse health outcomes.

Poor health literacy is also a major cause of improper medication use and treatment failure. For example, in a study of simple prescription instructions, patients understood only one instruction: “take one tablet daily”, more than 90% of the time. Every other instruction that was tested was misunderstood by more than 43% of patients, including: “take one tablet twice daily” and: “take two tablets daily”.

Regardless of the barriers, pharmacists are always central to the solution. Studies have now proven the efficacy of pharmacist intervention to improve patients’ medicine adherence.

Pharmacists can ensure better adherence only after they have determined that patients’ medications are appropriate, safe, and effective. In many instances, adherence problems disappear when pharmacists identify and resolve drug therapy problems related to lack of safety, efficacy, or an inappropriate indication. Another key element of a successful adherence programme is enhancing communication between pharmacists and patients.

Trust relationships between pharmacist and patient take time to develop, and are not likely to occur unless mechanisms are in place to reimburse pharmacists for their consultation time. The starting point, therefore, is to establish mechanisms to pay pharmacists for their services. In Europe, different systems have been implemented in that direction.

In England, two services exist to help patients get a better understanding of the medicines they have been prescribed.

Medicines Use Reviews (MURs) These reviews involve a structured conversation between the patient and a pharmacist (normally once a year) with the aim of improving understanding of the medicines being used. MURs were introduced in 2005. In 2013, over 2.8 million MURs were provided in England. Medicines Use Reviews are also provided to patients in Wales.

New Medicines Service (NMS) Like MURs, the New Medicines Service is about helping patients to get the most from their medicines, in this case one that has been newly prescribed. Patients with asthma or chronic obstructive pulmonary disease (COPD), type 2 diabetes, or hypertension and those on antiplatelet or anticoagulation therapy are eligible. The pharmacist has an initial discussion with the patient and one or two follow-ups (which can be delivered by telephone) over the next month.

The service is now a national service following an evaluation which demonstrated its benefits for patients.

Communicating better with patients is key to improving adherence

Call to action

The EPF calls on payers and manufacturers to support services that help improve patients’ adherence to medicines. These services should aim to support both those patients starting on new medicines for the first time, as well as those on multiple medicines for long-term conditions. Pharmacy and pharmacists’ associations and manufacturers should develop programmes that will improve pharmacists’ ability to communicate with patients.
Improving adherence to medicines (Italy)

The Piedmont Region has provided €13m for two pharmaceutical care projects for early identification and support for patients with chronic medical conditions and polypharmacy.4

The first project covers four chronic diseases: diabetes, COPD, heart failure and dyslipidemia, which started in September 2014. It is divided into two phases.

The first phase is an observational study, using questionnaires, to identify “those at risk or who already have the disease but do not know it”. In a second phase, patients with a diagnosed condition will be followed by the pharmacy to assess adherence to therapy and compliance with medical guidelines. All valid questionnaires will be evaluated by an epidemiologist.

At the start of the first phase of the diabetes project around 10,000 questionnaires were administered in four months, covering both screening and monitoring adherence to therapy and guidelines. Full results are still to be analysed.

The second project is being carried out in collaboration with the SIMEU, the Italian Society of Urgent and Emergency Medicine. It involves taking care of frail patients to detect non-adherence to treatment and help avoid any problems and complications. Again, patients are identified through questionnaires and SIMEU guidelines. Each pharmacy taking part will be aiming to support 20 patients a year.

Pharmacists undertake six days of training (one for each of the diseases in question plus a first aid update). The project started in the autumn of 2014, with the aim of recruiting up to 350 pharmacies to take part in the first year. Once again, an epidemiologist will be involved in analysing the resulting patient profiles.

Improving the use of anticoagulants (France)

In France, there is a national programme of pharmacist intervention to improve the outcome and the safety of anticoagulant medicines (warfarin).5 The service consists of two or three interviews between pharmacists and patients over the course of one year.

The aim is to answer any questions patients have about the medication and to be sure that they understand how to take the medicine and how to avoid side-effects and drug interactions. This service is funded by the state with pharmacists paid €40 per patient per year.

ARMIN medicines management (Germany)

ARMIN (“Arzneimittelinitiative Sachsen-Thüringen”) is a new medicines management programme aimed at patients with multiple conditions who are on multiple medications (poly-morbid/poly-pharmacy).6 It is being rolled out in the Saxony and Thuringia regions of Germany.

