

VESA - EUSP - UEPS
UEFS - EUSA



6 commitments for quality pharmaceutical services



VERBAND DER EUROPÄISCHEN SOZIALEN APOTHEKEN
EUROPEAN UNION OF THE SOCIAL PHARMACIES
UNION EUROPEENNE DES PHARMACIES SOCIALES
UNIONE EUROPEA DELLE FARMACIE SOCIALI
EUROPESE UNIE VAN DE SOCIALE APOTHEKEN
UNIÃO EUROPEIA DAS FARMÁCIAS SOCIAIS

SOCIAL PHARMACIES IN EUROPE

ORIGINS AND OBJECTIVES

European pharmacies appeared in several countries from the end of the 19th century onwards, and they were set up as a result of the desire on the part of social welfare organisations to facilitate access to medicines for the poorer sections of society. Thus it was that the foundation of social pharmacies was part of the mutual aid and cooperative movements of that time.

The historical vocation of social pharmacies – making medicines **more accessible** to the population as a whole – was increasingly accompanied by concern over the **quality** of pharmaceutical services. For this reason, the social pharmacies took on board the task of guaranteeing their customers an excellent service in terms of both the information and the advice given. It is within the context of this desire to guarantee the quality of pharmaceutical services that six commitments towards the provision of high-quality pharmaceutical services have been published.

Finally, the social pharmacies wish to play a part in the definition and introduction of a responsible public health policy that took account of public interest and of the interests of its users.

Created by and for users, the social pharmacies wish to establish their purpose, their *raison d'être*, in the interest of medicine consumers.

2

THE PRESENCE OF SOCIAL PHARMACIES THROUGHOUT EUROPE

There has been an uneven development of social pharmacies throughout Europe, mainly as a result of legal obstacles to their existence within certain countries where the structure of pharmacies is dictated by a corporatist vision of the profession.

Social pharmacies are present in Belgium, France, Italy, the Netherlands, Portugal, Switzerland and the UK.

These seven countries account for some 2,325 social pharmacies. Legal constraints hinder their development, on the contrary, in Germany, Denmark, Spain, Luxembourg and Greece.

THE EUSP

The heads of social pharmacies throughout Europe quickly became aware of the importance of the wider European market.

They also realised the importance of anticipating, within the framework of a suitable structure, the implications that the formulation of European objectives would have for the pharmacy sector

The EUROPEAN UNION OF THE SOCIAL PHARMACIES (EUSP) was thus founded in 1961.

The purpose of the EUSP is to encourage cooperation and understanding among its members, to inform them of the latest European legislative developments and to provide a platform for the exchanging of different experiences.

The EUSP inscribes its actions within the context of a European project. It sometimes demands that the European authorities pay more heed to the social aspects of the European Union, and in particular in the field of health care.



6 COMMITMENTS FOR QUALITY PHARMACEUTICAL SERVICES



INTRODUCTION

The pharmacist's changing role and responsibilities has been the subject of many studies and proposals over the past several years. The EUSP refers to the abundant number of publications, including European ones, which already exist on this subject¹.

It is widely recognised that the pharmacist's role has changed completely over the past two decades. It has moved away from drug preparation to the dispensing of information and advice. Now, and increasingly in the future, the pharmacist's role is to provide knowledge services that accompany, encompass and make safe the dispensing of drugs whose production is no longer a craft concern, but has now become an industrial process.

Given this new definition of the role of the pharmacist, we have to reconsider the issue of quality: as it is understood in the research and application of the concept of "Total Quality Management"².

Quality in this case is not related to the product - this is controlled before it reaches the pharmacy - but concerns the service involved in its delivery (except, of course, in the case extemporaneous preparations, for which rules of good practice, focused on the product itself, have to be established and abided by).

The EUSP fully approves of this approach, which is in line with the ongoing commitments it established in the past. As early as 1991, on the occasion of the 30th anniversary of its creation, the EUSP published a Charter for the pharmacist's role "...which was conceived and organised in such a way as to allow him to play an active role in the dispensing of medicines and the supply of additional health services..." (Point 4 of the Charter). In the Charter's introduction, the EUSP wrote that "the social pharmacies wish to set up the concept of a total health service which includes, in addition to the delivery of medicine, all other elements which should frame this delivery in terms of welcome, advice, information, safety, etc. It is a matter of creating an environment in which pharmacists and their highly competent assistants can make the pharmacy an indispensable and essential "health outlet" within the healthcare chain."

