

PRACTISE - PhaRmAcist-led CognITive Services in Europe: Preliminary Results

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Introduction: The scope of community pharmacy practice varies widely across different countries and health care systems. Cognitive pharmaceutical services are daily provided to the patients in community pharmacies. ⁽¹⁾ According to the PGEU, pharmacy services can be divided into: “Core services” (essential services provided by all pharmacies), “Basic services” (may require separate facilities and pharmacy staff training) and “Advanced services” (require accredited pharmacist). ⁽²⁾ Published literature focuses on pharmacist-led cognitive services available in Europe, but fails to report the implementation level in the detail. The main aims of this project are to develop a roadmap of existing pharmacist-led cognitive services in Europe.

Materials and Methods: A cross-sectional study was conducted where data were collected using an online survey, sent to a sample of 49 countries. The survey comprised three questions for each of the 22 services listed: provision; implementation level and remuneration. The survey was sent to three representatives per country (community pharmacist, researcher and policy maker), to ensure data triangulation, which also considered official documents publicly available. Consensus was sought using the Delphi method. Preliminary results here presented focus on the implementation level, where the PGEU classification of services was used. Data is expressed by numbers of countries where the service is available and proportion of pharmacies providing it. ⁽²⁾ Ethics approval was obtained from “Comissão de Ética Egas Moniz” (26th October 2016).

Results: Data were obtained from 75 participants in 35 European countries (response rate=71%). “Core services” (n=9): 57% of the countries provide at least 6 of these services, including “medicines dispensing” (n=35; 100%), “provision of information on medicines” (n=34; 97%), “generic substitution” (n=29; 85%), “provision of emergency oral contraception” (n=27; 77%), “home delivery of medicines” (n=21; 60%) and “health screening” (n=17; 49%). “Basic services” (n=4): 66% of the countries provide at least 3 of these services including, “assessment of the inhalation technique” (n=28; 80%), “pharmaceutical care” (n=23; 66%), “adherence support and monitoring” (n=22; 63%). “Advanced services” (n=9): Only 12% of the countries provide at least 6 of these services, including “medication review” (n=25; 71%), “opioid substitution management”, “new medicines services” (n=18; 51%), “prescription renewal” (n=17; 37%), “immunisation” (n=7; 20%) and “prescribing” (n=6; 17%). The implementation level varied widely for all 3 categories; for example, “health screening” was reported as implemented in 5 to 100% of pharmacies; “assessment of the inhalation technique” was reported as implemented in 5 to 100% of pharmacies and “opioid substitution management” was reported as implemented in 10 to 100%.

Discussion and Conclusions: Preliminary data indicate that “advanced services” are provided in lower proportion than “core and basic services”. The variability found in the implementation level supports the idea that this data is essential to describe reality in accurate terms. This is an ongoing project that expects to fill the current literature gap.

References:

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(2) PGEU, Pharmaceutical Group of the European Union (2010). Providing Quality Pharmacy Services to Communities in Times of Change.