



State of Health In EU: Community Pharmacy Contribution





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CHALLENGES TO EU HEALTH SYSTEMS

*EMBARGOED UNTIL PUBLICATION OF
'HEALTH AT A GLANCE 2016'*

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European Parliament, Brussels, 15 November 2016



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“State of health in the EU: the Community Pharmacy Contribution”- vis a vis Antimicrobial Resistance



World Health
Organization

REGIONAL OFFICE FOR
Europe



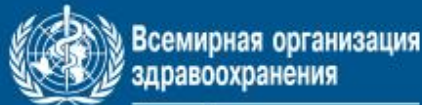
Organisation
mondiale de la Santé

BUREAU RÉGIONAL DE L'
Europe



Weltgesundheitsorganisation

REGIONALBÜRO FÜR
Europa



Всемирная организация
здравоохранения

Европейское региональное бюро

Hanne Bak Pedersen
Programme Manager, WHO Regional Office for
Europe

Presentation outline

- Antimicrobial resistance – current situation and WHO action
- The role of the pharmacist related to AMR
- The role of the pharmacists and health care

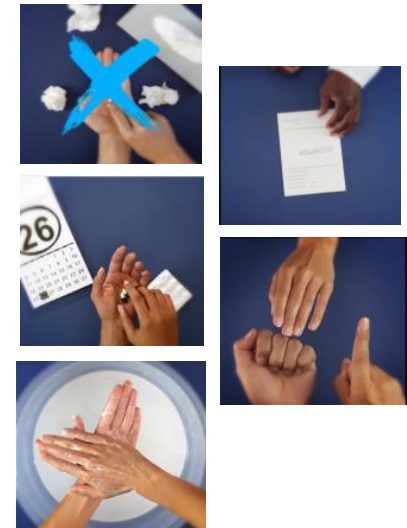
COMBAT DRUG RESISTANCE



**No action today,
no cure tomorrow**

7 APRIL 2011 **WORLD HEALTH DAY**

Awareness Week

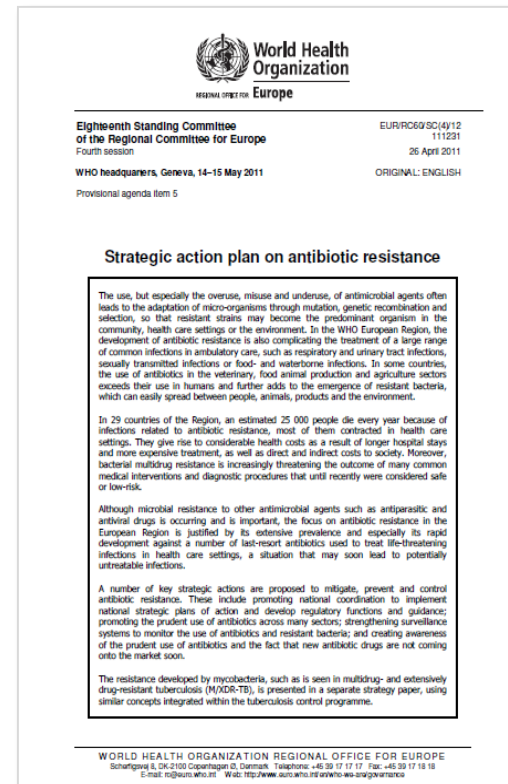



Nuo atsparių antibiotikams bakterijų gali apsaugoti elementari higiena



European strategic action plan on antibiotic resistance (2011 – 2020)

- WHO European action plan adopted by all 53 Member States
- Recognizing
 - AMR neglected in many countries of the region
 - No systematic AMR surveillance in large part of the Region
 - Need for intersectoral coordination
 - International spread through travel and trade
 - Need for international standards and data sharing



Action Plan Strategic Objectives

1. Strengthen intersectoral coordination
2. Strengthen surveillance of antibiotic resistance
3. Promote rational use and strengthen surveillance of antibiotic consumption
4. Strengthen infection prevention and control and surveillance in health care settings
5. Prevent emerging resistance in veterinary and food sectors
6. Promote innovation and research on new drugs
7. Improve awareness, patient safety, and partnership

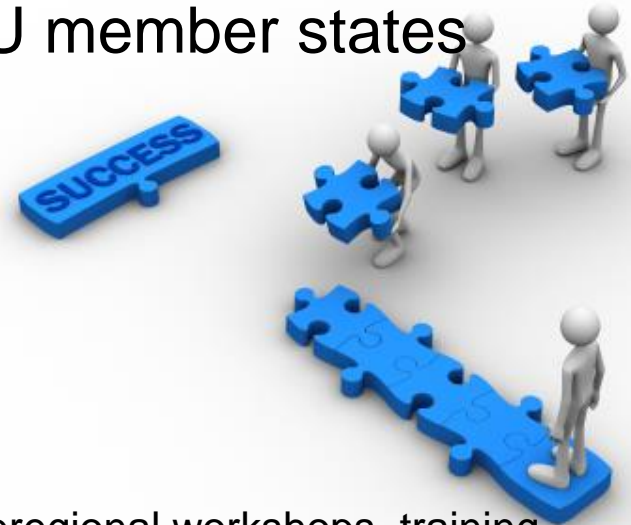


Implementation of action plan

WHO Europe has a specific focus on supporting non-EU Member States as ECDC supports EU member states

- National intersectoral coordination
- Development of national action plans
- Surveillance on antibiotic consumption and resistance for evidence-based action
- Advocacy and awareness raising

For example through country assessments, national and subregional workshops, training, twinning, consultancies



Implementation activities (2012-2016)

- Country situation analysis

Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Kosovo, Moldova, Russia, Serbia, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan

- National AMR workshops

Albania, Armenia, Bosnia and Herzegovina, Belarus, Bulgaria, The former Yugoslav Republic of Macedonia, Georgia, Moldova, Serbia, Tajikistan, Turkey, Uzbekistan

- International AMR workshops on regular basis to create awareness and share experience and best practices



Surveillance in European Union

Antimicrobial Resistance



National Institute for Public Health
and the Environment
Ministry of Health, Welfare and Sport