The ARMIN programme has three modules. The first involves generic prescribing of selected active ingredients by doctors. Pharmacists then select the most appropriate product for the patient.

The second is the development of a “catalogue” or formulary of appropriate medicines for different conditions. Medicines are classified as “standard” (suitable for most patients), “reserve” (only for selected patients or if they have not responded to standard therapy) or “subordinated” (only to be used in highly-specified conditions). The classifications are derived from a variety of health bodies’ recommendations.

The catalogue of appropriate medicines has been developed for some conditions (heart diseases, osteoporosis, depression and Alzheimer’s) and is to be extended further (to diabetes and antibiotics) during 2015.

Conclusions

- Improving adherence to medicines is a major health issue in developed countries
- Better adherence benefits patients, health systems, manufacturers and doctors
- Pharmacists have regular interactions with patients that can be used to help improve adherence
Focus area

Vaccination in pharmacies

Flu vaccination is a key public health service which requires mass engagement of the population.

The rate of vaccination against seasonal flu in the EU in the over 65 target group is well below the EU/WHO target of 75%.7 There is a pressing need to increase vaccination rates and find innovative ways to increase flu vaccination coverage.

Pharmacist-led flu vaccination is present in seven countries around the world, including three countries in Europe (Portugal, Republic of Ireland and the UK), and is consistently successful.

Flu vaccination has been shown to be beneficial for patients and healthcare systems alike, reducing hospital admissions and deaths, as well as hospital costs. Providing flu vaccinations in pharmacy increases patient choice and convenience, allowing them to be vaccinated at a time and place which are convenient to them. The service is popular and patient satisfaction rates are high.

Accessibility is a key motivator for vaccination and patients believe that pharmacist-led flu vaccination is accessible. Studies in the UK and Ireland show that between 6.2% and 23% of those vaccinated in pharmacy claim that they would not have been vaccinated if the service had not been available there.8,9

Evidence from the USA and Portugal shows that the vaccination rate increases when pharmacists are permitted to vaccinate. In Portugal, where immunisation in pharmacy first took place in the 2008-09 flu season, overall coverage for patients aged 65 and over increased by 6.5% between 2008-09 and 2009-10.10

Experience shows that pharmacist-led vaccination does not result in fewer people being vaccinated by other healthcare professionals. Pharmacist-led vaccination increases the percentage of the population who are reached by flu vaccination.

Best practice from Portugal and other markets would provide a comprehensive basis for other countries wishing to implement a pharmacist-led flu vaccination programme.

Necessary programme elements to be adopted would include training programmes and continuing professional development for pharmacists administering vaccinations, information on equipment needed in pharmacies for vaccination to take place and standard operating procedures for pharmacist-led vaccination.

Evidence shows that vaccination rates increase when pharmacists are permitted to vaccinate

Call to action

The EPF calls upon national governments and insurers to review the data on pharmacist-led flu vaccinations and to update legislation in order to allow pharmacists to administer vaccines, working with pharmacy associations.

Countries in which the EPF will seek to support pharmacist-led vaccinations are, for the first phase, France, Spain and Italy, and then Germany, the Czech Republic, the Netherlands, Turkey and Switzerland.
Flu vaccination in pharmacy in Portugal

In 2007, new legislation was introduced in Portugal allowing pharmacies to expand their scope of activity into new areas, including vaccination. A training programme was created for Portuguese pharmacists, drawing from best practice set out by the American Pharmacists Association.

In the 2008-09 flu season, the first nationwide pharmacy-based influenza vaccination campaign took place. By the 2009-10 flu season, pharmacy was the most popular place for influenza vaccination.11 Based on the total number of flu vaccines dispensed in the 2008-09 flu season, the overall influenza vaccination coverage was estimated to be 50.4% in patients aged 65 years and above. The contribution of pharmacy to this subgroup was estimated to be between 5.5% and 11.3%.

In a satisfaction survey:

- 75.4% stated that purchasing and getting the flu shot at the same place was their main reason for choosing the pharmacy
- 97.9% would be vaccinated in a pharmacy in the following flu season
- 98% would recommend the pharmacy-based service to others

Flu vaccination in pharmacy in the UK

Pharmacists in the UK are permitted to administer vaccinations. Private flu vaccinations have been a successful part of pharmacy for some years. Increasingly, local health service commissioners are commissioning pharmacist-led flu vaccination as an NHS service for at-risk patients, but this is not yet a universal practice.