Today the EUSP wishes to strengthen its policy concerning the quality of patient's services which is based on the key concepts of accessibility, efficiency and safety.

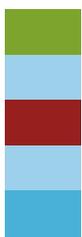
The goal is to therefore facilitate patient access to clearly defined Quality pharmaceutical services. It is also to improve the appropriateness of these services to meet the needs of patients; needs which must be identified. It is, in addition, and primarily to give pharmacists and their colleagues the means - in terms of the necessary skills and instruments - with which to provide appropriate Quality services.

Change since the 1991 Charter is therefore twofold.

With respect to Quality, the first task is to move beyond a mere statement of principles and make progress towards the firm definition of the services patients expect from pharmacists. Next, the tools required by pharmacists to render these services must be put in place. It is a matter, in short, of making the desire for Quality a practical reality in daily life.



3



6 COMMITMENTS FOR QUALITY PHARMACEUTICAL SERVICES

It is therefore with this dual goal in mind that the EUSP's yearly General Meeting, held in Naples on September 28, 2001, approved six commitments and members agreed to re-evaluate the state of their implementation among themselves on a regular basis.

Of course, the EUSP members have not waited to implement the good practice contained in within these commitments. They did, however, want to set themselves objectives which would force them to elevate the level of service offered to patients in every domain.

The **first commitment**, which is a requirement of all Quality undertakings, involves identifying customer expectations in terms of service. The relationships between patients and health providers, and pharmacists in particular, are changing. It's important therefore to adapt the services offered to the existing and emerging needs and to re-assess the needs on a regular basis.

It must be noted however that the needs of patients as they express them must be combined with the requirements of the Public Health Service which are, of course, part of the real needs of patients, whether they are fully aware of this or not.

The **second commitment** is to the continued upgrading of the skills of pharmacists and their staff. Continuing training is a necessity that is often stressed. A good summary of the requirements on this matter is available in the "Report and Recommendations on Continuing Education and Training for Pharmacists (XV/8259/7/95, 31.10.1997)" by the Advisory Committee on pharmaceutical training of the European Commission, to which EUSP defers.

The **third commitment** addresses a complex issue: the necessary communication between the pharmacist and other healthcare providers, particularly physicians. The physicians' and pharmacists' respective range of activities is not generally well coordinated by processes that facilitate their complementarity. It is therefore necessary to work to improve and structure the dialogue between them.

The **fourth commitment** concerns the pharmacist's proactive role in providing the population with health training and information.

The **fifth commitment** focuses on the quality of the bilateral relationship between pharmacist and patient, which must be based on listening, understanding and discretion.

The **sixth commitment** is undoubtedly the main one to which the other five ultimately contribute. This commitment lies at the very heart of the pharmacist's role, and concerns the provision of the correct and complete information to the patient regarding the medicine being supplied, whether on prescription or otherwise. Advice and control at the time of supply, followed by observation, together constitute the imperatives of the Pharmaceutical Care³ that the EUSP wishes to see within its pharmacies. Several studies published in recent years have shown how effective procedures need to be applied on these areas⁴.

The increasing complexity of medicines requires more than a statement of general principles of good practices. Procedures and tools are required to assist in making these principles effective. The members of the EUSP are convinced that software which helps to implement and operate the procedures is essential.

Below, the EUSP presents the six commitments for quality pharmaceutical service that its membership subscribes to.

Each commitment is first stated and then further elaborated on, with practical steps for implementation.



6 COMMITMENTS FOR QUALITY PHARMACEUTICAL SERVICES



1 See de work done by the Council of Europe :

- *Séminaire sur le rôle et la formation du pharmacien d'officine - actes*. Strasbourg 2-4 octobre 1991.
- *Le pharmacien face au défi des nouvelles orientations de la société - actes*. Strasbourg 18-20 octobre 1995.
- *Le pharmacien au carrefour des nouveaux risques sanitaires : un partenaire indispensable à leur maîtrise ! - actes*. Strasbourg, 20-22 octobre 1999.

