



The Danish Association of Pharmaconomists

## **The health policy programme of the Danish Association of Pharmaconomists.**

### **- The right medicine for the right customer**

Adopted at the meeting of delegates on 8 –9 November 2004

#### **Our basic attitudes**

A healthy life is a life in which people experience physical and mental well-being, free from unnecessary limitations or pains due to disease or handicap. Health promotion and prevention of disease are the stepping-stones on the road to a healthy life for more people.

Denmark must be the country in the world in which the greatest number of people are satisfied with the health services they receive, irrespective of their economic or social background. And Denmark must be a world leader in the field of medicine safety.

There should be free and equal access to treatment for all citizens in Denmark at public hospitals and general practitioners. Free and equal treatment comprises access to pharmaceuticals at a price that does not prevent individual citizens from receiving necessary treatment for economic reasons.

The pharmaconomists wish to assume substantial co-responsibility for the promotion of health and prevention of disease in connection with the handling and use of pharmaceuticals and medication counselling. In other words, the Danish Association of Bachelors of Pharmacy wishes to contribute to ensuring that the right pill ends up in the right mouth in the right dosage, at the right time and at the right price for both patient and society.

#### **We believe**

that the number of medication-related problems in the form of hospitalisation and death must be significantly reduced. It is estimated that between 68,000 and 158,000 cases of hospitalisation and between 1,400 and 3,200 occurrences of death can be ascribed to medication-related problems (Birte Søndergaard og Hanne Herborg: Evidensrapport 7, 'Kortlægning af lægemiddelrelaterede problemer' [Mapping of medication-related problems], Pharmakon, April 2004, p. 18);

- that the effect of dispensed pharmaceuticals can be enhanced, and the national economy thereby improved, if the health sector places more focus on medicine compliance by the individual patient and that the dialogue concerning medicine between the health practitioner and the patient should also take its point of departure in the patient's concordance;
- that greater emphasis should be placed on applying knowledge concerning the optimal and rational use of pharmaceuticals (clinical pharmacy) throughout the whole of the treatment chain, from the time the patient consults the doctor until the medicine is taken in the home, at the hospital, old people's home or in other places;
- that handling - and dispensing, as well as medication counselling should be carried out by professionally trained health personnel, including pharmaconomists;
- that the pharmacy should continue to be part of the health service and regulated as such.

The Danish Association of Bachelors of Pharmacy will contribute actively and introduce the agenda to make this happen.

#### **We are working to ensure**

- that patients receive competent information about medicine and better opportunities to have a dialogue with pharmaceutically trained personnel concerning the correct use of medicine. This dialogue/counselling should take place where the medicine is dispensed or administered, for instance, at the pharmacy;
- that the communication between health practitioner and patient is improved - for example with the support of pharmaceutically trained staff;
- an overview of the individual patient's medication;
- that the responsibility for the overview of medicine is permanent and visible, irrespective of where the patient is in the health sector;
- that there is greater openness concerning medicine-related mistakes made by health practitioners, including also by pharmaconomists, in order to reduce the incidence of unintended medicine occurrences;
- that the liberalisation of the medicine market is blocked so that the dispensing of prescription medicine also in future takes place from a pharmacy, health centre or hospital pharmacy by pharmaceutically trained personnel;
- that it is pharmaceutically trained personnel who are responsible for the counselling services in those parts of the retail trade that sell OTC medicine;
- that pharmaceutically trained personnel are used at places where medicine is developed, tested, produced and distributed so that pharmaceutical knowledge and experience are applied;

- that pharmaceutical knowledge and experience will be to the benefit of patient groups who are especially exposed to unintended medicine occurrences. These are chiefly older patients at nursing homes and asthma patients.

**In 2005-06 we shall especially focus on**

all pharmaconomists at pharmacies gaining access to and using the personal electronic medicine profile to obtain a better overview of the medication of the individual customer thereby enhancing medicine safety;

members being offered relevant post-training (for instance dialogue with patients, patient security and medicine compliance);

monitoring the handling of OTC medicine in the retail trade and publicising inappropriate practices;

following up on the recommendations in the report “Better Use of Medicine (June 2004) from the Medicines Agency’s working group on clinical pharmacy. This especially applies to the recommendations on pharmaceutical care, where it is, among other things, recommended to talk with patients who take more than five different pharmaceuticals, residents at old people’s homes and patients with asthma;

influencing the content of the municipal structure reform, including establishment of health centres in the municipalities so that pharmaceutical care, medicine compliance and counselling become central part of the tasks of the centres;

monitoring implementation of the municipal structure reform to prevent the emergence of new grey zones where there is uncertainty as to who is responsible for the patients’ medication.