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*Groupement Pharmaceutique de l'Union Européenne*



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# HEALTH AND PRIMARY CARE POLICY



Jan Smits, Pharm D, PGEU President

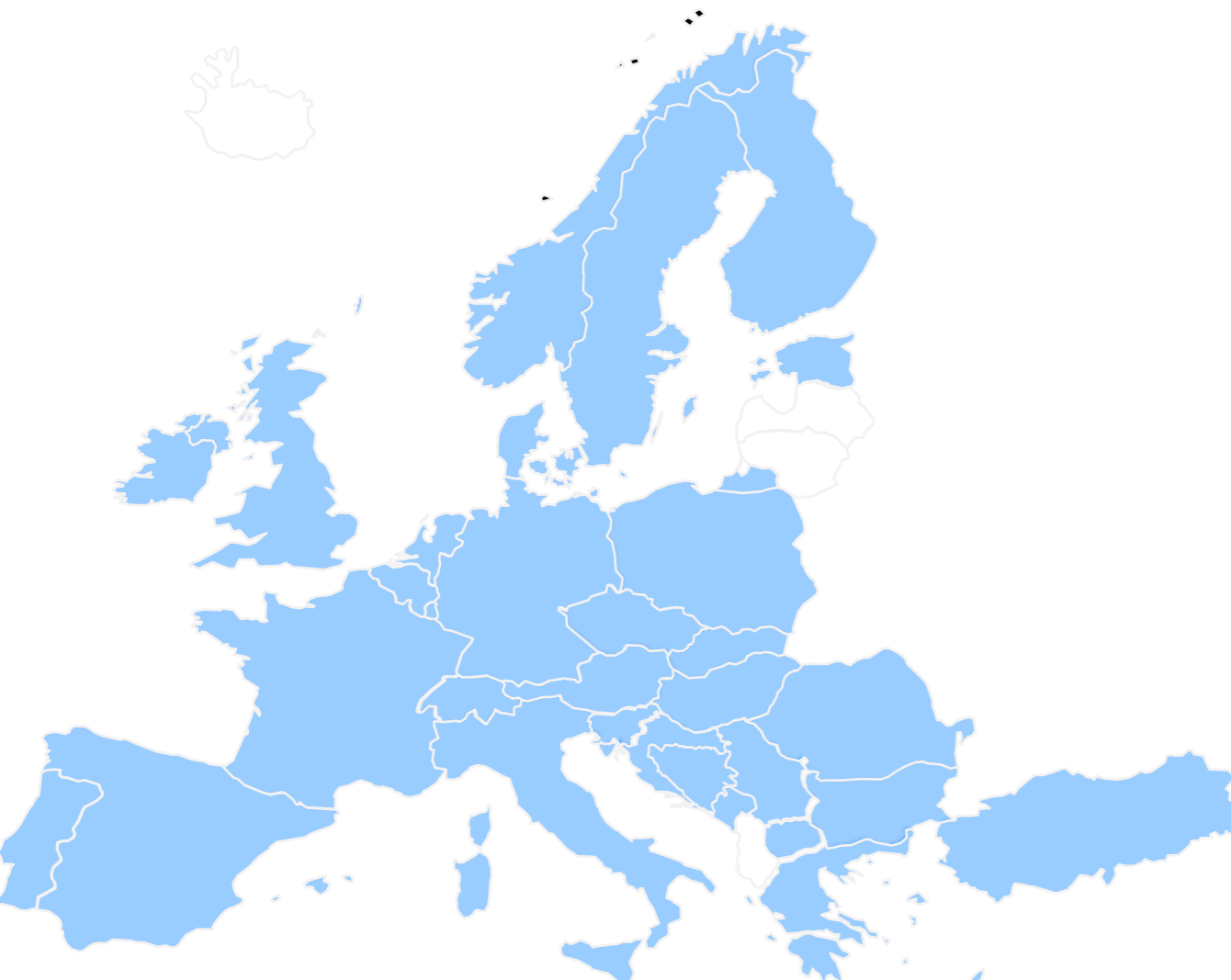


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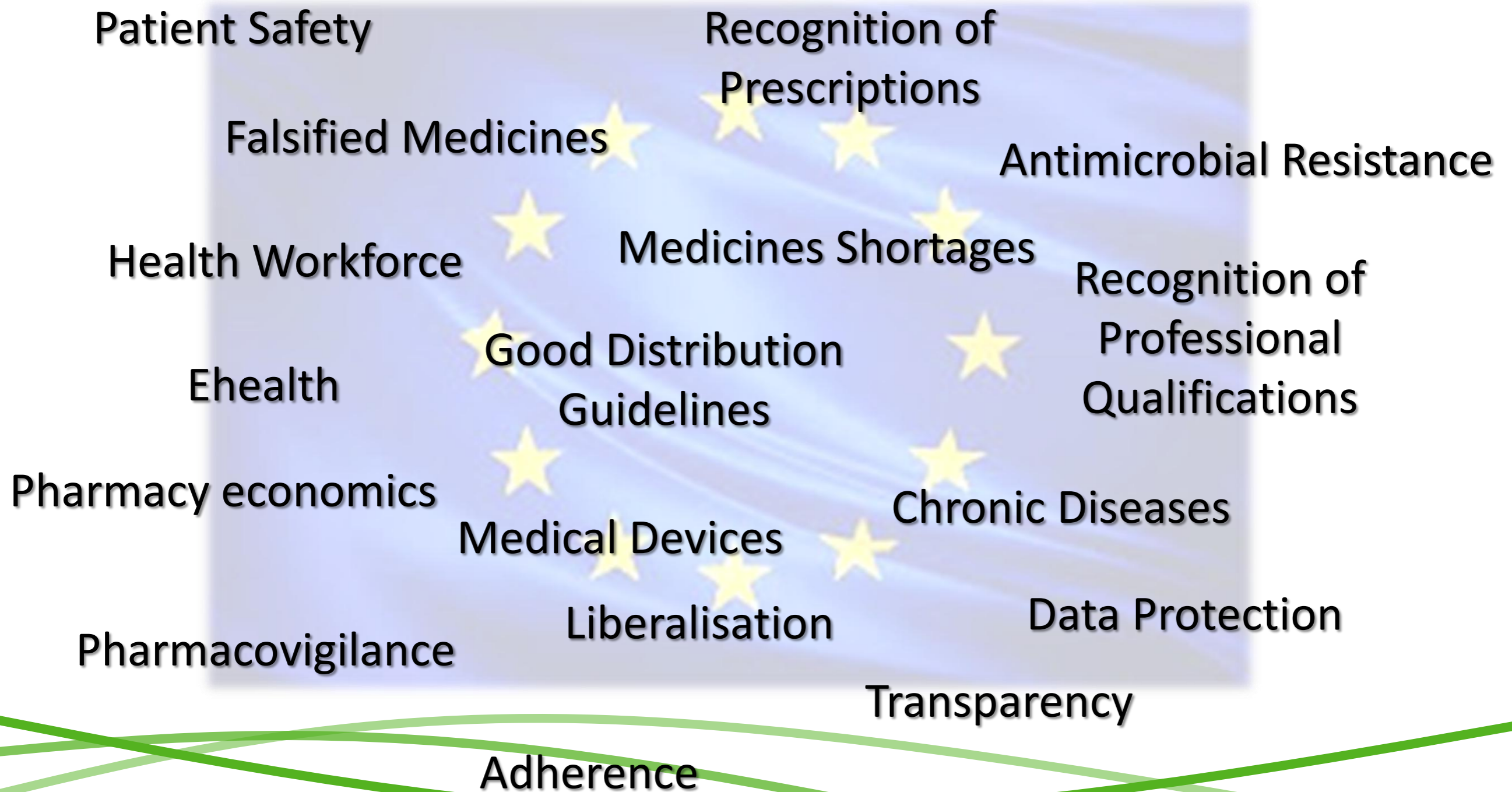
*Members: Professional Bodies & Pharmacists' Associations*



2014: 34 Countries

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

# Scope of PGEU – Some issues from the last 12 months



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# Continuous budgetary pressure

- Due to ageing in Europe there will be a continuous budgetary pressure on healthcare budgets in Europe.
- Primary care is more cost-efficient than secondary care
- The added value of pharmacists and the financial advantages of medicines management is insufficiently clear for policy makers. Financial pressure on pharmacists and medicines pricing level will continue. Price cuts, reduction of margins, co payments are easy tools.



