Pharmacy, Medicines and Value for Money

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Priority Policy Areas for the Health Strategy

Medicines play a central role in modern healthcare. Their efficacy means that they can reduce mortality and improve quality of life even in conditions that cannot yet be cured. Medicines-related problems extend from the failure to recognise the need for a drug, the use of an inappropriate drug or an inappropriate dose, the occurrence of an adverse drug reaction, to the discontinuation of drug use by a patient and to the use of an incorrect dose by a patient. These problems result in unnecessary suffering for the patient and to unnecessary costs for the Health Service. The responsibility for the occurrence of these problems is shared by doctors, pharmacists and patients. The solutions depend on four actions being taken by the Health Service.

First of all the development of the role of the pharmacist, which is at present only partially realised, to enable them to contribute the full range of their expertise, in partnership with doctors and patients, in both Primary and Secondary Care.

Secondly, the delineation of the roles and responsibilities of the institutions that govern pharmacy as a profession, regulate its operation to protect the public good and manage the delivery of the Health Services.

Thirdly, the use of pharmacists in the Health Boards and the Department of Health and Children not only to develop medicines legislation and to control the medicines reimbursement schemes but also to plan for and to assure the quality of the pharmaceutical services provided in Primary and Secondary Care by the Health Service for doctors and patients.

Fourthly, the development of a Pharmaceutical Policy that brings all of these elements together in order to obtain value for money from a significant sector of the Health Service.

These four actions are described under five headings below.

1. Community Pharmacy

Community Pharmacy provides the means to maximise the benefits and minimise the risks associated with prescription and non-prescription medicines usage. Medicines supply by Community Pharmacy is also important but it is of less value to the Health Service than the contribution it makes to patient care. Medicines are the most widely used, most effective and potentially the most dangerous tool of modern healthcare. Community Pharmacy monitors the usage and effectiveness of medicines of patients from Primary Care and from Hospital Outpatient clinics through frequent patient contact and through its

patient medication records. Patient registration and participation in Primary Care are not yet optimal in this country. Community Pharmacy can use its expertise in pharmacology, in communication skills, in practice management and its Information Technology systems to generate, relay and reinforce valuable information to both patients and prescribers. It is this team, the prescriber, the patient and the pharmacist that is the heart of the Health Service. It is the functioning of this team that is the key to effective Primary Care.

In addition, Community Pharmacists ensure the appropriate use of self-medication and refer at risk patients to GPs and to others in the Primary Care team. This increases the efficiency with which Primary Care resources are used. Conversely, the referral to pharmacists of patients whose conditions can be better managed using non-prescription medicines and appropriate lifestyle advice will help reduce over-dependence on Primary and Secondary Care facilities. Community Pharmacy is the second most important contributor to Primary Care and is an essential participant in providing seamless care between the Secondary and Primary Sectors. International research has shown that simply increasing access to GP care does not reduce the utilisation of Secondary Care. It is the active co-operation of Primary Care teams whether they are in health centres or electronically linked that enables efficient and effective service provision.

Patients are increasingly deciding about how they will use the Health Service and about what health information they require and the Community Pharmacist is most frequently their first point of inquiry. The Community Pharmacy network is the most widely distributed and easily accessible point of contact with the public for Health Promotion campaigns. By including Community Pharmacy, with its strong community focus, to work in a structured manner with the rest of the Primary Care team and network for these campaigns the most efficient use will be made of existing resources.

Research in this country has shown that community pharmacies and pharmacists are extensively used, provide appropriate and valuable care and advice, but remain under-utilised because of the disjointed structure and operational barriers of the present Health Service. Furthermore, having been given the roles set out in the Community Pharmacy Contractor Agreement research also shows that while they are prepared to fulfil their responsibilities pharmacists are becoming demoralised by the lack of follow through and the implementation of incoherent policies such as de-regulation. The integration of Community Pharmacy into the Health Service will make possible the delivery of the improvements in effectiveness, quality, flexibility and continuity of patient care that the Strategy envisages. Without it inefficient medicines usage will increase costs and

additional expenditure will be required to develop a network with the capabilities that Community Pharmacy already possesses.

2. Hospital Pharmacy

The optimisation of the role of the hospital pharmacy as envisaged by the 1978 Working Party is an essential component of a revitalised Secondary Care system. Hospital pharmacists and their support staff are the only group who can manage the use of medicines at both institutional and individual patient level. Clinical Pharmacy services and Drug and Therapeutics Committees are two of the ways in which this can be done. Neither of these strategies is being fully nor effectively utilised at the moment. All the evidence from other countries shows that inadequate monitoring of medicines usage in Secondary Care harms patients and increases costs.