1998
→

EARSS

2010
→



EARS-Net

Antimicrobial Consumption



Universiteit
Antwerpen

2001
→

ESAC

2011
→



ESAC-Net

Surveillance in European region

Antimicrobial Resistance



2012 →



CAESAR



Antimicrobial Consumption



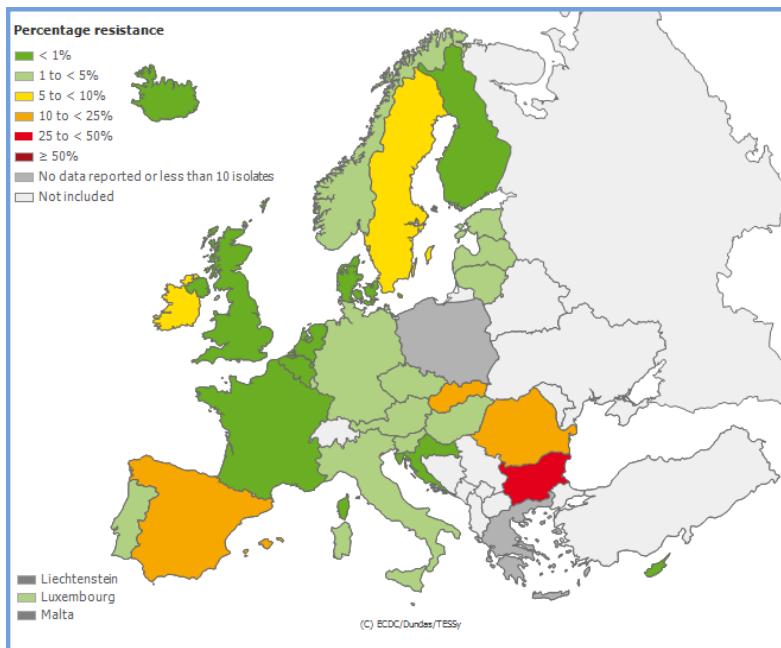
2011 →



AMC Network

Expanding AMR surveillance throughout Europe

European Antimicrobial Resistance Surveillance Network (EARS-Net)



European Centre for Disease Prevention and Control

Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR)

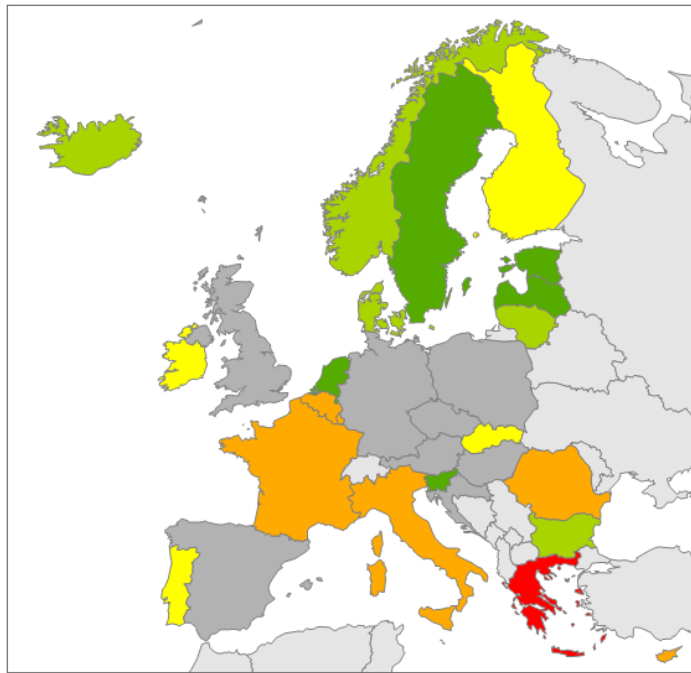


- Countries submitting data to CAESAR
- Countries building capacity for CAESAR participation
- Countries invited for CAESAR participation
- Countries participating in EARS-Net

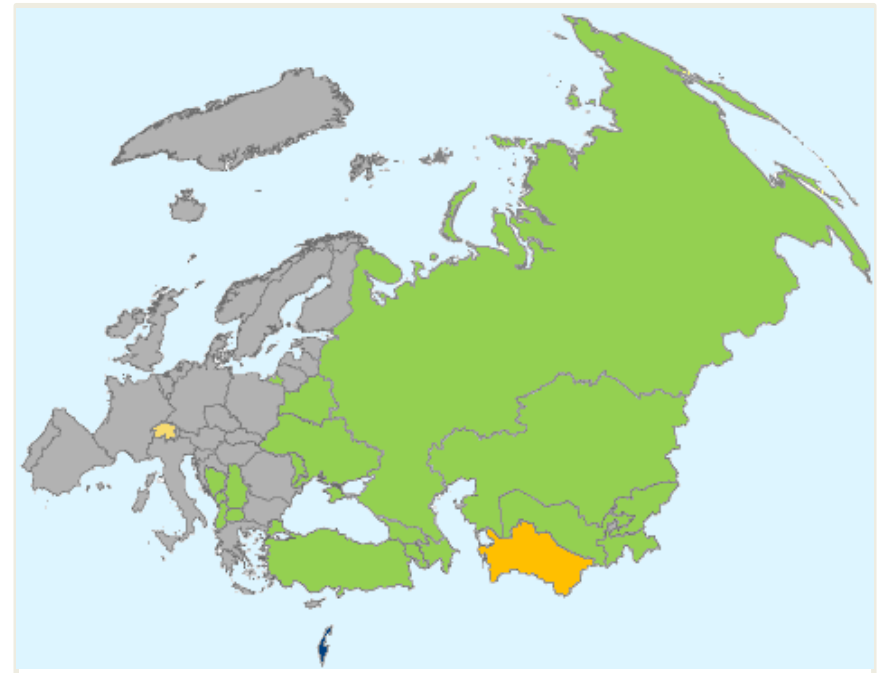
PGEU "State of Health in EU: t

Expanding AMC / use surveillance throughout Europe

European Surveillance of Antimicrobial Consumption Network (ESAC-Net)






WHO Antimicrobial Medicines Consumption network (AMC)



European Centre for Disease Prevention and Control

World Health Organization Regional Office for Europe

-  Countries which reported 2013 data to WHO
-  Countries in the process of collecting AMC data
-  Countries participating in ESAC-Net

Expanding AMC / use surveillance throughout Europe

Antibiotic use in eastern Europe: a cross-national database study in coordination with the WHO Regional Office for Europe

Ann Versporten, Ganna Bolokhovets, Lilit Ghazaryan, Vafa Abilova, Galina Pyshnik, Tijana Spasojevic, Irma Korinteli, Lul Raka, Baktygul Kambaliev, Lidija Cizmovic, Angela Carp, Vesela Radonjic, Nargis Maqsudova, Hatice Demet Celik, Marina Payerl-Pal, Hanne Bak Pedersen, Nina Sautenkova, Herman Goossens, on behalf of the WHO/Europe-ESAC Project Group

