

SEFAC

Sociedad Española de Farmacia Familiar y Comunitaria



Health care system

Community pharmacist point of view

SEFAC

Salvador Tous i Trepat

Index

- Spain
- Health care system
 - Regional organisation
- Community Pharmacy
- Professional services
- SEFAC
 - Who we are?
 - What we do?



Spain

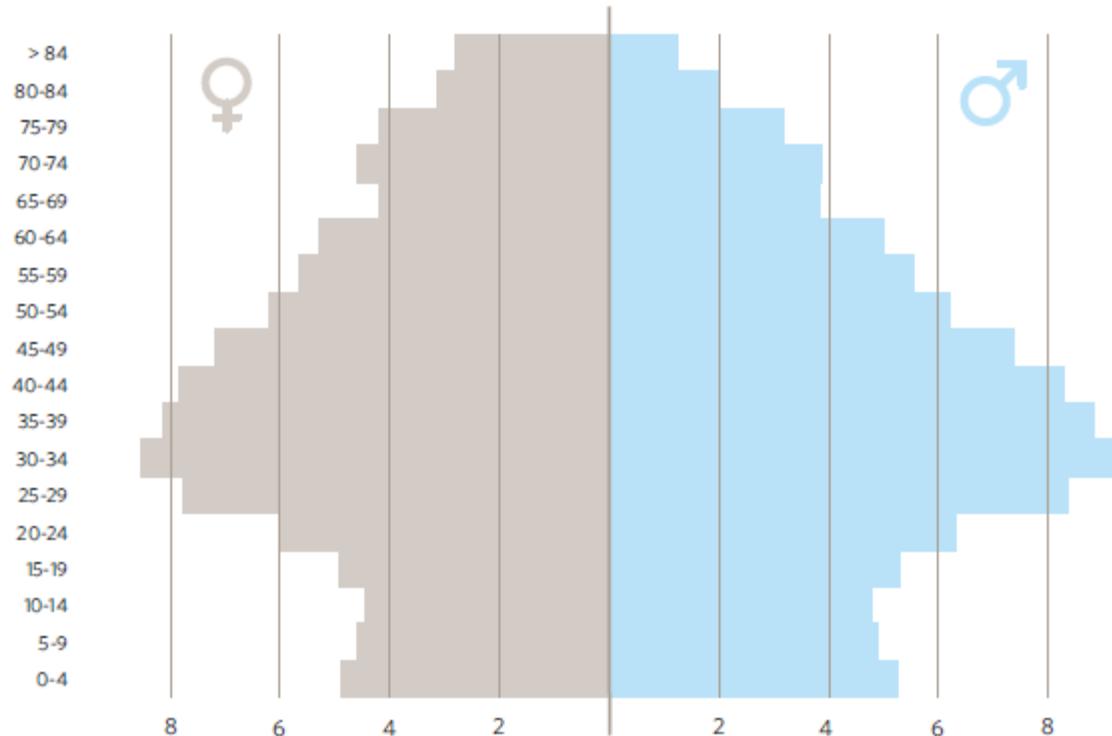
- 46 500 000 hab
- Life expectancy (2017)
 - 82,8
 - 80 males
 - 85,6 females

Health status

- 71.0% of the population aged 15 and over assess their health status as good or very good.
- Men report a better state of health than women: 75.1% and 67.0% respectively.
- Men value their health more favorably than women. The greater difference is observed in the group of 65 to 74 years, in which it reaches 13 points, and the younger between 45-54 years, of only 4 points.
- The difference by sex is enlarging according to It descends in the social scale.

Spain

Pirámide de la población española [%]



Fuente: Instituto Nacional de Estadística (INE). Cifras Oficiales de Población, 2008.

Spain

Tabla 1-1 Cifras de población residente a 1 de enero de 2017 por sexo y comunidad autónoma

