Pharminterkom 2013 was hosted on the west coast of Ireland in Doonbeg, in the county of Clare. The venue was a castle, with all the bells and whistles of the modern world incorporated into the history of the old Irish folk.

The meeting was held in the piano room of the main lodge, and started with the country reports of the attending participants, namely Australia, New Zealand, the USA, Canada, England, Ireland and South Africa. Dr Johann Kruger and I represented South Africa. Unfortunately, Johan Bothma was unable to attend. Several new delegates brought fresh ideas and perspectives to the meeting.

Country reports

Highlights and new developments in different countries were discussed and debated. It is clear that all of the governments are under threat and need to reduce the cost of health care. Therefore, community pharmacies are being pressurised to reduce the cost of medicine which impacts negatively on their continued existence. Practice models have had to be adapted in many countries in order to survive.

Drug shortages are also problematic in many countries. In some cases, pharmaceutical companies will sell drugs across borders where they are able to get a better price, which skews the real reasons for drug shortages to a certain extent, especially when governments control pricing in the manufacturing countries, as happens in the EU.

Australia

Australia had major problems with its five-year Community Pharmacy Agreement which was unilaterally changed by government. This reduced the payment to pharmacies three years into the agreement. The Guild, which represents pharmacy in Australia, always had a good relationship with the government, but this came under threat with the new development. A negotiation process is currently underway to reduce the effect of the financial impact that this imposed pricing structure will have on community pharmacy.

Pharmacies in Australia are completely pharmacist owned. The government allows corporate ownership, provided that shareholders are all pharmacists. Seventy per cent of independent pharmacies belong to banner groups that combine their efforts with regard to marketing, branding, management and purchasing.

GuildCare® software is a dispensing programme that is owned by the Guild. It is in place in 3 200 pharmacies. It is used to record clinical interventions in pharmacies and to provide valuable data to community pharmacy.

Independent companies also enter into loose contracts with pharmacists to access and analyse dispensing data. Information security is of concern and the Guild is working with stakeholders to develop a policy and to advise members.

It would be useful for the Community Pharmacist Sector (CPS) to scrutinise the Guild software and data collection models, and to possibly adapt them for use in South Africa.

Canada

Canada has a rapidly ageing population, and experiences continued escalations in healthcare costs. Therefore, the government is searching for cost savings in the budget. There has been a shift from funding hospitals to funding home and community care initiatives, particularly as seniors are a priority group. The new model allows the pharmacist a greater role in providing at-home medication reviews and the opportunity for chronic disease management.

Government is supportive of the expanded role of the pharmacist and accepts his or her place in the healthcare team. Pharmacists have been granted the authority to provide expanded influenza immunisation services to patients in various provinces. There has also been a shift regarding the compensation of clinical medication review services.

Pharmacy education is transforming from a need for the Bachelor of Pharmacy degree that is required to practise as a pharmacist, to an entry-level Doctor of Pharmacy degree to accommodate the expanded role of a pharmacist.

A competitive tendering process for generic drugs has dropped the price to 18% of the originator’s price for the top six molecules.

Ownership models are different in the various provinces in Canada. Pharmacies must be owned by a pharmacist in Quebec. Ownership is not restricted in other provinces, but the pharmacy must be managed by a pharmacist. The result is that supermarket pharmacies have increased over the years, while independent pharmacies have dwindled to approximately 19% of the total number of pharmacies. Traditional chain pharmacies are the largest group in the Canadian model.
Ireland

Open ownership of pharmacies is permitted in Ireland, but single owners and chain groups owned by pharmacists are still in the majority by far. The Irish government has launched a programme to reform health care. The strategic framework outlines the four pillars of reform, namely health and wellbeing, service, and structural and financial reform. This was in response to rising chronic illness and lifestyle trends that threatened an ageing population. The reforms will create an environment in which every individual and sector of society can play a role in achieving goals.

Community pharmacy can contribute to campaigns such as drugs and driving, needle exchange, mental health and sex education. Ireland has also introduced a flu vaccination service, while generic substitution and reference pricing on interchangeable medicinal products is now allowed.

IPUNET is an online platform that provides assistance to pharmacists who provide a service to members. South Africa has been given access to this programme which will be of great value to CPS.

The Irish Pharmacy Union, which represents community pharmacists, has also developed a programme called “On your side and by your side” that will be of value to CPS. This programme develops and promotes the role of the pharmacist and is also a data collection tool for different campaigns and interventions.

Alcohol dependence is a large problem in Ireland and programmes have been established to make the public aware of this and to provide education on its harmful consequences.

New Zealand

New Zealand has a funding envelope from government for retail pharmacies who need to stay within budget to prevent patients from paying for medication. The funding model has changed to transaction-based funding of professional services.

They start with patient services and develop a programme for clinical pharmacists. Once the pharmacist has revised the medication, they may dispense for a 90-day cycle. These pharmacists are recognised as designated prescribers. A model called “Healthy living and pharmacy” has also been developed. The New Zealand government funding body remunerates them for additional services and processes, e.g. cold chain management.

