Pharmintercom is a meeting between the community pharmacist associations of major English-speaking countries, namely Australia, Canada, Ireland, New Zealand, South Africa, the United Kingdom, and the United States of America. This year, the meeting was held in the beautiful town of Whistler, British Columbia, Canada, and was chaired by the President of the Canadian Pharmacists Association, Mr Jody Shkrobot.

**New professional services**

All countries agreed that, currently, pharmacists deliver new professional services. Some of these are based on the expanded scope of practice of pharmacists. However, the fees allocated for the clinical services are probably not sufficient to support the services, if offered independent of dispensing.

In most countries, keeping new services linked to dispensing services is seen to be important. Public health services, health promotion, and weight management, offer important opportunities for pharmacy, especially where these services are embraced as a part of healthcare reform. This may provide opportunities to access budgets outside of the traditional pharmacy budget. Healthy living pharmacy in the UK is a good example of one approach.

In South Africa, the South African Pharmacy Council rules that “services for which a pharmacist may levy a fee, and guidelines for levying such fee or fees” are very important. This document spells out the clinical scope of practice of pharmacists in this country.

The community pharmacist sector has once again approached the board of healthcare funders, stating: “The community pharmacist sector of the PSSA believes that many of the services delivered in pharmacies can be invaluable to medical schemes as a means of early detection and management of many chronic non-communicable diseases. Patients with screening test results outside the norm are referred to their general practitioner, or other healthcare professionals, when appropriate. In addition, pharmacists can assist in creating awareness of the importance of lifestyle in preventing or controlling these diseases”.

The greatest opportunities to facilitate new uptake of new services are where these services are incremental extensions to core, accepted pharmacy roles, and fit within the pharmacy workflow. Simple documentation is vital to prove and analyse outcomes.

**Information technology**

Technology is seen as an important enabler in pharmacy practice, and innovative pharmacy software, in particular, is viewed as a support to the provision of services, and also as a tool with which to capture data to provide evidence of value.

Most countries have invested considerable sums of money in health information technology (IT), with little to show for it. Health IT seems to be a high risk investment for governments and the private sector. However, it is necessary to ensure that systems for data collection, not only for products and prescriptions, but also for disease management, are improved.

The introduction of e-prescribing is far from being a regular feature of practice, but it is growing in the UK and the USA. Early experiments have been fraught with problems, which contribute to its slow uptake.

IT has made it possible to promote remote dispensing kiosks in some countries. The economics to maintain them, and the value of these kiosks, remains to be seen. Follow-up reports from those countries will be interesting.

Some countries report that tele-medicine continues to grow, and to provide a healthcare service to rural and remote communities. Pharmacists’ services are sometimes included. Tele-medicine removes the time and expense involved in travelling to major cities. South Africa would also benefit from a tele-medicine service, but in this regard, new legislation is required.

**Dispensing issues**

A number of countries have reported a “forced” reduction in generic medicine prices by the government of those countries. This has been done to reduce the cost of medicine to consumers.

All countries receive a dispensing fee, in various combinations, for dispensing medicine to state, medical scheme, or private patients. There is no capitation model in practice, anywhere, for the supply of medicine to state patients. Members of the community pharmacist sector believe that, even in South Africa, it will be necessary to consider a fee for services model for medicines.

**Primary health care**

Primary health care continues to be an area of focus, and community pharmacy can play an integral part in health delivery.
Most member countries reported that pharmacist-initiated services, other than the traditional dispensing role, are provided, e.g. blood pressure monitoring, immunisation, lipid monitoring, and weight and diabetes management. Most of these services are paid for by the patient. All members agreed that third-party funders (the state, medical schemes or health insurance) should pay for these services.

**Minor ailments scheme**

In the UK, a cost saving for minor ailment management resulted, when therapy was shifted from the general practitioner to the pharmacy. However, it is difficult to show, and measure, the outcome of many of the treatments.

**Medicine waste disposal**

Most Pharmintercom countries have some form of collection of medical and pharmaceutical waste. The funding models vary from government financial support, to an out-of-pocket expense for the pharmacist. There is concern over collections, and the capacity of companies to dispose waste, after it has been collected.

The community pharmacy sector has a community pharmacy medical waste network in place for its members.

**Communication to members**

Represented organisations at Pharmintercom are facing challenges in communicating the importance of the services provided to meet the needs of all members, and to encourage and maintain membership. This is particularly difficult when everyone benefits from advocacy work.

**Pharmintercom 2012**

South Africa will host Pharmintercom 2012.

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**Diabetes Month**

World Diabetes Day took place on 14 November 2011, but as a rule, community pharmacists consider the entire month of November to be diabetes awareness month.

Many awareness activities took place during November, e.g. on 3 November the Voortrekker Monument was lit in blue, and remained so for the entire month. Blue was chosen, as this is the colour that is used to promote diabetes awareness.

During this period, several global diabetes walks took place around the country.

**Port Elizabeth:** Three hundred and seventy-three entrants participated in a fun walk. This was the second time that the event was held in Port Elizabeth, and the number of participants trebled. The oldest registered participant was 79 years old, and the youngest, only two. For the first time, many participants entered their dogs, providing they were well behaved. Dogs and cats can also have diabetes.

**Cape Town:** The Diabetes South Africa Western Cape branch held its annual global diabetes run/walk on Saturday, 19 November 2011. Almost 1 700 participants completed it. Several celebrities took part, including the SABC Expresso show presenter, Liezel van der Westhuizen, and well-known national sports team advisor, Prof Tim Noakes. The Cape Town Mayor, Patricia de Lille, gave the opening address, and visited each exhibitor. Blood glucose testing, blood pressure monitoring, body mass index testing, food and eye-care screening, and tuberculosis and human immunodeficiency virus testing were provided to participants, free of charge.

**Durban:** The global diabetes walk in Durban took place on Sunday, 6 November 2011, and was supported by approximately 1 200 participants. This was an historic event, as it was the first global diabetes walk to be held in KwaZulu-Natal.

**Voortrekker Monument:** Approximately 430 people participated in a fun walk on 19 November, 2011. Free screening tests were offered, and exhibitors supplied information on the control and monitoring of diabetes. After the run, the group, Watershed, entertained the crowd, lending a festive atmosphere to the occasion.

Overall, these events elicited very positive responses from the participants, who all expressed a wish to take part again in the future.

It is important for community pharmacists to join in these health days, as they can play a vital role in securing the wellness of patients, and in the detection and management of disease.

Johan Bothma (Executive Director of CPS of the PSSA), Jeanne-Marie Louw (AstraZeneca and a Dietician), Ranga Kuni (National Chairperson of Diabetes-SA), Pieter Cloete (Go Life), Dr. Gabaza Ngobeni (General Practitioner at Diepkloof and specializing in diabetes), Andre Naude. We are stakeholders in the launch of Diabetes Month and we promote diabetes awareness via our professions to the public.