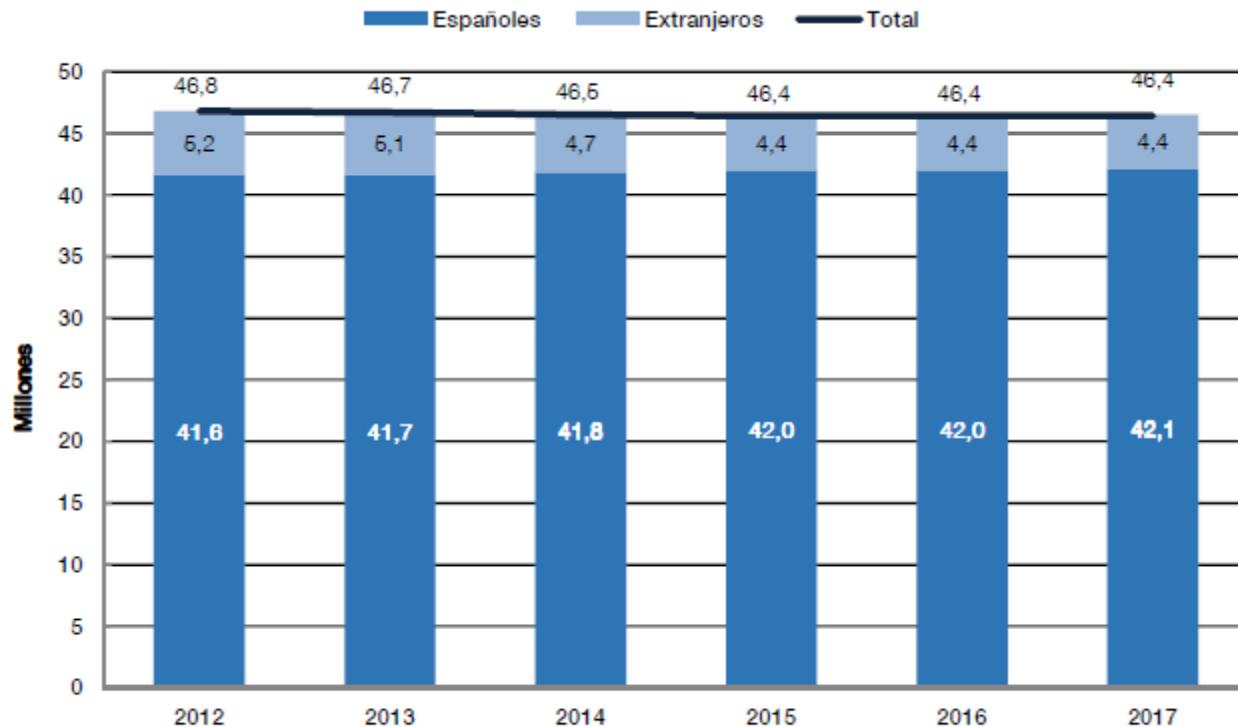
	Ambos sexos	% sobre el total	Hombres	Mujeres
Andalucía	8.409.667	18,1	4.166.814	4.262.843
Aragón	1.317.076	2,8	661.342	656.734
Asturias	1.034.449	2,2	494.601	539.848
Baleares, Illes	1.160.839	2,6	676.337	584.502
Canarias	2.164.906	4,6	1.070.782	1.084.123
Cantabria	681.477	1,2	383.922	297.555
Castilla y León	2.436.797	5,2	1.203.749	1.232.049
Castilla-La Mancha	2.040.379	4,4	1.024.910	1.016.469
Cataluña	7.441.176	16,0	3.639.809	3.801.366
Comunitat Valenciana	4.934.993	10,6	2.434.845	2.600.148
Extremadura	1.077.716	2,3	536.679	542.136
Galicia	2.710.607	6,8	1.309.684	1.400.923
Madrid	6.476.872	13,9	3.108.411	3.367.461
Murcia	1.472.949	3,2	738.076	734.873
Navarra	640.602	1,4	317.037	323.464
País Vasco	2.167.707	4,7	1.060.049	1.117.657
Rioja, La	312.647	0,7	164.307	168.340
Ceuta	86.107	0,2	43.263	41.864
Melilla	86.116	0,2	43.168	41.948
España	46.628.966	100,0	22.836.674	23.693.293

Observaciones: datos provisionales.

Fuente: Instituto Nacional de Estadística. Cifras de población.