2 "the total composite product and service characteristics of marketing, engineering, manufacture, and maintenance through which the product and service in use will meet the expectation by the customer" - Feigenbaum.

3 C.D. HEPLER, L.M. STRAND : *Opportunities and responsibilities in pharmaceutical care*, Am J Hosp Pharm 1990, 47:533-43.

4 see :

- D. P. PHILLIPS, N. CHRISTENFELD, L.M. GLYNN : *Increase in US medication-error deaths between 1983 and 1993*, The Lancet, vol. 351, February 28, 1998, pp. 643-644,
- REDACTIECOMMISSIE MEDICATIEBEWAKING : *Commentaren Medicatiebewaking*, Stichting Healthbase en ESCAPO, 2000.



6 COMMITMENTS



1. TO KNOW PATIENTS' NEEDS IN ORDER TO ADAPT THOSE SERVICES OFFERED

More specifically, ESPs' undertake to :

- > ask patients about their needs and expectations;
- > carry out regular surveys of a representative sample of clientele using procedures validated from the point of view of questionnaires and methods for analysing results;
- > exchange the data and observations resulting from surveys;
- > implement processes to adapt services to the needs identified.



2. TO UPDATE THE SKILLS OF PHARMACISTS AND THEIR STAFF

More specifically, ESPs' undertake to :

- > organize the regular updating of the initial skills of pharmacists and their staff by following the "Report and Recommendations on Continuing Education and Training for Pharmacists (XV/8259/7/95, 31.10.1997)" by the Advisory Committee on pharmaceutical training of the European Commission;
- > encourage pharmacists and their staff, by any appropriate means, to undergo sustained and regular continuing training;
- > make available to pharmacists and their staff documentation useful for checking their knowledge and their continuing training;
- > organize courses, conferences or any other training method, in particular electronic, for pharmacists and their staff, or provide them with access to existing training resources.



3. TO IMPROVE CONSULTATION BETWEEN PHARMACISTS AND OTHER HEALTHCARE PROVIDERS IN THE PATIENT'S INTEREST

More specifically, ESPs' undertake to :

- > help to ensure, through good organization, the accessibility and continuity of patient care provided by primary healthcare providers;
- > develop partnerships between pharmacists and other primary healthcare providers on the basis of their complementary functions;
- > contribute to design and implement the processes that lead to communication, dialogue, understanding and co-ordination between all healthcare providers;
- > encourage bilateral pharmacist-physician contacts during the dispensing of a prescription whenever necessary and, if applicable, structure this bilateral communication according to a set procedure;
- > take initiatives to organize local consultation between all healthcare providers.



4. TO TAKE AN ACTIVE ROLE IN THE HEALTH TRAINING OF THE POPULATION

The ESPs' undertake to :

- > spread the pharmacist's knowledge and skills beyond the confines of the pharmacy, in cooperation with other institutions;
- > organise or take part in health information campaigns and meetings :
 - > specifically designed for young people, and in particular in schools;
 - > specifically designed for elderly people, and in particular in homes for the elderly, in order to strengthen the widest possible form of knowledge and the best possible treatment of those diseases that afflict elderly people;
 - > designed for a wider audience with the intention of working towards improved hygiene and disease prevention;
- > generally develop working partnerships with municipal, regional and national institutions and associations, with a view to contributing towards the formulation of programmes designed to promote a better quality of life and well-being of the population as a whole.



5. TO PROMOTE A UNIQUE PHARMACIST-PATIENT RELATIONSHIP BASED ON THE QUALITY OF COMMUNICATION BY OFFERING THE NECESSARY CRITICAL DISCRETION REGARDING HEALTHCARE ISSUES

More specifically, ESPs' undertake to :

- > develop and support among pharmacists and their employees, the sense of being available, providing a warm welcome, being helpful, listening and engaging in dialogue with the patient;
- > guarantee the confidentiality of the patient's information, which the pharmacist keeps and uses with a view to giving appropriate advice;
- > make sure that the physical layout of pharmacies allows for confidential dialogue with each patient.



