From the Theory to the Practice

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Pharmaceutical Care Network Europe
Fuengirola February 2018
From the Theory to the Practice
**QUESTIONS TO BE ANSWERED IN 5 MIN BEFORE STARTING THE WORKING GROUPS**

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<th>Country</th>
<th>Work center</th>
<th>Years of practice</th>
<th>Experience in community pharmacy</th>
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Could the pharmacist contribute to the health system with pharmaceutical professional services (PPS)?

- Yes
- No

What are the 3 more important BARRIERS has the implantation of this service?

What are the 3 more important FACILITATORS has the implantation of this service?

Should we make PPS known by other healthcare professionals?

- Yes
- No

How?

Should we make this PPS known by patients?

- Yes
- No

How?

Should this service been paid?

- Patients
- Government
- Both of them

What would be a fair price?
Let’s think about a service

Should it be partly implemented?  Has it had to overcome some barriers?  Would it have had facilitators?
The Medicines Use Review (MUR) is a Professional Pharmaceutical Service that consists of accredited pharmacists undertaking structured adherence-centred reviews with patients on multiple medicines, particularly those receiving medicines for long-term conditions. (PSNC, 2018)

In this reviews, pharmacists will assess the level of knowledge that patients (and carers) have about the correct use, administration and storing of their medication, making sure that the patients are fully aware of how to take their medications correctly, making the necessary recommendations of appropriate changes, and contacting the prescriber if this would be required.
The basic idea of the MUR service is to utilise the knowledge that Pharmacists have to counsel patients; about the best way to use their medication appropriately (to get the most of them), and making patients aware of what their medication is for, and why they should take it.
What do we need to think about when developing a pharmacy service?

**Core elements**
- Target population
- Variables to be assessed
- Sources of information
- Actions taken by the pharmacist
- Practice protocols
- Referral & Follow-up

**Support Materials & Resources**
- Data collection forms
- Data management systems
- Medical devices & other tools
- Clinical guidelines
- Books and references
- Educational materials for patients

**Key inner setting factors**
- Training needs
- Allocation of time
- Privacy
- Staff involvement & organization
- Costs
- Reimbursement methods

**External system factors**
Influences, interactions, relationships, inconsistencies of the service with existing stakeholders, healthcare processes, policies, etc...
We should analyze barriers and facilitators

1- Guidelines factors--- The evidence
2- Individual health professional factors
3- Patients factors
4- Professional interaction
5- Incentives and resources
6- Capacity for organisational change
7- Social, political and legal factors
GUIDELINE FACTORS:
Quality of evidence supporting the recommendation
Strength of recommendations
Clarity
Cultural appropriateness
Recommended clinical intervention
Recommended behaviors

PATIENTS FACTORS
Needs
Preferences
Knowledge
Motivation
Behavior
INDIVIDUALS HEALTH PROFESSIONAL FACTORS
Knowledge and skills
Attitudes
Professional behaviors

PROFESSIONAL INTERACTIONS
Communication and influence
Team processes
Referal processes
INCENTIVES AND RESOURCES
Availabality of necessary resources
Financial incentives and desincentives
Information system
Continuing education system

CAPACITY FOR ORGANISATIONAL CHANGE
Mandate, authority accountability
Capable leadership
Regulations, rules, policies
Priority of necessary change

SOCIAL, POLITICAL AND LEGAL FACTORS
Economic constraints on the health care budget
Contracts
Legislation
Payer or funder policies
Malpractice liability
Influential people
Corruption
Political stability
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