Even if they are eligible for state-funded vaccination by their GP, some customers still prefer the convenience of pharmacies. An independent study of data from Boots (the UK’s largest chain of community pharmacies) during the 2012-13 flu season showed that, out of just over 89,000 privately-paying patients, (across 479 pharmacies that provided data), 6% were eligible to obtain flu vaccination for free on the NHS but instead chose to pay for it.12

Additional survey information on 921 privately-paying patients in a sample of 13 of these pharmacies showed that 199 (22%) were eligible to obtain the flu vaccination for free on the NHS.

The reasons given for choosing to pay focus largely around the accessibility and convenience of pharmacy, ie, location, opening hours, environment and availability of vaccine.

The study concluded that there are opportunities for pharmacy to support the NHS by targeting patients who are unlikely to access the service at GP surgeries by offering both NHS and private vaccinations.

Even in markets with a significant private share, such as the UK, there is potential for funded pharmacist-led vaccination services for eligible patients who would not otherwise easily access flu vaccination services from other healthcare professionals.

Conclusions

- Flu vaccination in pharmacies increases patient choice and convenience
- Pharmacist-led vaccination is more cost-effective for the health system
- Where pharmacists can vaccinate, vaccination rates increase
Screening programmes are a reliable way to identify patients who may be at risk.

A positive screening result is normally followed by separate diagnostic tests in order to establish a definitive diagnosis.

Community pharmacies have access to large numbers of people who may not be regularly visiting other healthcare professionals. This makes pharmacies an ideal location in which to carry out initial screening for diseases for which early interventions would be beneficial.

Examples of screening services that have been provided by pharmacies are:

**Type 2 diabetes:** Many countries run screening programmes for type 2 diabetes through community pharmacies.

During a diabetes awareness week in the Netherlands, blood tests were offered to 130,000 people. Raised blood glucose was seen in 4% and 5,200 referrals to a doctor were made.

During the same week, patients with diabetes who normally tested their own blood were offered a consultation on making correct self-measurements when testing. In 70% of consultations, patients made at least one mistake in their testing technique.

**HIV screening:** Pharmacies in Spain have undertaken HIV screening (see In action case study). Pharmacies in Portugal have offered a similar service. Between June 2011 and December 2012, 21 pharmacies in one region of Portugal piloted the service for early detection of HIV infection. Pharmacies performed 589 tests, of which four were positive and referred to a specialty centre for confirmation.

**Chlamydia screening:** In the UK, pharmacies provide chlamydia screening services as part of a national programme. Chlamydia testing kits are available free of charge in selected pharmacies. Patients take the kit home, provide samples or swabs themselves and then return the test to the pharmacy.

The test is sent to the laboratory for analysis and results are returned to the pharmacy. If the test is positive, pharmacists are empowered to supply antibiotics to treat both the infected person and any partners. This service targets young people who may not be visiting their doctor regularly.

**24-hour blood pressure:** Measuring blood pressure over a continuous 24-hour period can be used to screen for more serious conditions, including arrhythmias. Some pharmacies in Italy are able to offer this service.

Results are uploaded to be analysed by a cardiologist, who sends a report to the patient. The pharmacy service is cheaper and more convenient than having to visit a hospital clinic.

In action case study

An HIV screening programme was launched in 2009 with an agreement between the College of Pharmacists of Barcelona (COFB) and the Department of Health. The initiative aims to diagnose infection earlier and prevent onward infections. The rapid HIV screening was provided by 36 pharmacies in 21 towns around Barcelona and was free of charge, with results provided in 20 minutes.

All the pharmacists who offered the tests were specially trained in how to perform the tests and how to communicate the results. The pharmacist recorded information such as age and sex, guaranteeing anonymity at all times.

If the pharmacy test was positive, this was then confirmed by a second test at a hospital. The pharmacist was able to arrange this for the patient through a special helpline. Of 200 patients tested, only three were positive.