# The fundamental challenge

- The fundamental challenge we face is to maintain and extend our professional mission and our relevance for health systems



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# Expertise is key to recognition

- The future of pharmacists can be positively influenced by showing their added value in health care. Recognition of this added value will in due time pay off. Expertise of medicines and medicines management and moreover communication of this expertise are key to the required recognition of the added value of the pharmacist.



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# From dispensing to outcome of pharmaceutical therapy

- Gradually the position of the pharmacist in Europe will change. Although the process is everywhere the same. The phase will be different per European country.
- The role of the pharmacist will change from dispensing of medicines to a position where the pharmacist is involved in optimizing the outcome of the pharmaceutical therapy.
- Collaborative care, adherence, clinical values are key elements.



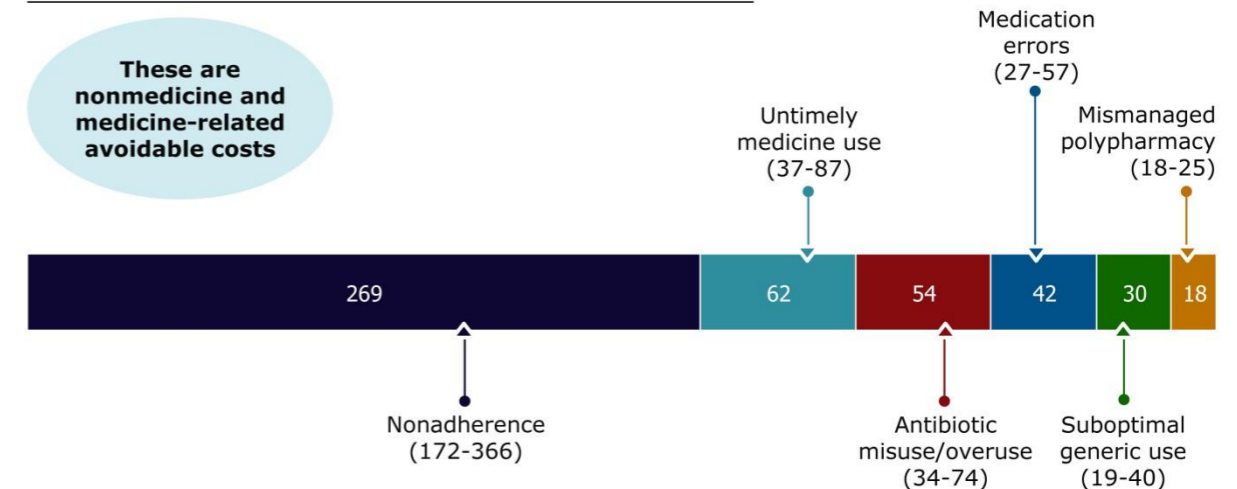


# Medication management leads to substantial avoidable costs in health care

- In 2012 IMS (the Institute for Healthcare Informatics) has shown in their report “Advancing the responsible use of medicines” that as a result of this changing role of the pharmacist substantial costs in health care can be avoided. Worldwide 500 billion dollar of avoidable costs and for example in the Netherlands the amount of avoidable costs is almost as big as the total pharmaceutical budget.