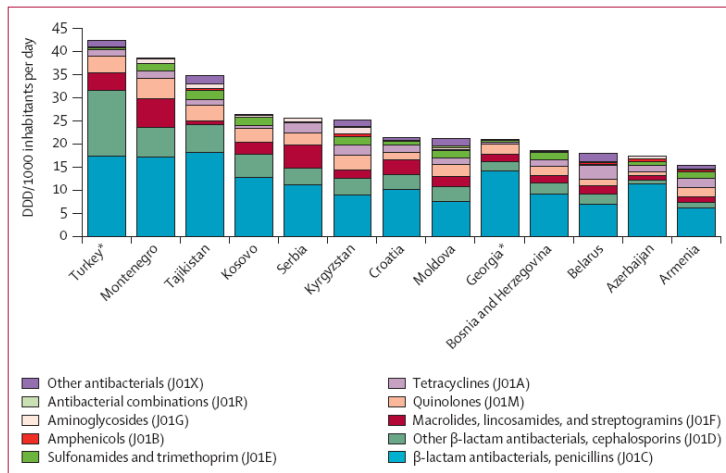


Figure 1: Total antibiotic use in 12 European countries and Kosovo, 2011

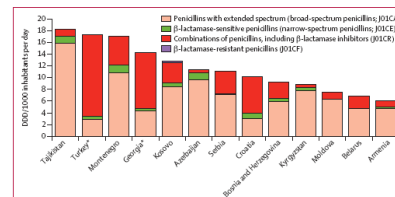


Figure 2: Total penicillin (J01C) use subdivided into four main subgroups in 12 European countries and Kosovo, 2011. DDD=defined daily doses. *Reported only outpatient antibiotic use.

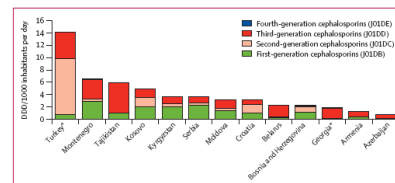


Figure 3: Total cephalosporin use subdivided into four main subgroups in 12 European countries and Kosovo, 2011. DDD=defined daily doses. *Reported only outpatient antibiotic use.

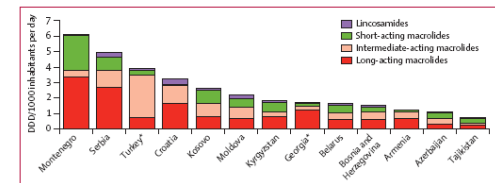


Figure 4: Total macrolide (J01FA) and lincosamide (J01FF) use subdivided into four main subgroups in 12 European countries and Kosovo, 2011. DDD=defined daily doses. *Reported only outpatient antibiotic use.

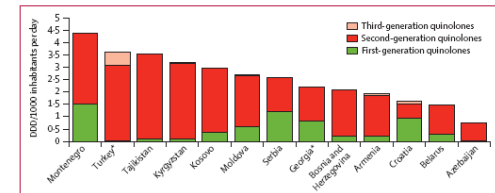
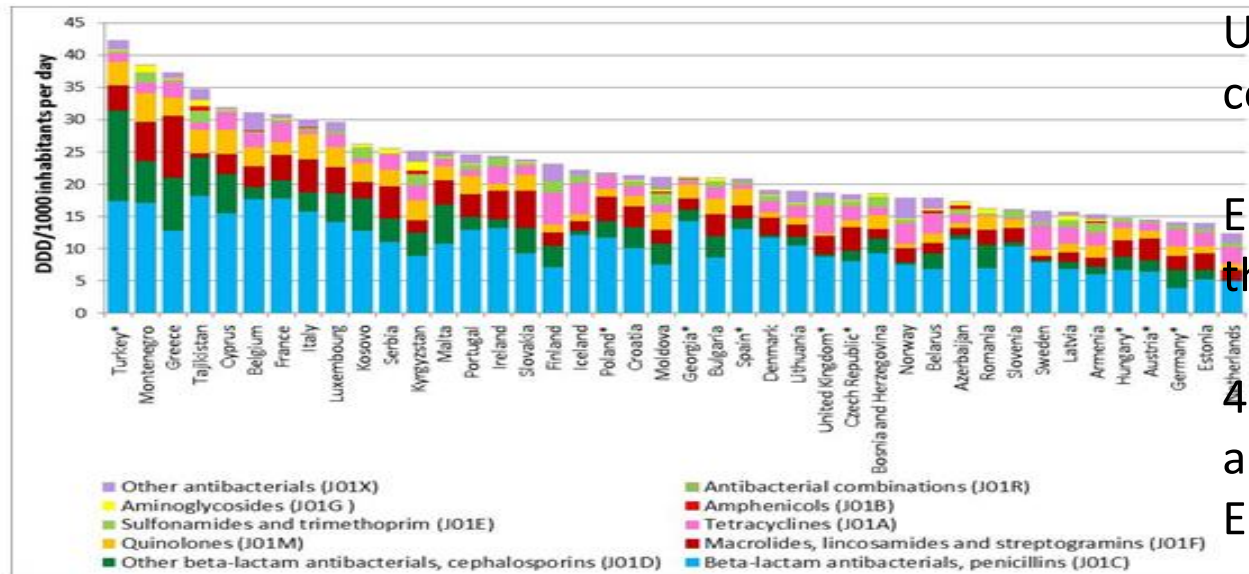


Figure 5: Total quinolone (J01M) use subdivided into three main subgroups in 12 European countries and Kosovo, 2011. DDD=defined daily doses. *Reported only outpatient antibiotic use.

Expanding AM use surveillance throughout Europe



Use methodology compatible with ESAC-Net

Enable data comparison in the European Region

4-fold difference in antibiotic use across the European Region

Total antibiotic use in 2011, expressed in number of DDD per 1000 inhabitants per day in 12 European countries and Kosovo as compared to 29 ESAC-Net countries.

The category (ATC subgroup) 'Other beta-lactam antibacterials, cephalosporins' includes carbapenems and monobactams; 'Other antibacterials' includes glycopeptide antibacterials, polymyxins, fusidic acid, imidazole derivatives, nitrofurans and other antibacterials.

