

From the Theory to the Practice

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From the Theory to the Practice







What would be a fair price?



QUESTIONS TO BE ANSWERED IN 5 MIN BEFORE STARTING THE WORKING GROUPS

Country		
Vork center		
ears of practice		
Experience in community pharmacy	yes	no
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
low?		
should we make this DDC known by nationts?	YO.	no
Should we make this PPS known by patients? How?	yes	no
iow:		
should this services been paid?		
	patients	government bo



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)

(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.

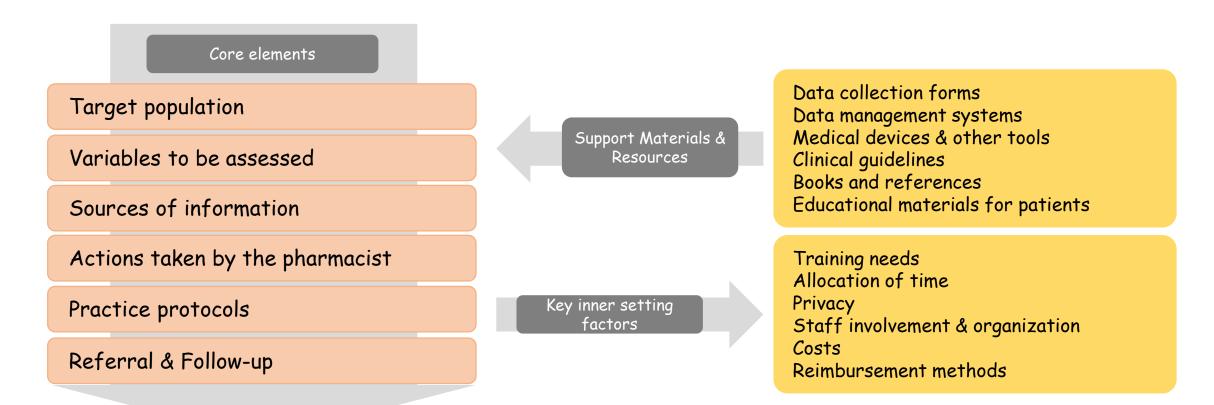




The basic idea of the MUR service is to utilise the knowledge that Pharmacists have to counsel patients; about the best way to use their medication appropriately (to get the most of them), and making patients aware of what their medication is for, and why they should take it.

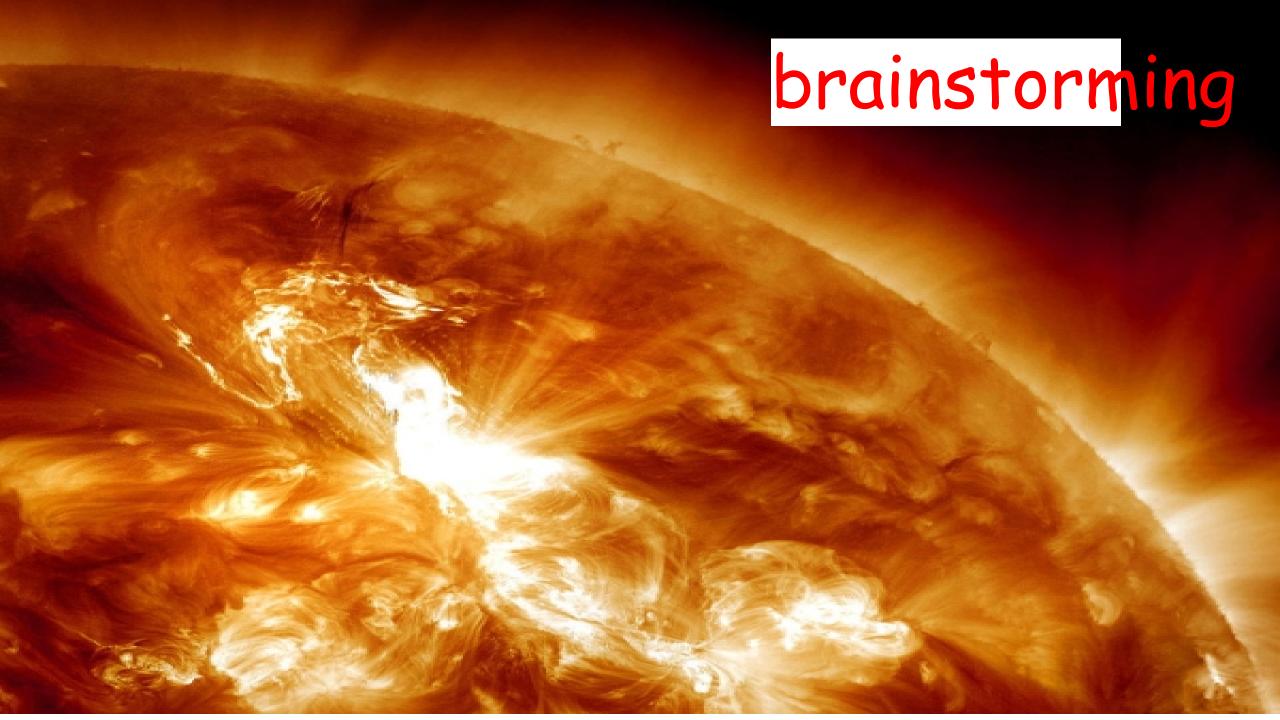


What do we need to think about when developing a pharmacy.



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
Contiuning 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



Sociedad Española de Farmacia Familiar y Comunitaria



6th PCNE Working Symposium 2018







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FACILITATOR

1 TO 10

BARRIER

1 TO 10

BARRIER FACILITATOR

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