Spain

Gráfico 1-1 Evolución de las cifras de población residente en millones, 2012-2017

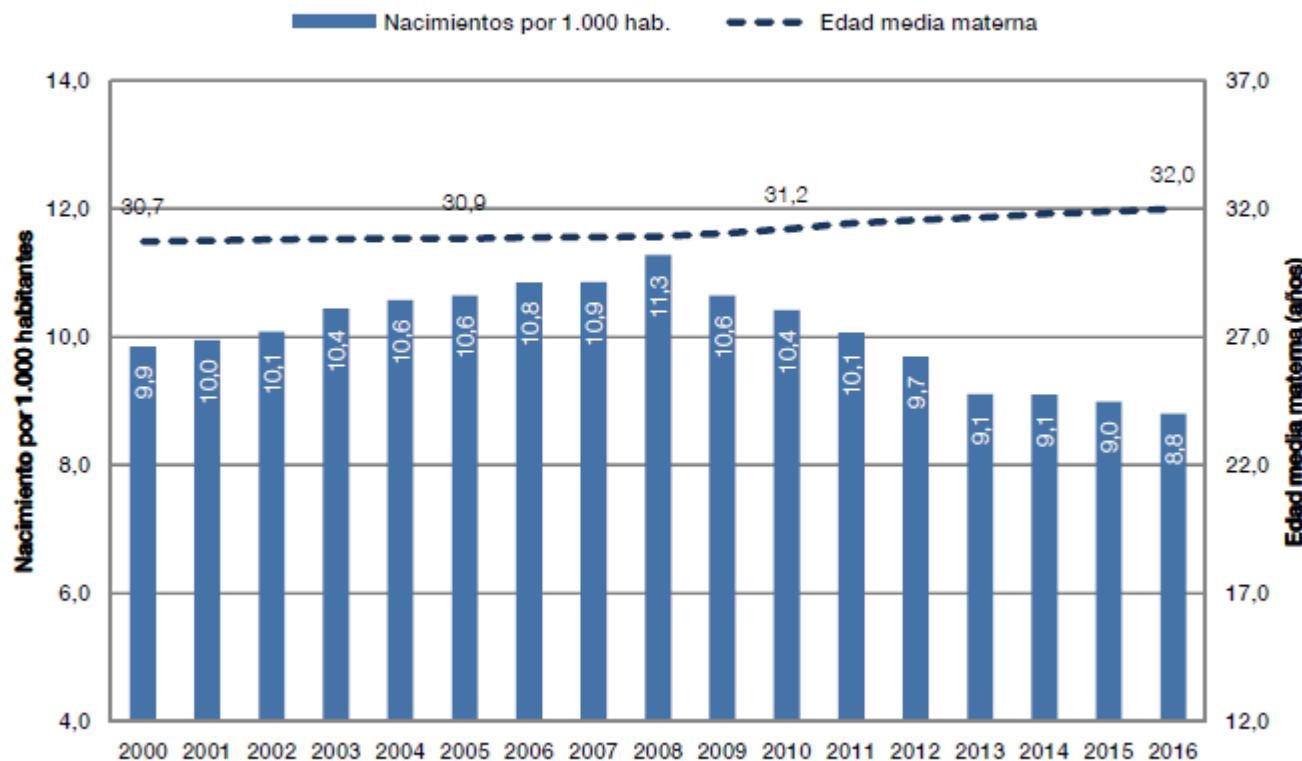


Observaciones: Las cifras de población están referidas a 1 de enero de cada año. Los datos del año 2017 son provisionales.