Total amount of annual avoidable costs is almost \$500 billion, or 8% of total global healthcare costs

Annual magnitude of the opportunity in the health system  
Total \$Bn with minimum and maximum ranges



# Role of the Pharmacist (1): The core business is Medicines Expert

Essential is to define the role of the pharmacist. First of all what is the core business of the pharmacist. The core business of the pharmacist are all activities based on the expertise of medicines:

- Dispensing (including Repeat dispensing and Home care)
- Compounding (custom-made)
- Emergency care (including Provision of emergency contraceptives)
- Medication management (Counselling on receipt of first prescription; Consultation in 14 days; Adherence; Clinical parameters)
- Medicines review (Polypharmacy; risk groups; elderly)
- Treatment of Minor Ailments (issues to be passed on to the GP)



# Role of the Pharmacist (2): Pharmacy network provides health care services

In addition the pharmacist provides several health care services. Pharmacies in Europe are always nearby. Pharmacies are the most widely distributed healthcare facility in Europe. This sophisticated accessible network combined with the academic level of the pharmacist provides several health care services:

- Measurement of Blood pressure, Cholesterol, Glucose, Weight
- Vaccination
- Providing Pregnancy tests
- Smoking Cessation
- Self-care



# PGEU Vision

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



Аптеката в Европейския съюз

Проект (Blueprint)

За оптимизиране на здравните резултати за отделните пациенти и важноста на системите за здравеопазване в Европа

Фармацевтична група на Европейския Съюз  
Groupement Pharmaceutique de l'Union Européenne  
Pharmaceutical Group of European Union

Source: European Community Pharmacist  
Blue Print 2012



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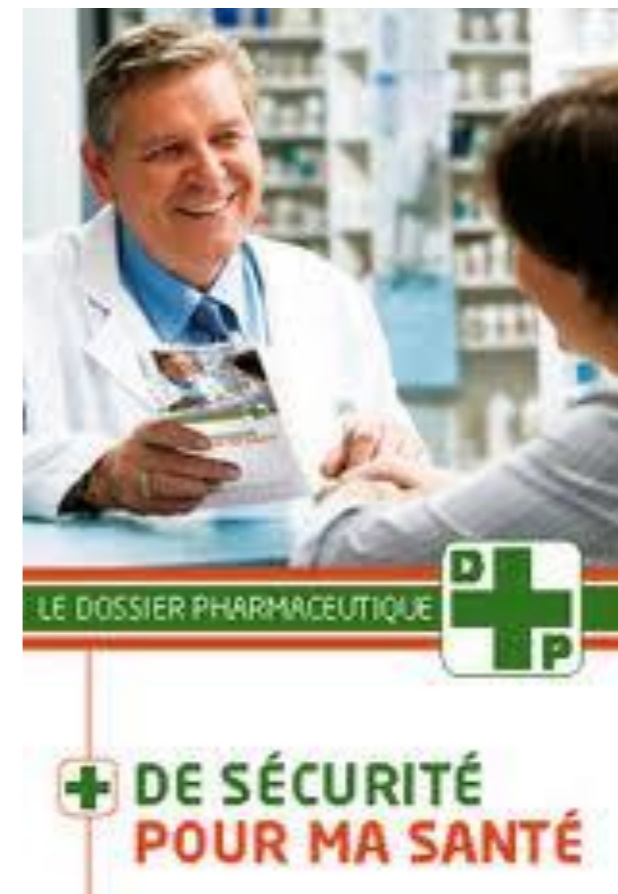
# A changing Pharmaceutical Curriculum

In the Strategic plan of the University of Utrecht (Netherlands) of January 2014 a change the Pharmaceutical Curriculum is announced. Society asks for a different type of pharmacist.

*“A major change in the profession of pharmacist is shared responsibility with doctors or the outcome of pharmaceutical therapy, a change recently written into legislation. This element has been added to the pharmacists traditional list of responsibilities relating to product care and product innovation. The department aims to develop a new curriculum with in-depth separate profiling in the area of patient care and product care/product development, leading to an undivided pharmacy degree”*

# Access to Patient Health Records

- Example France: Dossier Pharmaceutique



# Summary: Consequences of changing roles

- Education: The changing role will have an impact on the Pharmaceutical Curriculum and will require Continuous Professional Development
- Sharing tasks: Collaborative care: Doctors and Pharmacists will be part of a team of health professionals treating the same patient; Access to Patient Health Records
- The remuneration of the pharmacist: From margins to more emphasis on fees for core business and additional health services





# THANK YOU

[www.pgeu.eu](http://www.pgeu.eu)



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