6. TO PROVIDE ADVICE AND SAFETY CONTROLS WHEN DISPENSING MEDICINES AND TO PROVIDE PHARMACISTS AND THEIR STAFF WITH THE NECESSARY TOOLS FOR THIS PURPOSE

More specifically, ESPs' undertake to :

- > promote the furnishing of complete and detailed information to the patient on the proper use of the medicine supplied : to advice, to check at the time that the medicine is dispensed, and to monitor to see if the patient is following the instructions;
- > promote the implementation of Pharmaceutical Care in everyday life, in particular by raising awareness among pharmacists and their workers regarding the development of the profession in this direction;
- > support patient information by providing materials that facilitate this task, for example patient leaflets and informative labels;
- > promote improvement in the quality of advice given at the time of the supply of OTC medicines by using effective methods for asking questions;
- > encourage and support the advice by identifying :
 - > the first and subsequent supply of the medicine;
 - > interactions between medicines prescribed jointly and for separate but concomitant treatments;
 - > contraindications;
- > make available to pharmacies software programs that help with the giving of advice and which contain comprehensive patients' records and medicines information and automatic warnings.

B OFFICES DES PHARMACIES COOPERATIVES DE BELGIQUE (OPHACO)
 VERENIGING DER COÖPERATIEVE APOTHEKEN VAN BELGIË
 Route de Lennik, 900
 B - 1070 BRUXELLES
 Tél. : 00 32 25 29 92 40 - Fax : 00 32 25 29 93 76
 e-mail : ophaco@ophaco.org - Web : <http://www.ophaco.org/>



CH FEDERATION SUISSE DES PHARMACIES COOPERATIVES (F.P.C.)
 VERBAND SCHWEIZERISCHER GENOSSENSCHAFTSAPOTHEKEN (V.G.A.)
 Anwandstraße 2
 Postfach
 CH - 8026 ZÜRICH
 Tél. : 00 41 12 41 85 30 - Fax : 00 41 12 42 64 45
 e-mail : jas@swissonline.ch - Web : <http://www.geno.ch/>



F UNION NATIONALE DES SERVICES AMBULATOIRES MUTUALISTES (U.N.S.A.M.)
 Rue de Vaugirard, 255
 F - 75719 PARIS CEDEX 15
 Tél. : 00 33 1 40 43 32 92 - Fax : 00 33 1 56 08 40 62
 e-mail : catherine.baron@mutualite.fr - Web : <http://www.mutualite.fr/>



I FEDERAZIONE AZIENDE E SERVIZI SOCIO-FARMACEUTICI (ASSOFARM)
 Via Cavour 179/a
 I-CAP 00184 ROMA
 Tél. : 00 39 06 47 86 57 00; 00 39 06 47 86 57 02; 00 39 06 47 86 57 03
 Fax : 00 39 06 47 86 57 10
 e-mail : assofarm@assofarm.it - Web : <http://www.assofarm.it/>



NL APOTHEKENGROEP VOOR SERVICE AANDACHT EN LAGE KOSTEN (SAL APOTHEKEN)
 Stationsplein 9
 NL - 2801 AK GOUDA
 Tél. : 00 31 1 82 58 28 00 - Fax : 00 31 1 82 58 28 28
 e-mail : info@sal.nl; m.ammerlaan@sal.nl - Web : <http://www.sal.nl/>



P UNIÃO DAS MUTUALIDADES PORTUGUESAS
 Rua Domingo Sequeira, 72, 2º Esq.
 P - 1900 LISBOA
 Tél. : 00 35 12 13 21 94 90 - Fax : 00 35 12 13 21 94 95
 e-mail : a.mutualista@netvisao.pt - Web : <http://www.uniaomutualidadesportuguesas.pt>



UNIÃO DAS MISERICORDIAS PORTUGUESAS
 Calçada das Lages, 12-A
 P - 1900-292 LISBOA
 Tél. : 00 35 12 18 11 05 40 - Fax : 00 35 12 18 12 13 24
 e-mail : ump@netcabo.pt - Web : <http://www.ump.pt/>



