

## PSI Publishes Report on Developing Pharmacy Services

**Wednesday, April 30, 2008:** The PSI, the pharmacy regulator, has today published the interim report of its Pharmacy Ireland 2020 Working Group which charts a course for developing/progressing pharmacy practice and services.

The 68 page report, titled 'Advancing Clinical Pharmacy Practice to Deliver Better Patient Care and Added Value Services', was presented this morning in Dublin to the Minister for Health and Children, Ms Mary Harney TD.

Mr Brendan Hayes, President of the PSI, said pharmacy is the most important first point of contact for most patients and members of the public seeking advice, care and treatment. "This report looks at how pharmacy could be more integrated into the overall health system, and used to release added patient value, to contribute to the Irish people's sustainable health and wellbeing. Pharmacy practice must move with the times and this report charts a course on how the profession and its practices can do that."

Dr Ambrose McLoughlin, Chief Executive Officer and Registrar of the PSI, said the interim report was being presented at this time to the Minister in light of the upcoming deadline in May for consultations on a new-generation contract for community pharmacy services. "This report is intended to assist in those deliberations," Dr McLoughlin said.

The PSI is obliged under the Pharmacy Act 2007 to give the Minister for Health and Children advice on pharmacy matters. The regulator commissioned a Pharmacy Ireland 2020 Working Group as part of its service plan this year and following a meeting with the Minister in February, it was decided to produce an interim report on that work to feed into the new contract consultations.

The interim report is based on a discussion paper prepared by six leading academics, mainly from the Clinical Pharmacy Practice Research Group based in the School of Pharmacy at UCC. A sub-committee of the PSI Council reviewed the work and is today publishing the interim report.

"Pharmacy services in other places, for example Scotland and New Zealand, are adding significant patient value," Dr McLoughlin said. "Most jurisdictions, including the UK, are utilising evidence-based approaches in the reform of their services, with pharmacy seen to have increasing potential to support home care, self care and effective care at the lowest levels of cost and complexity."

The PSI has called in the report for the post of Chief Pharmacist at the Department of Health and Children to be filled as the vacancy has existed for several years now. Its non-filling is hindering the development of pharmacy policy in the State, according to the regulator.

The interim report examines a range of measures including how the implementation of a National Minor Ailments Scheme through the frontline role of the community pharmacist would benefit the patient, target health service resources, free-up GPs and make savings in the health service. The document also examines how the switching of medicines so that they are more

readily accessible to patients through a new legal category of "pharmacist prescribed" would work and it reports on the need for a policy on pharmacist prescribing which it says would require the profession to have access to an integrated patient record system.

The report says the HSE should reconsider its policy which currently has not identified a role for community pharmacy in chronic disease management even though the evidence base supports the clinical benefits and cost effectiveness of the locally-based route. Pharmacists would need some additional training and accreditation in chronic disease areas but the pharmacy network could deliver cost-effective clinical benefits, the report says. The HSE should also look to develop a national policy to further utilise clinical pharmacy services in hospitals where benefits would include cost-effectiveness in patient care.

A collaborative pharmacist/physician model needs to be developed, including an open "no-blame" culture of medication error reporting involving pharmacists requires to be developed in order to address chronic under-reporting of adverse events.

Health screening is also considered as part of the report and says it would work well in pharmacies because they are open 50 per cent longer than GP clinics. Conditions such as diabetes mellitus, infectious diseases, cardiovascular disease, depression, some cancers, osteoporosis and chronic obstructive pulmonary disease could all be identified earlier with a co-ordinated screening approach involving pharmacies and the HSE. The report also examines the provision and delivery of vaccination services through community pharmacies in other jurisdictions.

The interim report proposes that a policy and resource group be appointed by the Minister for Health and Children on foot of the document to look at what can be immediately implemented and the steps that can be taken over the next two to three years to co-ordinate health policies.

**Ends**

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**Editor's Note:**

The Pharmaceutical Society of Ireland, the Pharmacy Regulator, is the statutory body for pharmacists and pharmacies in Ireland. It acts in the public interest to regulate the profession.