*Countries reporting only outpatient antibiotic use
Romania and Spain provided reimbursement data

"Kosovo (in accordance with UN Security Council resolution 1244 (1999))"

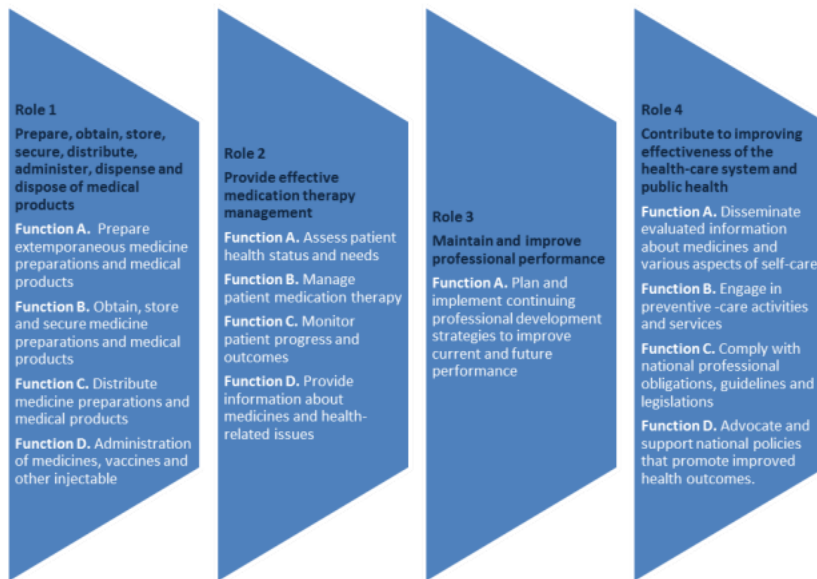
The role of the pharmacist related to AMR

In 2014 Who Europe published a review of the policy and guidance in Europe in relation to the community pharmacy/pharmacist and the results of a survey investigating and mapping current roles that the pharmacist perform along with potentials for strengthening AMR-related action

<http://www.euro.who.int/en/health-topics/Health-systems/health-technologies-and-medicines/publications/2014/the-role-of-pharmacist-in-encouraging-prudent-use-of-antibiotic-medicines-and-averting-antimicrobial-resistance-a-review-of-current-policies-and-experiences-in-europe-2014>



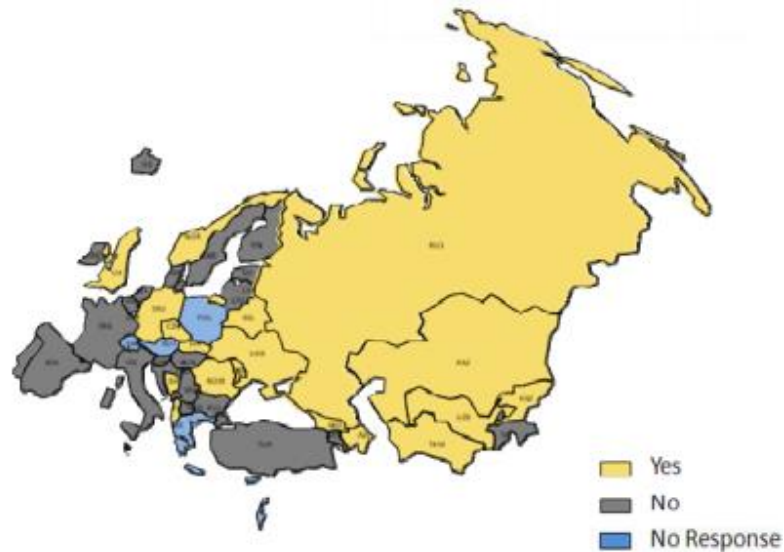
Good Pharmacy Practices



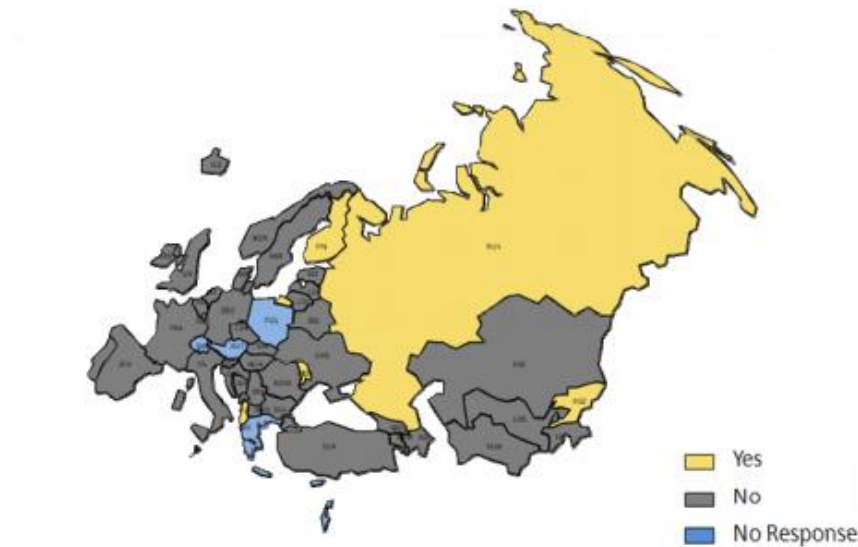
GPP guidelines were chosen as the framework of analysis

- Prepare, obtain, store, secure, dispense and dispose of medical products
- Provide effective medication therapy management
- Maintain and improve professional performance
- Contribute to improving effectiveness of the health care system and public health

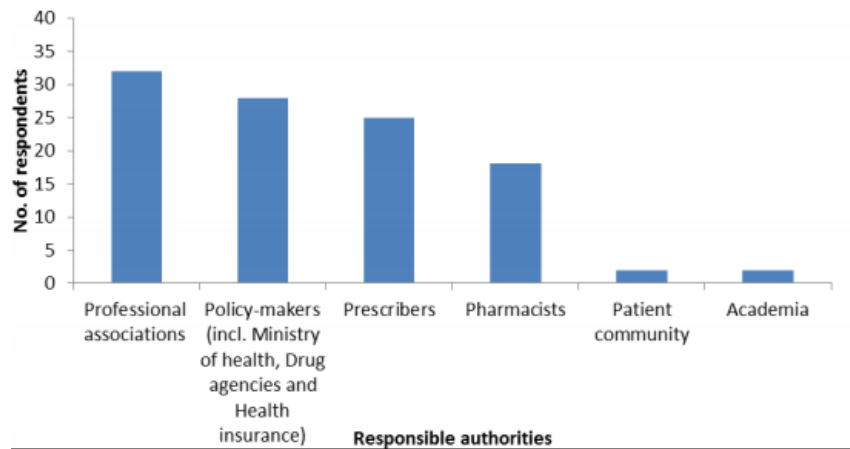
Countries where OTC sales of antibiotics are legal



Countries where it is possible to buy antibiotics online without prescription



“Authorities” responsible for the development of guidelines on antibiotic treatment (total= 44)



More can be done to guard against overuse of antibiotics

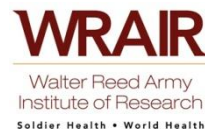
Pharmacist can be Antibiotic Guardians

Calls to Action - *Pharmacists*:

- Only dispense antibiotics when they are needed, according to current guidelines (e.g. check the patient has a valid prescription, for the right drug/dose/duration)
- When patients are seeking treatment for cold or flu, explain that antibiotics are not needed
- Talk to patients about how to take antibiotics correctly, antibiotic resistance & the dangers of misuse
- Remind patients to contact their health professional if symptoms persist or they experience side effects
- Talk to patients about preventing infections (e.g. vaccination, hand washing, safer sex, covering nose & mouth when sneezing)

AMR Partnership

Nobody is exempt from the problem *nor* from playing a part in the solution"



Pharmacists and health care

Potential expanded roles for the community pharmacists:

- ensuring the effective, safe, and efficient use of medicines
 - Address adherence to current regulation of use of antibiotics – eg dispensing, guideline adherence etc
- Increase level of and quality of information on use and disposal of medicines
- Increase collaboration with other health professionals for more responsible use of medicines
- Patient information - eg infection prevention and control
- Promoting chronic disease prevention and management - Medication review, chronic care coordination, blood pressure measurement, smoke cessation, salt reduction, dietary advice, repeat prescription
- Take a role in vaccination programmes
- Take a role in screening & treatment of minor ailments

If you want to know more

- Please consult our website:
<http://www.euro.who.int/en/health-topics/Health-systems/health-technologies-and-medicines>
- **World Antibiotic Awareness Week:**
<http://who.int/campaigns/world-antibiotic-awareness-week/en/>
- **Access to new medicines in Europe:**
<http://www.euro.who.int/en/health-topics/Health-systems/medicines/publications2/2015/access-to-new-medicines-in-europe-technical-review-of-policy-initiatives-and-opportunities-for-collaboration-and-research>
- pedersenh@who.int





Community Pharmacy Contribution to EU Health Systems

Darragh O'Loughlin

IPU Secretary General

PGEU Immediate Past President

15/11/2016



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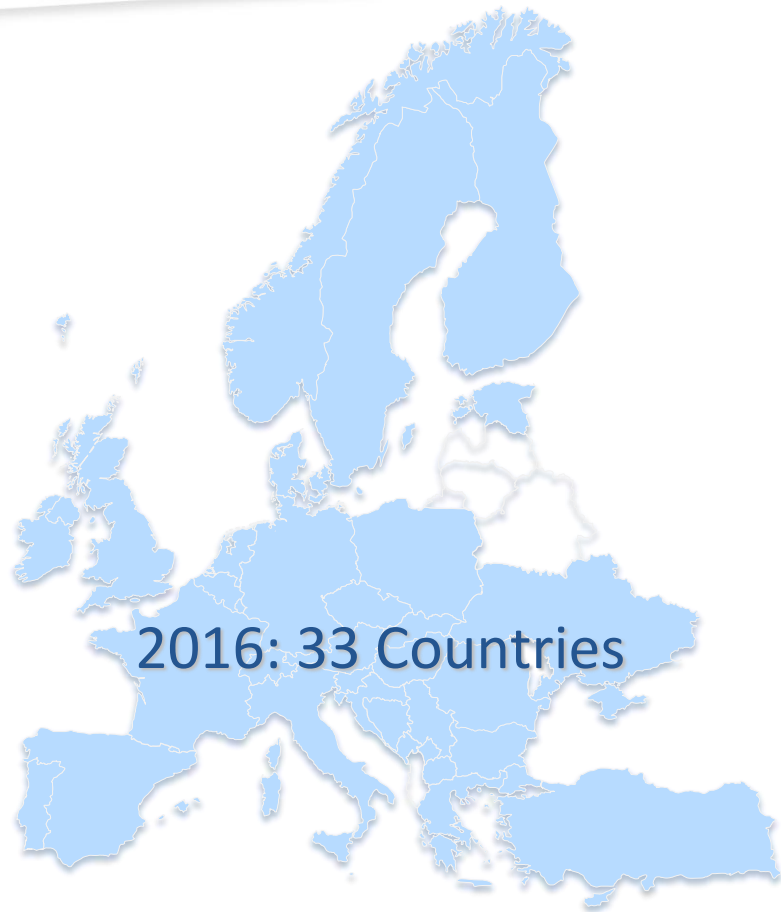
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www.pgeu.eu

Pharmaceutical Group of European Union



Members: Professional Bodies & Pharmacists' Associations



- | | | | |
|---|------------|---|--------------------|
|  | Austria |  | Netherlands |
|  | Belgium |  | Poland |
|  | Bulgaria |  | Portugal |
|  | Croatia |  | Romania |
|  | Cyprus |  | Slovakia |
|  | Czech Rep |  | Slovenia |
|  | Denmark |  | Spain |
|  | Estonia |  | Sweden |
|  | Finland |  | United Kingdom |
|  | France |  | Bosnia Herzegovina |
|  | Germany |  | FYR Macedonia |
|  | Greece |  | Norway |
|  | Hungary |  | Serbia |
|  | Ireland |  | Switzerland |
|  | Italy |  | Turkey |
|  | Luxembourg |  | Ukraine |
|  | Malta | | |