United Kingdom

The National Health Service (NHS) provides universal benefits to citizens, but these vary within the four countries, i.e. England, Scotland, Wales and Northern Ireland. The NHS architecture was reformed in April 2013. Clinical commissioning groups, which are run by general practitioners (GPs), contract with pharmacies for specific local clinical services.

Nonadherence is still a global problem and pharmacists play a major role in the New Medicine Service Programme. The Healthy Living Pharmacy framework aims to achieve the constant delivery of a broad range of high-quality services through community pharmacy, to help to reduce health inequalities. Dropbox (www.dropbox.com) is used for the management of data and benchmarks.

Open ownership of pharmacies is permitted in the UK, but supermarket acquisition of pharmacies has been stopped. The increasing number of doctor-owned pharmacies is a real concern for pharmacists.

Generic turmoil is experienced because companies stop manufacturing generics when the single exit price (SEP) is too low. Retail pharmacies are also under pressure because of lowering of the SEP.

USA

The USA government is busy with the enrolment of citizens into the ObamaCare programme, which is subsidised by employers and government to ensure that most Americans have health insurance. This supplements the Medicaid programme for the poor and the Medicare programme for the elderly.

Pharmacy ownership is open in the USA, except in North Dakota. Most pharmacies are owned by corporates in the community pharmacy sector, but the independents are growing. The National Center for Policy Analysis (NCPA) has devoted time and resources to attract new owners to buy existing pharmacies, or to open their own. This is a programme that can be developed by CPS so that financial intelligence can be offered to members.

Surescripts is an e-prescribing network, established by the NCPA, for private, independent pharmacies. Data are collected for patients’ electronic health records.

There is no price control by government, and reimbursement varies from state to state. Reimbursement consists of two components, namely the cost of dispensing a prescription and the cost of purchasing the drug ingredients. Fixed costs to operate the pharmacy, plus the charge for labour services, are also taken into account. A number of pharmacists rely on compounding in their pharmacies.

The programme “Simplify my meds” is used, and a number of pharmacists who have attended NCPA in the past are using it.

The largely unregulated pharmacy benefit managers’ promotion of their mail order pharmacies, at the expense of retail community pharmacies, is a major problem in the USA. Internet pharmacy is regulated and controlled.

Statistical reports

According to an extensive report compiled by Australia, the global phenomenon is an ageing population with a life expectancy from birth of 80. (In South Africa, expectancy is only 52). Global health risk factors are smoking, alcohol abuse and obesity.
The expansion of the community pharmacy practice supply chain

Cross-border trade is permitted within the EU. Vertical integration is taking place in the UK, Ireland and Canada, where large companies control the market. In the USA, some wholesalers run buying groups where pharmacy receives the benefit of discounts that are negotiated with suppliers. They also sign contracts on behalf of pharmacy, and collect rebates that are given to pharmacies at their monthly meetings. Wholesalers also conduct economics research and marketing for their groups.

E-health

The process is still in its development stage in many countries as far as legislation is concerned. In Ireland, the prescription is cloud based, and the pharmacy accesses the prescription with a login and password. The UK is using paper less and less, but the GPs cause problems in that they direct prescriptions to a specific pharmacy or group, instead of permitting the patient to initiate the process. The USA uses the Surescripts e-prescription network to control prescriptions and GPs are penalised if they don't use the system. Canada has an electronic health record, but there are many challenges as Shoppers Drug Mart, Canada's largest retail pharmacy chain, is not using the system and the records cannot be accessed if the system is down.

E-health is in the development phase in South Africa, but we need to learn from these experiences. The biggest challenge is to control the transmission lines with data, and the networks to access the data and prescriptions.

Developments in the organisations

A considerable challenge in many countries is to retain members in the organisations. Pharmacists who are successful become involved at student level to develop leadership in the profession. Political lobbying is vast in the USA and members pay for a service, called political action campaigns, because they believe that if you are not at the table, you are on the menu.

E-learning modules with accreditation are another way of retaining membership. Ireland has established the Irish Pharmaceutical Union Academy, and a system to communicate with members that would be valuable to South Africa. Australia's Guild, which looks after the interests of its membership, is also working well.

International Pharmaceutical Federation Conference

I also had the privilege of attending the International Pharmaceutical Federation (FIP) Conference in Dublin. This was invaluable in accessing information that can be used for the benefit of South Africa. The conference, because of its magnitude and diverse membership, offers parallel sessions. There were many opportunities to establish contacts, and one that was utilised was a meeting with the president of the Portuguese Pharmaceutical Society.

I would like to congratulate Andy Gray, who is the first South African to receive fellowship of FIP. Mariet Eksteen was elected Chair of the Young Pharmacist Group of FIP. The CPS would like to congratulate them on these great achievements.