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**Call to action**

The EPF calls upon payers and stakeholders to embrace the access pharmacy brings to screening services. Changes to regulation to allow point-of-care blood testing by pharmacists in the Czech Republic, Germany, Italy, the Netherlands and Turkey would allow an increased variety of screening services to be offered in community pharmacy. These services would help identify at-risk patients at a stage when early interventions would be cost-effective.
The role of pharmacies in supporting self-care is as vital as it has ever been.

Providing customers with advice and, where necessary, non-prescription medicines to treat minor ailments is one of the oldest and most traditional roles for community pharmacists. It forms the cornerstone of most pharmacy businesses, alongside dispensing.

Self-care is an important part of maintaining public health without additional costs to the state. In addition, pharmacy plays a key role in reducing pressures on other healthcare providers, especially doctors (GPs) and hospital accident and emergency departments (A&E), by supporting more appropriate treatment in the community.

European and global surveys have shown that there is high awareness among the general public of their ability to self-care. Pharmacists, along with GPs and (increasingly) the internet, are seen as a key source of information and advice. People recognise the need to play an active role in managing their own health.

Raising public confidence: A large majority – almost 90% according to a recent European survey – see self-care as important. However, less than one in five were very confident about treating health issues themselves, even fewer in Eastern European countries. Other surveys have shown that consumers naturally tend towards a “prudent healthcare” approach, with nearly two-thirds saying that they would “wait and see” before starting on self-medication.

This highlights a need to work together on information programmes. Central to this will be promoting the role of pharmacies as reliable sources of advice: the long-standing campaign in the UK of “Ask your pharmacist. You’ll be taking good advice” could be one model for this and well as campaigns urging people to seek advice “the earlier, the better”.

Maintaining the range of products: For many conditions, a few words of reassurance from a pharmacist or a well-trained member of the pharmacy team will be enough to help people manage. But there are many conditions where symptoms can be relieved or reduced by the use of a suitable non-prescription (OTC) product.

Patients are benefitting from being able to purchase effective medicines in pharmacies that were previously only available on prescription. Many can now be treated quickly and effectively. In order to encourage patients to use self-care where possible, it will be important to keep up a flow of new and innovative products for pharmacists to recommend.

Reducing pressures: If the public lacks confidence in its own ability to self-care, with or without the support of pharmacists, then it will turn to other parts of the health system for help. Patients with minor ailments can take up valuable time with GPs or in emergency departments. In Germany, a system of “green prescriptions” was established to allow doctors to make recommendations for non-prescription medicines which patients would then have confidence in purchasing.

Some health systems have established services to encourage patients to visit pharmacies as their first port of call for minor conditions. These often allow pharmacists to supply OTC medicines, chosen from an agreed formulary, without direct charge, in order to encourage the use of pharmacies rather than GPs.

Call to action

The EPF calls upon payers and pharmacy associations to collaborate on public awareness campaigns for self-care through pharmacies. Pharmacies should be commissioned to provide customers with self-care treatments in ways that encourage the use of pharmacies as the first port of call for minor illnesses, thus relieving pressure on doctors and emergency services. Pharmacy and pharmacists’ associations should develop training programmes to support this.
Focus area

Earlier disease prevention

Across the world, there is a need for earlier disease prevention.

Non-communicable diseases caused 63% of global deaths in 2008 (36 million), principally cardiovascular diseases and diabetes, cancers and chronic respiratory diseases. Many chronic diseases are closely linked to lifestyles and as such could be avoided if common risk factors were eliminated.

For example, tobacco use is a major cause of many of the world’s top killer diseases – including cardiovascular disease, chronic obstructive lung disease and lung cancer. In total, it is responsible for the death of about one in 10 adults worldwide. Smoking is often the hidden cause of the disease recorded as responsible for death.

These conditions challenge health systems and absorb substantial amounts of resources. The economic and social impacts go well beyond the costs to health services. Indirect costs, such as those from lost productivity, can match or sometimes exceed the direct costs. In addition, a significant proportion of the total cost of care falls on patients and their families.

What is more, within countries, the causes and impacts of disease are concentrated among the poor and vulnerable. People in lower socioeconomic groups have at least twice the risk of serious illness and premature death as those in higher groups. When improvements occur, the benefits are unevenly distributed. People in higher socioeconomic groups often respond better and benefit more from health interventions.

WHO believes that the biggest potential for gain lies in scaling up prevention. Eliminating risks from alcohol, tobacco and obesity, among others, could avoid 80% of heart disease, stroke and type 2 diabetes and 40% of cancers.