The Health Strategy proposes an expansion of activity in the Public and Private hospitals and an increase in Consultant-lead teams. All of these will increase the demand for medicines. And this increased demand will have to be managed if value for money is to be obtained. Since research in this country and elsewhere has shown that drug use in hospitals strongly influences the use of drugs in Primary Care resources directed at medicines management in hospitals is particularly cost-effective. To underpin the development of the role of the hospital pharmacist standards of pharmacy practice in both Public and Private Hospitals and in other types of institution must be implemented. This will ensure that medicines usage is efficiently managed and the effectiveness of the medicines that are used is maximised throughout the institutional care sector.

3. The Governance of Pharmacy

If the Profession of Pharmacy is to serve the new Health Service effectively it must be appropriately governed by its Professional Body and by the Health Boards. Pharmacists and their practice facilities are regulated by the Health Service with whom they have a contractual relationship and by their Professional Body with whom they must be in good standing in order to be eligible to practice.

The management and monitoring of pharmacist's compliance with health service contracts and of service delivery, and the distribution of pharmacies and the

standards of their facilities should remain the responsibility of the Health Boards. Where there are issues of a professional nature the Health Boards utilise the expertise of the Pharmaceutical Society as provided for in the Community Pharmacy Contractor Agreement.

At the moment the Professional Body has both a regulatory role, to protect the public from fraudulent or poor practice and, a professional role, to represent and develop the Practice of the Profession in each branch of practice. The process of drafting a Pharmacy Bill and the review required by the Health Strategy provide an opportunity to review the structures and functions of the Pharmaceutical Society. In the Public Service such regulatory and representative/professional roles are usually performed by separate organisations. The same principle should be applied to the reform of the Pharmaceutical Society. A separate Regulatory Body specifically created to protect the public good would operate in an open and accountable manner. The Regulatory function includes the registration of professionals and of facilities and the monitoring of their adherence to standards of professional practice. This Body should report annually to the Department of Health and Children and its operations would be funded by pharmacist and pharmacy registration fees. Professional activities, such as the formulation of standards of professional practice, codes of professional conduct and of ethics, assessment of pharmacy undergraduate syllabi and the operation of Pre-Registration training would be the responsibility of the reformed Pharmaceutical Society. These should be funded by a combination of pharmacist fees and of State funding for specific activities.

The Health Service would benefit from the clarification of these roles. The Health Boards would consult the Regulatory Body to determine the standing of the professionals who seek to work for them. The standards drawn up by the Pharmaceutical Society would be used to guide the new Regulatory Body and the Health Boards in their quality assurance work with the Community and Hospital Sectors. The profession of pharmacy would benefit as the separation of the roles would allow each of them to be more effectively and efficiently carried out. This division of the structures and functions is the mostly widely accepted form of governance of the pharmacy profession in other countries and it is now under active consideration in the UK from whom Ireland inherited its existing regulatory framework.

4. Pharmaceutical functions of the Health Boards and the Department of Health and Children

Both the Health Boards and the Department of Health and Children need to review the responsibilities of those pharmacists who work for them. It is no longer appropriate to limit the role of pharmacists in the Health Boards and the Department of Health and Children to the legal issues surrounding medicines classification or to the operation of the medicines supply schemes. To manage the new Health Service the responsibility of pharmacists working in these organisations should additionally be to assure the adequacy of service provision and the quality of service provision by pharmacists. Policy development and strategic management of pharmaceutical services are needed in Primary and Secondary Care at both Departmental and Health Board level.

Although some of the Health Boards have begun to tackle this problem the Department of Health and Children needs to set out its own programme of reform. It needs to provide leadership and assistance to the Health Boards. Once suitably reformed they will be able to cogently devise and efficiently implement those policies that impact upon pharmaceutical services. Useful models of management and administrative operations for pharmaceutical services exist in many other European countries to guide the process of reform in this country.

5. The need for a Pharmaceutical Policy

A comprehensive and explicit Pharmaceutical Policy is needed for the new Health Strategy. Pharmaceutical Policy encompasses both pharmaceuticals and pharmaceutical services and it has been a management priority of health services elsewhere and of bodies such as the World Health Organisation for many decades. The management of the pricing, legal classification, means of distribution, method of reimbursement and effective monitoring of usage and the delineation of the role and responsibilities of pharmacists in the Health Service and the regulation of manpower supply are all interlocking facets of a Pharmaceutical Policy. At present in this country the consideration of some of these aspects are carried out independently by a number of different bodies among them, the Irish Medicines Board and the GMS Division of the Department of Health and Children.

Although each body operates to a high standard within its own terms of reference the interdependencies of the sector cannot be readily taken into account by them when they make their own policy decisions. Furthermore, some aspects such as Pharmacoeconomics, cannot be addressed adequately by the existing structures, because of a tentative approach to the policy issues surrounding the topic.

In order to plan for and manage medicines usage efficiently at a national level and in order to obtain value for money from this major component of healthcare expenditure, a Pharmaceutical Policy is needed. And this in turn reinforces the need to review the deployment of pharmacy and pharmaceutical expertise in the Department of Health and Children. Other countries already have such policies and have developed and implemented them using a variety of operational structures that could serve as examples for consideration here.

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