UK NATIONAL CO-OPERATIVE CHEMISTS LIMITED (N.C.C.)
 Brook House,
 Oldham Road,
 Middleton,
 UK - MANCHESTER M24 1HF
 Tél. : 00 44 16 16 54 44 88
 Fax : 00 44 16 16 54 44 99; 00 44 16 16 54 66 88
 e-mail : neil.slater@co-op.co.uk - Web : <http://www.co-oppharmacy.co.uk/>





CHAIRMAN - PRÉSIDENT

William JANSSENS (B)

VICE-CHAIRMANS - VICE-PRÉSIDENTS

Michel LENORMAND (F)
Venanzio GIZZI (I)

TREASURER – TRÉSORIER

Francesco SCHITO (I)

GENERAL SECRETARY - SECRÉTAIRE GÉNÉRAL

Marc-Henri CORNELY (B)

MEMBERS – MEMBRES

- | | |
|----|--|
| B | Marc BREYER Pierre PHILIPPOT |
| CH | Joseph SCHRIBER Daniel TORRENT Rolf von GUNTEN |
| F | Pierre JEANSON Claude HEMME |
| I | Andrea GEMIGNANI Roberto BOLOGNESI |
| NL | Léon van RAAIJ Ton KELDER |
| P | Marianna VALADAS RETO Antonio SILVA RITO |
| UK | Neil SLATER Chris STEVENS |



COMPARATIVE STATISTICS 2002
STATISTIQUES COMPARATIVES 2002

| PAYS COUNTRY | POPULATION (Million) | EUSP POPULATION UEPS (1) | TOTAL PHARMACIES | SOCIAL Pharmacies SOCIALES (2) | MARCHE du médicament Medicines MARKET (4) | MARCHE UEPS MARKET EUSP (3) | PHARMACIENS TOTAL PHARMACISTS | PHARMACIENS UEPS EUSP PHARMACISTS (2) |
|-----------------|-------------------------|-----------------------------------|---------------------|---|---|-----------------------------------|-------------------------------------|---|
| B | 10,3 | 2,20 21,36 % | 5 300 | 590 11,13 % | 2 850 | 488 17,11 % | 7 700 | 750 9,74 % |
| CH | 7,2 | 0,50 6,94 % | 1 619 | 46 2,84 % | 2 240 | 116 5,17 % | 2 300 | 65 2,83 % |
| F | 60,5 | 2,64 4,36 % | 23 280 | 140 0,60 % | 18 674 | 275 1,47 % | 27 673 | 519 1,88 % |
| I | 58,0 | 7,50 12,93 % | 17 000 | 1 300 7,65 % | 13 265 | 2 026 15,27 % | 31 200 | 2 600 8,33 % |
| NL | 16,1 | 0,08 0,49 % | 1 629 | 8 0,49 % | 2 809 | 11 0,39 % | 2 636 | 13 0,49 % |
| P | 10,3 | 0,30 2,91 % | 2 426 | 42 1,73 % | 2 319 | 54 2,33 % | 2 772 | 61 2,20 % |
| UK | 60,1 | 2,70 4,49 % | 12 138 | 230 1,89 % | 15 012 | 494 3,29 % | 18 949 | 500 2,64 % |
| TOTAL | 222,5 | 15,91 7,15 % | 63 392 | 2 356 3,72 % | 57 169 | 3 462 6,06 % | 93 230 | 4 508 4,84 % |

(1) Desservie par les pharmacies sociales.

Nombre + % du total réel ou estimé

(2) Nombre et pourcentage du total

(3) Prix sortie usine en million euro + % du total réel ou estimé

(4) Prix sortie usine en Million Euro

(1) Provided by the social pharmacies.

Number + % of the actual or estimated total

(2) Number and percentage of the total

(3) Ex-factory price in million Euro and + % of the actual or estimated total

(4) Ex-factory price in million Euro



VESA - EUSP - UEPS
UEFS - EUSA



Route de Lennik 900 • B-1070 BRUXELLES
Tel. : 00 32 25 29 92 40 • Fax : 00 32 25 29 93 76
e-mail : ueps@multipharma.be
<http://www.eurosocialpharma.org>