Pharmacy is the most accessible healthcare profession of all. Pharmacies are well placed to meet the public need for easy access to disease prevention programmes. Pharmacies offer convenient opening hours and locations, tight networks, highly skilled professionals with great support teams. More importantly, pharmacies provide access to all socio-economic cohorts, and can help to narrow the gap that exists in uptake across the continent. There are many services currently commissioned in the UK aimed specifically at identifying those at risk of preventable disease, or at supporting the behavioural and lifestyle changes needed to reduce their risk of disease progression.

Call to action

The EPF calls upon payers and pharmacy associations to run strong public awareness campaigns that promote the wide range of services for disease prevention that are available through pharmacies.

Pharmacy and pharmacists’ associations should develop training for pharmacists to help them deliver disease prevention services. Pharmacies should be closely involved in the delivery of national disease prevention services.
In action
Case study information about disease prevention in Europe

“Know your heart values” campaign (Portugal)

Pharmacies in Portugal ran a national heart health campaign for a week in May 2010.20 Patients who participated had their blood pressure (BP), body mass index (BMI), waist circumference and total cholesterol measured. There were 1,380 pharmacies participating (half of all pharmacies), of which 412 pharmacies sent in details of 12,930 patients for analysis.

The main cardiovascular risk factors identified were weight-related (72% had a BMI >25 and the average waist circumference for women was higher than the recommended 88cm). In addition, 37% had BP > 140/90mmHg (and 38% of these were not on any antihypertensive medication).

Of over 5,600 patients who were on antihypertensives, only around half were in control. Mean total cholesterol was 5.1 mmol/l (196mg/dl), with 53% above the recommended 4.9 mmol/l (190mg/dl). Again, of nearly 4,700 patients on lipid-lowering medication, little more than a half were in control.

Pharmacists referred 21% of patients for further investigation by a doctor, of whom almost half were prescribed a new medicine within the follow-up period for the campaign.

Smokers who are offered support by trained professionals are four times more likely to quit successfully than those who try to quit on their own. Smoking cessation services are the most common service commissioned from community pharmacies.

In England, around 20% of pharmacies provide the NHS service, helping around 149,000 smokers a year, almost half of whom are successful. In Scotland, smoking cessation is a core service provided by almost all pharmacies since 2008. As a result, pharmacies now provide 75% of all quit attempts, albeit with a slightly lower one-month quit rate of around 33%. Similar services are offered by pharmacies in Wales and Northern Ireland.21, 22

In addition, community pharmacies also help their customers to quit smoking through self-funded purchases of nicotine-replacement therapies. Around a quarter of all quit attempts use some form of NRT, with about half of quitters not using any support at all. The growing popularity of e-cigarettes as support for quitting is changing the dynamics of this market. E-cigarettes are likely to become available as licensed medicines from 2016.

Checking “vascular age” in Switzerland

In Switzerland, some pharmacies have started to offer their customers a way to measure their “vascular age”. Understanding the implications of this measurement can help patients take action to improve their heart health.23

Patients’ arterial stiffness is calculated by measuring the pulse wave velocity of the heart over a couple of minutes. This is done by using an innovative device which is more sophisticated than a normal blood pressure monitor.

The role of the pharmacist is to obtain the measurement and to explain its meaning and consequences to the patient. This is done using a red-amber-green scale and a comprehensive leaflet accompanies the result.

Conclusions

- Disease prevention is a major concern for healthcare professionals
- Tobacco use, diabetes and cardiovascular disease are key areas for pharmacists
- Pharmacies are well placed to help support health systems with earlier disease prevention
In conclusion

Putting pharmacy at the heart of optimal healthcare

In order for pharmacy to become a fully integrated part of healthcare systems, certain enablers will be needed.

The pharmacy profession needs to continue to evolve in order to meet the changing needs of health systems and the public. Pharmacists have the capability to do much more than supervise the safe dispensing of medicines. They need to be central to maintaining public health, as well as optimising medicines use.

In order to achieve this, there are several key areas where pharmacy must adapt and press for change.

**Technology:** Pharmacies need to adapt the way in which they work to take advantage of new technologies, including automation of dispensing and, where allowed, internet pharmacies. They also need to be prepared to use their medicines expertise to help patients use and interpret the vast amounts of healthcare information and data now available.