Fuente: Instituto Nacional de Estadística. Cifras de Población

Spain

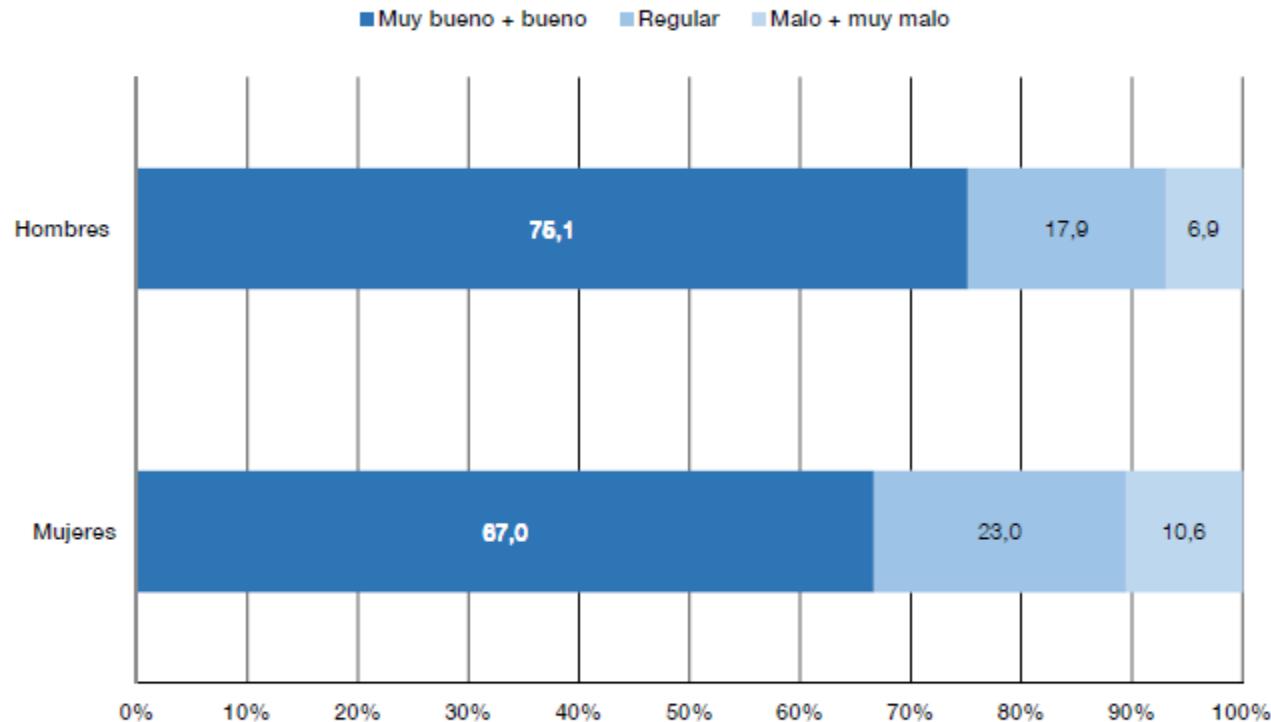
Gráfico 1-2 Evolución del número de nacimientos por 1.000 habitantes y la edad media materna en años, 2000-2016



Fuente: Instituto Nacional de Estadística. Movimiento Natural de la Población. Indicadores demográficos.

Spain

Gráfico 1-8 Percepción del estado de salud en población de 15 y más años según sexo, 2014



Fuente: Instituto Nacional de Estadística y Ministerio de Sanidad, Servicios Sociales e Igualdad. Encuesta Europea de Salud en España.

Spain

Gross domestic product

Sociedad
Española
de Farmacia
Familiar
y Comunitaria



Spain

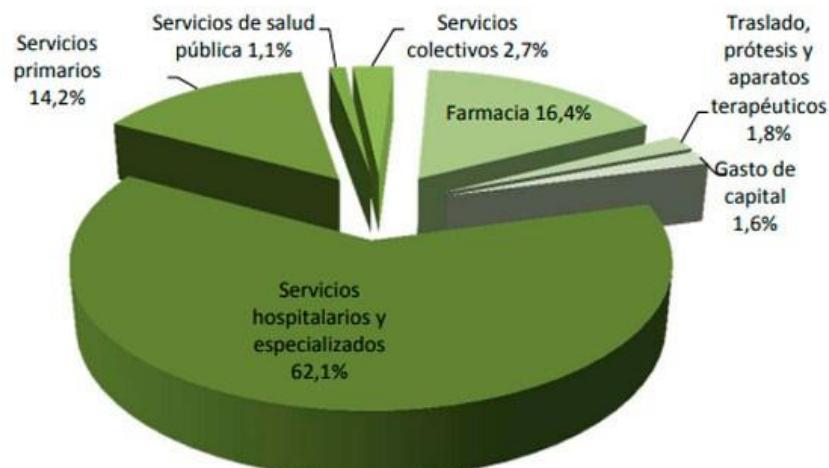
Health expenditure

España - Gasto Público Salud					
Fecha	G. Público Salud %G.Salud Total	Gasto Salud (M.€)	G. Salud (%G. Público Total)	G. Salud %PIB	G. Público Salud Per Capita
2017	70,77%	72.812,9		6,26%	1.565€
2016	71,24%	71.477,2	15,14%	6,39%	1.538€
2015	71,28%	70.211,8	14,85%	6,50%	1.512€
2014	70,40%	65.932,3	14,17%	6,35%	1.418€
2013	71,03%	65.749,4	14,07%	6,41%	1.410€
2012	72,18%	68.115,9	13,62%	6,55%	1.456€
2011	73,79%	71.806,5	14,64%	6,71%	1.536€
2010	74,78%	72.928,3	14,79%	6,75%	1.566€
2009	75,40%	73.130,6	14,80%	6,78%	1.577€
2008	73,64%	68.130,4	14,83%	6,10%	1.483€
2007	72,73%	61.597,8	14,60%	5,70%	1.362€