1959



2016

400.000
Community
Pharmacists

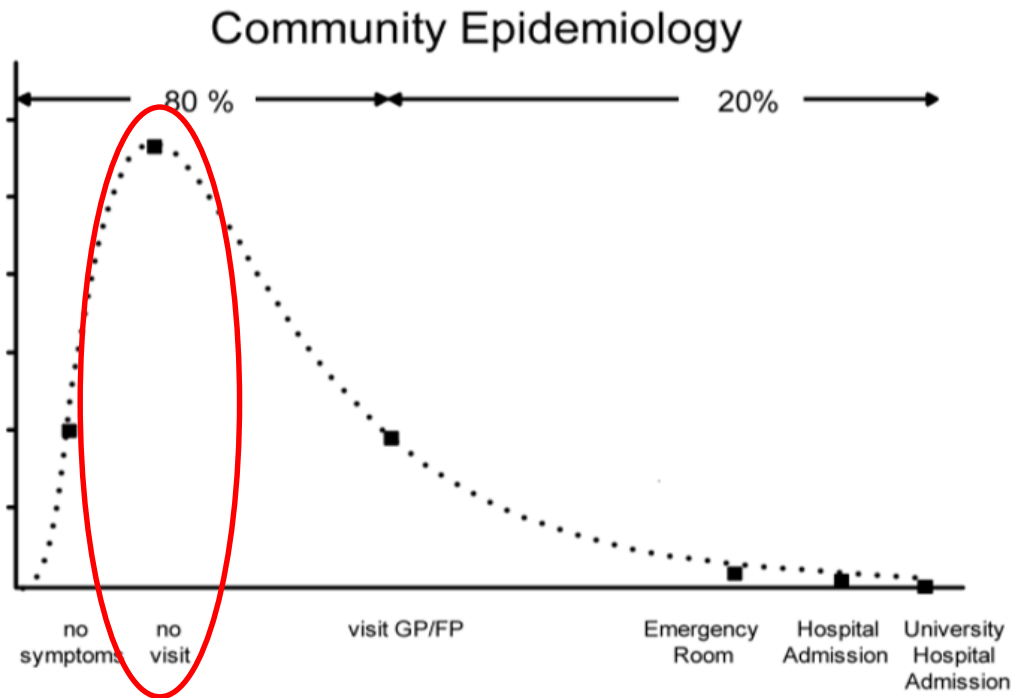
160.000
Pharmacies

46 million
citizens visit a
pharmacy every day



Average length of stay in community care

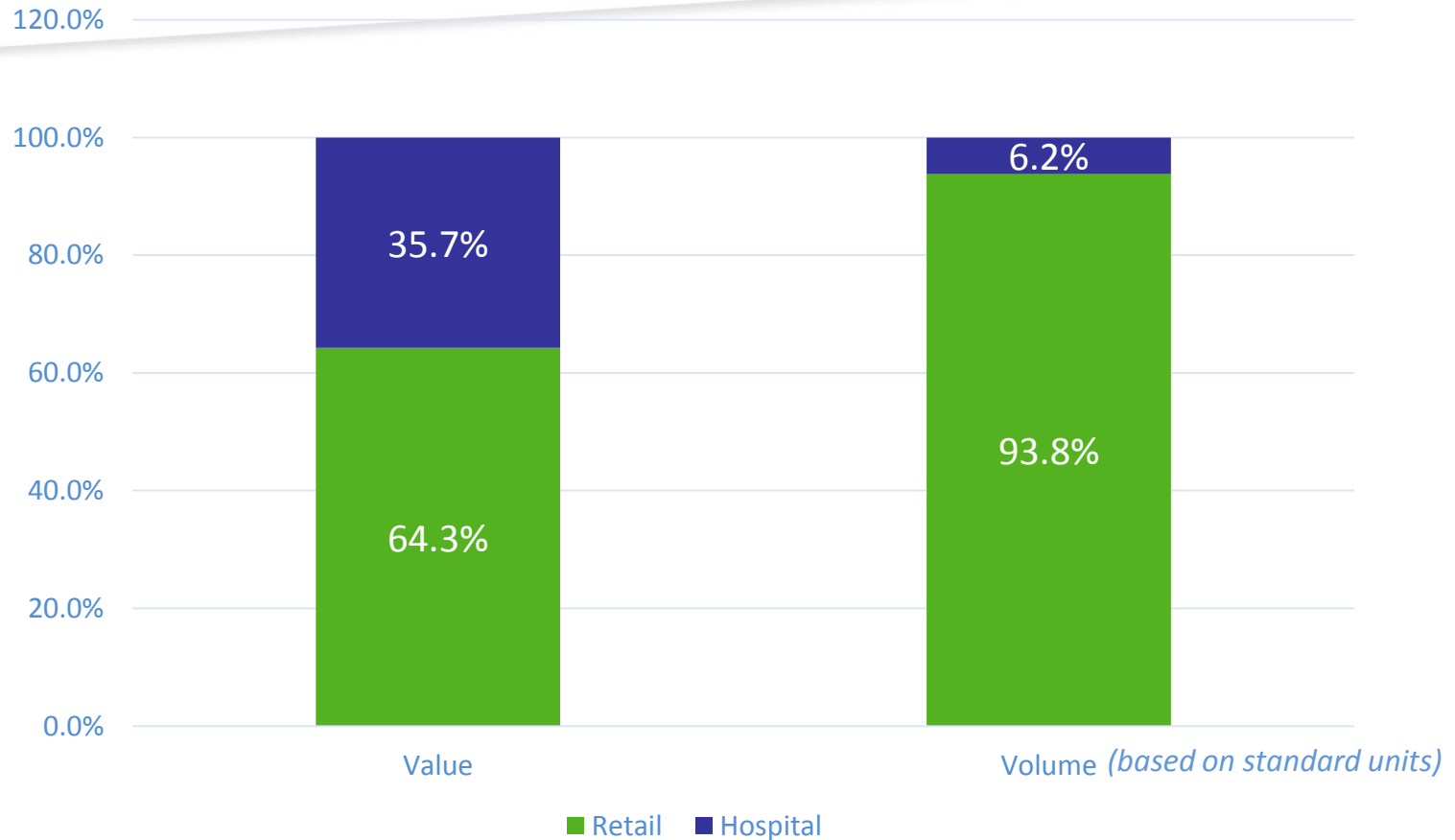
Figure 1 Community Epidemiology of health, illness, dis-ease and disease (top) and average length of residing in the community, hospital and nursing home



*If you want health, have a HEALTH system: Changing the Agendum by Joachim Sturmberg
European Journal for Person Centered Healthcare 2015 Vol 3 Issue 2 pp 175-181*

