

Pharmacy Of Your Choice – Patient-Centred Service By Community Pharmacists

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In historical and cultural contexts, the community pharmacist, like the family doctor has always been a central figure in our towns and villages. Throughout the past decades and especially in the last few years, the role of the community pharmacist is being given more importance.

Ciappara¹ opined that “an evaluation of patients’ expectations is important as this enables the profession to meet today’s challenges to set practice standards and develop pharmacists’ services to meet patients’ needs.” The majority of patients interviewed in the Ciappara study (92%, n=80) had a positive view of pharmacists as health care professionals. This was found to influence their perception of their relationship with their pharmacist. Moreover, patients identified interpersonal qualities, professional approach and knowledge as the most significant characteristics of a good pharmacist. Promoting the good of patients (48.8%), communication (38%), and a friendly approach (30%) were the interpersonal qualities considered to be of greater importance. Furthermore, over 96% (n=80) of the patients said that they trusted pharmacists, 39% expected to be given more information about their medicines, 15% expressed desire to actively participate in decisions about their health and 61% recognized the pharmacist’s efficacy in giving information on medicines.

Pharmacists’ private practice in the community has always focused on the establishment of good patient-pharmacist relationship which is fundamental to the provision of patient-focused pharmaceutical services. On the other hand, those patients who receive their medicines through the government primary health care system are being deprived of such a service because the system is a barrier to the development of personalised services in an area where direct pharmacist-patient contact is essential to attain positive outcomes of medicines usage and a better quality of life.

In the coming days a Memorandum Of Understanding (MOU) shall be signed by the Malta Chamber of Pharmacists and the GRTU pharmacy section, representing pharmacists and pharmacy owners, respectively and the

Government. After about 20 years of negotiations (the first document on the ‘Pharmacy of Your Choice’ (POYC) was submitted by the Chamber to the Government in 1987), this will bring about a turning point in the delivery of a fundamental service by community pharmacists to patients who are beneficiaries under the Social Security Act for free medicines. Significantly, the MOU highlights the special nature of the community pharmaceutical sector wherein pharmacies are places where essential public health services are delivered by community pharmacists and that community pharmacies are an *integral part* of the primary health care sector.



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Indeed, the main objective to implement the POYC is that patients choose their private community pharmacy, not only on the basis of convenience in the location *but significantly on the basis of the nature and quality of professional services that are delivered by the pharmacist.*

At present, patients entitled to receive national health service medicines may collect them only through the government primary health care (PHC) system from dispensaries that service different regions of the island and through a ‘postal system’ (*bereg*). This

‘postal system’ is available through small government clinics located in nearly every town and village. There is no contact whatsoever with a pharmacist in the latter system. The government primary health care system is thus mainly one of supply and distribution where contact between pharmacists and patients is limited.

In the **first** phase of the POYC project, which will be co-managed by a standing advisory committee consisting of representatives of the partners signatory to the MOU and other resource persons, the ‘postal system’ (*bereg*) will be phased out. Patients shall be invited to register with the pharmacy /pharmacist of their choice. They shall leave their prescriptions with their pharmacist at their chosen pharmacy. The PHC will collect these and they shall be filled by the PHC pharmacists and pharmacy technicians. These patient-specific pre-packed medicines packages will be distributed to the participating pharmacies for dispensing, which shall be organized at the discretion of the managing pharmacists with guidelines from the standing advisory committee. Protocols shall be established to provide necessary quality assurance to ensure professional responsibility for the accuracy and safety of dispensed medication and avoidance of errors. Appropriate channels of communication between all professionals involved shall be established. The project will be piloted in two selected areas i.e. Gzira and Mosta, for a period of 4 months after which it shall be rolled out nationally.

It is envisaged that in the **second** phase of the project the participating pharmacies will be responsible for the preparation and dispensing of patient-specific drug entitlement. Discussions are underway to set up the organized dispensing of those items that are supplied in hospital packs at a dedicated premise governed by good pharmacy practice protocols. This is envisaged to facilitate the work of community pharmacists.

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Pharmacies will also be encouraged to implement an Information and Communication Technology (ICT) system. It is envisaged that this will lead to the introduction of patient medication record keeping, facilitating better medicine management and reducing drug misadventures. This is also expected to facilitate better communication with family doctors in the best interest of our patients. Important tools such as data collection and data mining could be used for pharmacoeconomic reasons and for research on medicines usage. The opportunities for innovative pharmacy practice developments and rewarding job opportunities for pharmacists and others are unlimited.

The principle of a fee for such a service in the community pharmacy shall also be introduced. Such a fee shall be borne by the government.

The **third** phase will entail the taking over of the responsibility for the procurement, distribution, packaging and dispensing of free medicines to beneficiaries directly and fully by the pharmacies and the introduction of a Government reimbursement model on the lines of European and international practices, with mechanisms in place to ensure acceptable price levels of medicines.

Studies have consistently shown that there is strong support by the public for the decentralization of these services to the private community pharmacies in the towns and villages in Malta. Significantly, a body of knowledge has also been building up, nationally and internationally, whereby research has revealed evidence that pharmaceutical services in community settings make a positive impact on patient outcomes, eg. clinical, humanistic and economic.^{2,3}

A Foresight study⁴ explored possibly successful scenarios for the POYC project implementation. The objectives of the study were to encourage wider participation in policymaking in pharmacy services; to use scenario methods to explore possible futures for pharmacy in Malta and address alternative



pathways for pharmacy and its impact on and contribution to the health of the Maltese society; and provide guidelines to an action-oriented vision and develop recommendations to be incorporated into possible policies.

Top-down scenarios were considered such as looking to the future and asking 'how' questions, eg. how could a future scenario be attained, where pharmacist expertise in the public and private service is fully utilised with a positive impact on the health of the community and on the sustainability of the national health budget? The resultant top priorities to include immediately in a national health policy with the long term objective of attaining equity, sustainability, and economic viability in the pharmaceutical sector were:

- Convergence on the implementation of a POYC system;
- Full implementation of ICT;
- Standing advisory committee of stakeholders to implement and monitor the project;
- Better patient management;
- Necessity to take a Policy Decision.

It appears that the future of Community Pharmacy for the benefit of pharmacists and the society they serve is finally here. ☐

References

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