**Data collection:** Collecting data on the outcomes of treatments will be at the heart of future health services. Pharmacies need to see data collection as part of their core role. They also need full access to shared online health records.

**Legislation:** Pharmacy bodies, regulators and legislators should seek to have relevant laws updated in order to permit pharmacies to deliver a wider range of public health services.

**Additional skills:** Pharmacists and pharmacy staff should be supported to expand their training and knowledge to ensure that they can address patients’ needs. In particular, this should focus on how to listen to and communicate better with patients and their carers.

**Public awareness:** The public and other healthcare professionals need to be made aware of the services and support that pharmacies have to offer. Pharmacy bodies and health ministries should work together on public awareness campaigns.

Pharmacies are located at the heart of the communities they serve. Often they are the only health service in that area. This offers a major opportunity for pharmacy to reinforce its position as the first line of healthcare.

This document has identified five key areas where pharmacies can and should play a greater role in improving public health and delivering better primary care: medicines adherence, vaccinations, screening, self-care and disease prevention.

**Actions needed**

**Medicines adherence:** Implement care plans that allow pharmacists to support patients with long-term conditions

**Vaccinations:** Change legislation to permit pharmacists to administer flu and other vaccinations

**Screening:** Use pharmacies to screen for conditions for which early interventions are cost-effective

**Self-care:** Encourage patients to use pharmacies as the first port of call for treating minor ailments

**Disease prevention:** Run campaigns that promote the role of pharmacies in maintaining health
Our vision for pharmacy in supporting better health

Community pharmacies will play an important part in addressing the key challenges around people, systems, medicines and technologies.

Health systems are recognising that they need to focus on preventing disease and maintaining health, as much as treating existing ill health, if they are to be able to continue providing affordable and accessible health care for their populations.

With their wide distribution across all sections of society, giving convenient local access to healthcare over extended hours, community pharmacies will help deliver this focus on disease prevention.

We have focused on five key areas where increasing the provision of services through pharmacies will provide cost-effective ways for health systems to meet their challenges:

- **Medicines adherence**: Supporting patients with long-term conditions to help them adhere to prescribed treatments to achieve desired outcomes
- **Vaccination**: Increasing vaccination uptake by implementing pharmacist-led vaccination schemes
- **Screening**: Identifying patients at risk through pharmacy-based screening that permits earlier interventions to reduce the impacts of disease
- **Self-care**: Supporting self-care by the public and treating minor illnesses in pharmacies in order to relieve pressure on other frontline areas
- **Disease prevention**: Making public health interventions that prevent diseases developing and which reduce the future burden of care

These services should be developed at scale so that they are making a real difference to the health of the population as a whole, increasing the efficiency of health systems. Developing services through community pharmacies will help support the transfer of care from hospitals to communities and homes. Over the next decade, the EPF wants to see:

- Pharmacies taking on a much greater role in disease prevention, public health and the management of long-term conditions
- Governments updating relevant legislation and funding frameworks to support this
- Pharmacies being included as equal partners in public health and clinical care pathways with greater access to relevant electronic health records
- Pharmacies being enabled to take advantage of new technologies and digital platforms in order to support the delivery of care to patients
- Governments and pharmacy associations collaborating on public information campaigns that raise awareness of the range of services (beyond dispensing) available from pharmacies.

Call to action: pharmacy can help

The EPF calls upon national governments, payers and insurers, manufacturers to work collaboratively with pharmacy and pharmacists’ associations to develop pharmacy’s role in improving public health and patient outcomes.

Stakeholders should review published evidence to underpin new pharmacy services and update legislation where necessary, especially to allow pharmacists to administer vaccines and conduct point-of-care blood tests.

All parties should work together to raise awareness among the public and other healthcare professions of the wide range of services, going beyond dispensing, that are available from pharmacies.

They should encourage the public to use community pharmacies as the first port of call for advice on supporting the health of themselves and their families. This will enhance public confidence in using self-care for minor ailments. Using pharmacies in this way will reduce pressure on other frontline healthcare providers.

Developing screening and disease prevention services that can be delivered widely will make best use of the accessibility of community pharmacies.

Above all, all parties should integrate pharmacy into the heart of healthcare and use it as a way to achieve outcomes that benefit the population as a whole.
REFERENCES

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