Distribution of medicines in Europe

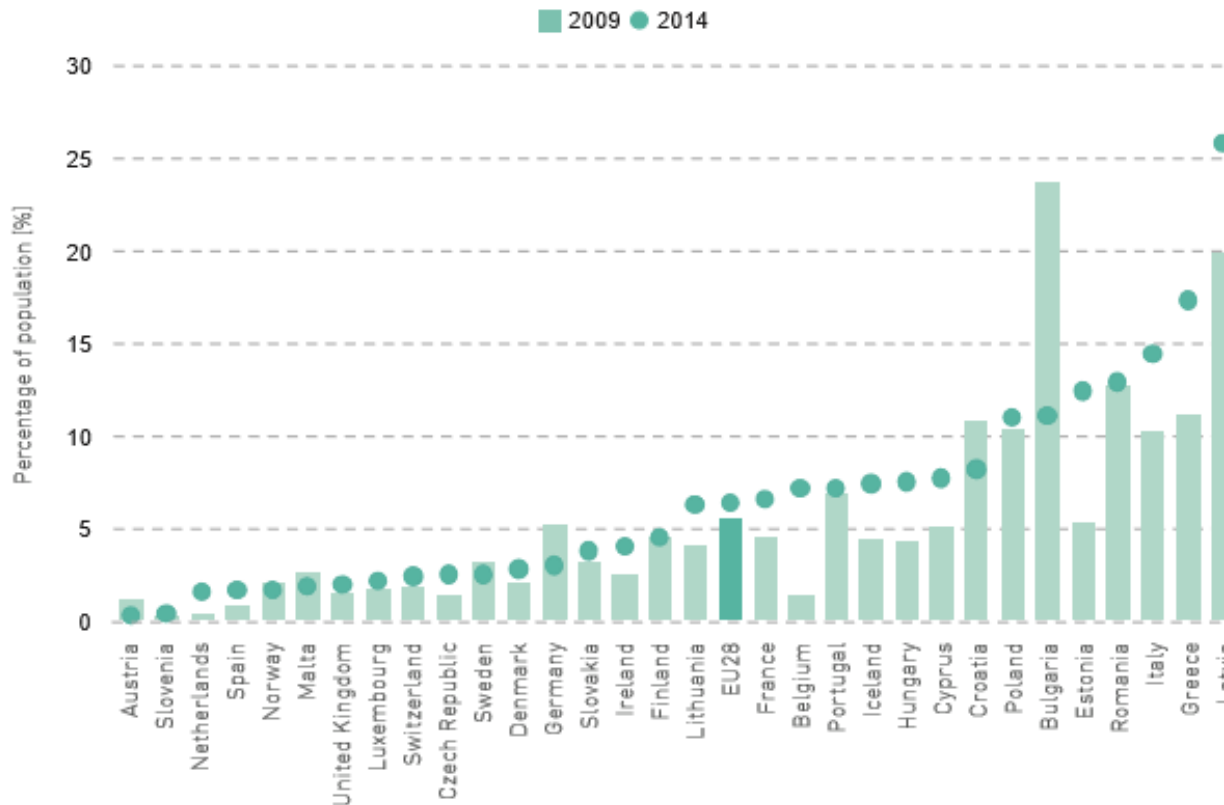
Channel distribution 2015



IMS data based on the country selection: Austria, Belgium, Bulgaria, Croatia, Czech, Finland, France, Germany, Hungary, Ireland, Italy, Lithuania, Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Spain, Sweden, Switzerland, UK.

Distance and equity

FIG. 1. UNMET NEED FOR HEALTH CARE DUE TO COST, DISTANCE AND WAITING TIME AMONG POOR PEOPLE IN EUROPE BEFORE AND AFTER THE ECONOMIC CRISIS



EU28: mean value for the 28 Member states; data are for the poorest fifth of the population.

Source: Eurostat (2).

COMMUNITY PHARMACIES



There are
154,000
community
pharmacies in the
EU¹. Pharmacies
are the most widely
distributed healthcare
facility in Europe.



Approximately **98%** of EU citizens can reach their nearest community pharmacy within **30 minutes**, while 58% of citizens indicate that their closest community pharmacy is within **5 minutes** reach from their work or home². Pharmacies in the majority of EU countries are required to ensure that premises have access for people with disabilities.

IN GENERAL PHARMACIES HAVE LONGER OPENING HOURS THAN OTHER HEALTH CARE SETTINGS AND THROUGH EXTENDED OPENING HOURS, ROTA AND NIGHT SERVICES ENSURE PATIENTS CAN ACCESS THEIR



SERVICES 24/7.

¹ 154,000 is the number of community pharmacies in EU27 and candidate country Croatia. Source: PGEU database 2011.

² Survey of Chain of Trust Project, under EC Public Health Programme (Grant Agreement N° 2009 11 13).

Responding to Change

- Pharmacy practice has transformed from focusing only on medicines and disease to patient care and quality
- Large portion of total health care spending is on pharmaceuticals and chronic diseases, imperative to improve healthcare quality and personal outcomes
- Pharmacy services aim to achieve the ‘triple aim’:
 - Better quality of care
 - Better health outcome
 - Lower costs



It all makes sense...



More trips here can mean

...fewer visits here

Trends in pharmacy services



Core Pharmacy Services (expertise in medicines):

- Dispensing (incl. repeat dispensing and homecare);
- Compounding;
- Medication management (unit dose packaging, new medicines service, medicines use review);
- Emergency care (incl. emergency contraception) and minor ailment management.

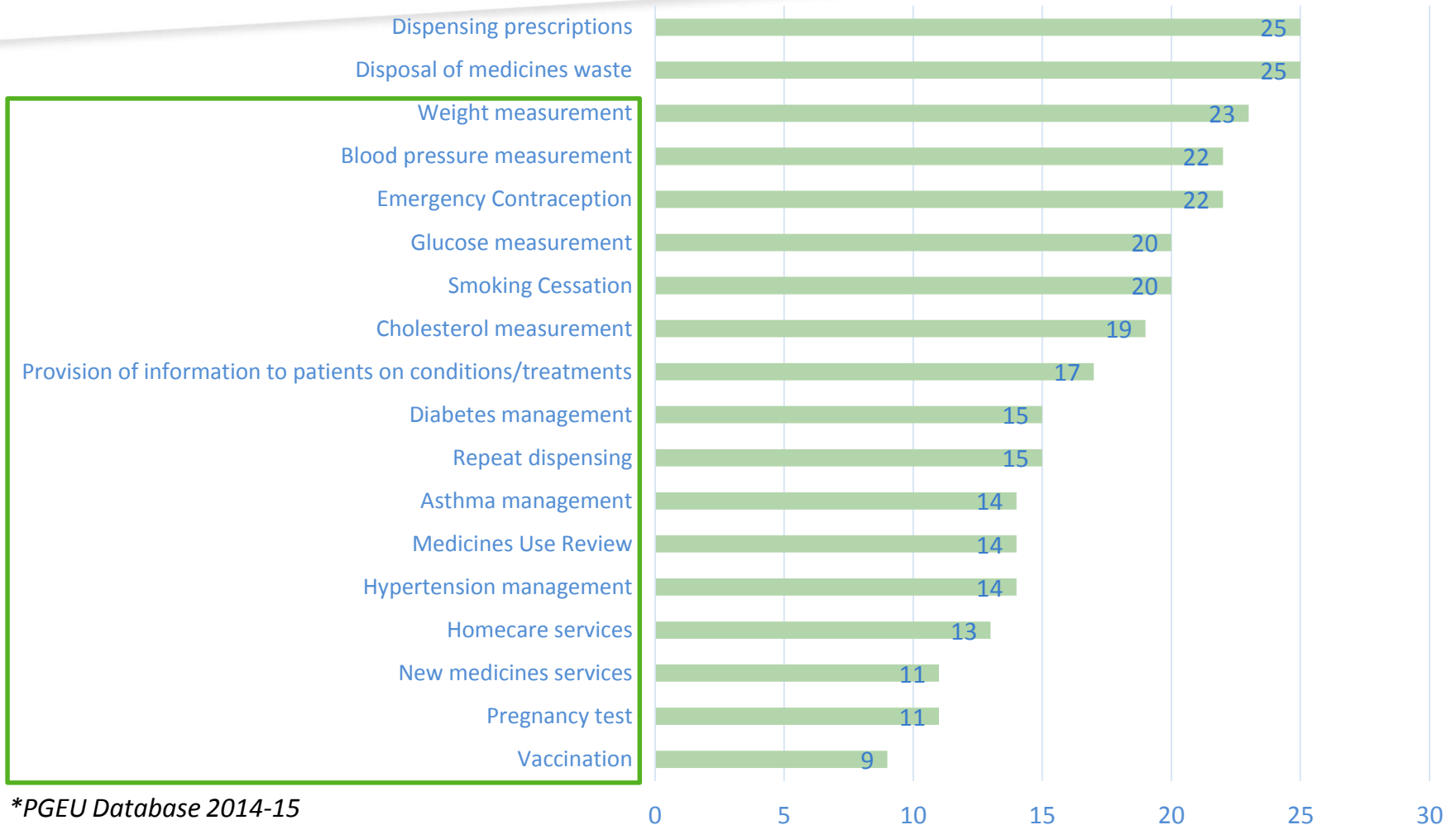
Advanced Pharmacy Services (health care services):

- Vaccination;
- Smoking cessation;
- Measurement of blood pressure, cholesterol, glucose, weight,
- Chronic disease management;
- Early screening and testing.



Overview of Pharmacy Services

Additional pharmacy services by number of country



*PGEU Database 2014-15



Ex.:

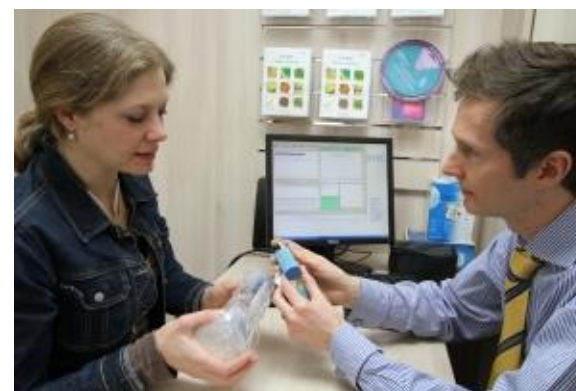
Examples

Medicines Use Review

Available in a pharmacy in 14 European countries.

Aims to:

- improve patients' understanding of their medicines;
- highlight problematic side effects and propose solutions where appropriate;
- improve adherence and
- reduce medicines wastage.



Medicines Use Review

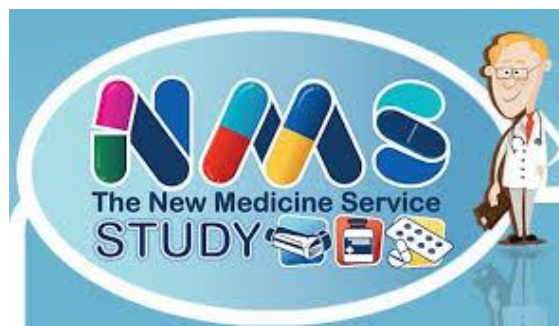


- Structured adherence-centred review by a pharmacist with a polymedicated patient
- The pharmacist reviews the patient's **use** of medication, ensuring they understand how the medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber.
- It is intended particularly for those receiving medicines for long-term conditions.
- National target groups (high risk) are agreed in order to guide the selection of patients to whom the service is offered.



New Medicine Service

- **Available in a pharmacy in 11 European countries.**
- The service provides support for people with long-term conditions newly prescribed a medicine.
- It aims to improve medicines adherence and patient outcomes (patients most likely to discontinue treatment in first month or two)
- National target groups (high risk) are normally agreed in order to guide the selection of patients to whom the service is offered.



New Medicine Service



New Medicine Service aims to help a patient:

- to find out more about the new medicine he has been prescribed
- to sort out any problems he may have with his new medicine
- gives a chance to ask questions about his medicine and discuss any concerns
- to improve the effectiveness of a new medicine
- to make their own decisions about managing his condition
- to improve their health, which could lead to fewer GP and hospital visits.



Emergency care

All pharmacists

- Minor ailments (e.g. cold, flu, etc.) management
- Emergency services

Pharmacist praised after giving life-saving Epi-pen to girl (17) suffering severe nut allergy

Catherine Devine

PUBLISHED

06/10/2016 | 16:24



A pharmacist has been praised after administering two life-saving adrenaline injections on a seventeen-year old who was entering an

gestion,
ns.

Health Checks in a Pharmacy

One can measure

- **blood pressure** in 22 countries...
 - **weight** in 23 countries...
 - **blood glucose** levels in 20 countries...
 - **cholesterol** in 20 countries...
- in a community pharmacy.



Disease Management Programmes

Disease management programs aim to provide holistic and personalised care to individuals with certain (often chronic) conditions:

- Diabetes management programmes are available in pharmacies in 15 countries;
- Asthma management programmes are available in pharmacies in 14 countries;
- Hypertension management programmes are available in pharmacies in 14 countries.



Public Health Services in a Pharmacy

- In 20 European countries pharmacies offer **smoking cessation services**;
- Pharmacies support number of national and regional **public health campaigns**:
 - Including **European Antibiotic Awareness Day**;
- As part of our daily practice we offer health and wellbeing advice and support for self care...



Vaccination

- In 9 countries in Europe pharmacists contribute to a significant advancement towards the EU target of vaccinating **75%** of at risk groups against influenza;



- Since the beginning of pharmacy computerisation in the early 90s community pharmacy developed the necessary infrastructure and culture to implement innovation in such a way as to efficiently deliver significant benefits to the public.
- Today 100% of pharmacies are computerized, majority has a broadband connection.
- In 17 countries pharmacies can dispense ePrescriptions. However, we still struggle to get access to patient eHealth records.
- Committed to establishment and management of European Medicines Verification System with other supply chain actors and governments.
- Together with our patients we are learning to use apps.



What is next for community pharmacy?



- The case for the pharmacist's contribution to health systems in the form of services, has never been stronger;
- Evidence confirms that pharmacists' interventions not only improve patient outcomes, they also save money;
- However, services are unlikely to be sustainable on a large scale without funder support;
- Our accessibility is the major asset, and needs to be preserved along with logistic 'efficiency';
- New services are important, but the dispensing function is crucial to our place in communities;
- Quality, professionalism and added value are at the heart of what we do.



Vision



*“...future where **services offered at European community pharmacies**, at the heart of the communities by highly qualified and independent healthcare professionals – community pharmacists - **further support individual patients, public health and the healthcare system.**”*

/European Community Pharmacy Blueprint 2012/






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*Pharmaceutical Group
of the European Union
Groupement Pharmaceutique
de l'Union Européenne*

THANK YOU!



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