Spain

Health expenditure

	2013	2014	2015	2016	2017
Servicios hospitalarios y especializados	37.401	38.010	41.093	41.571	42.533
Servicios primarios de salud	9.124	9.033	9.343	9.528	9.742
Servicios de salud pública	667	657	674	753	763
Servicios colectivos de salud	1.993	1.744	1.890	1.808	1.853
Farmacia	10.456	10.389	10.483	10.849	11.223
Traslado, prótesis y aparatos terapéuticos	1.138	1.238	1.216	1.221	1.243
Gasto de capital	923	872	1.036	948	1.126
Total consolidado	61.702	61.943	65.735	66.679	68.483



Chronic health problems

- hypertension arterial (18.4%)
- lumbar back pain (17.3%)
- hypercholesterolemia (16.5%)
- arthrosis (16.4%)
- chronic neck pain (14.7%)

“Sistema Nacional de Salud” National Health System

Competencias de las administraciones públicas en materia sanitaria

CONSEJO INTERTERRITORIAL DEL SNS	
ADMINISTRACIÓN DEL ESTADO	<ul style="list-style-type: none">• BASES Y COORDINACIÓN DE LA SANIDAD• SANIDAD EXTERIOR• POLÍTICA DEL MEDICAMENTO• GESTIÓN DE INGESA
COMUNIDADES AUTÓNOMAS	<ul style="list-style-type: none">• PLANIFICACIÓN SANITARIA• SALUD PÚBLICA• GESTIÓN SERVICIOS DE SALUD
CORPORACIONES LOCALES	<ul style="list-style-type: none">• SALUBRIDAD• COLABORACIÓN EN LA GESTIÓN DE LOS SERVICIOS PÚBLICOS

Fuente: Reparto de competencias según la Constitución Española de 1978, la Ley 14/1986, de 25 de abril General de Sanidad y la Ley 16/2003, de 28 de mayo, de cohesión y calidad del sistema nacional de salud.

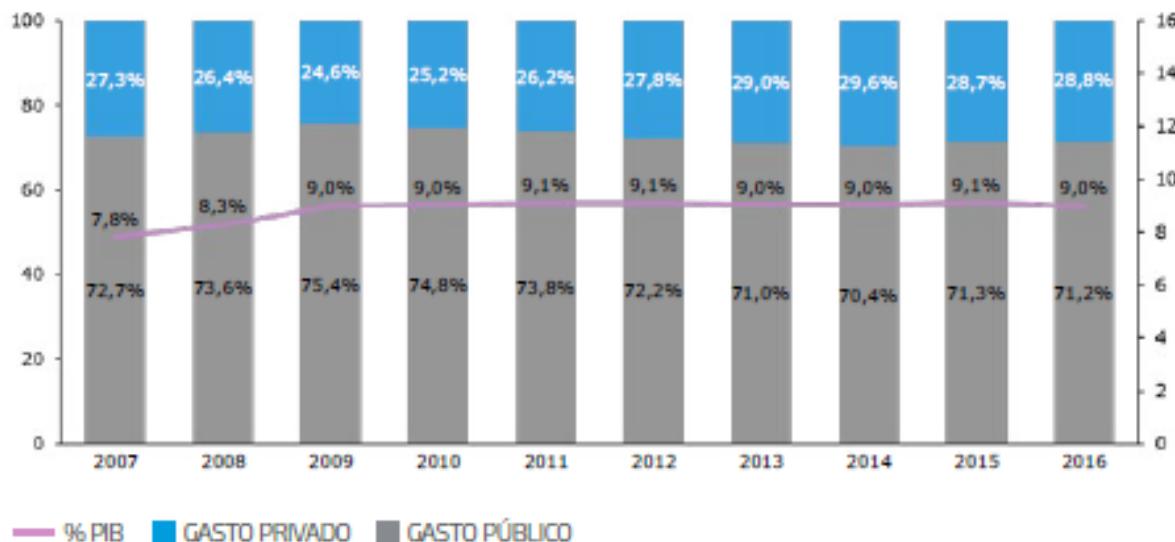
“Sistema Nacional de Salud” National Health System

	Atención Primaria	Atención Especializada
Características	Accesibilidad	Complejidad técnica
Actividades	Promoción de la salud y de prevención de la enfermedad con capacidad de resolución técnica para abordar de forma completa los problemas de salud más frecuentes	Cuenta con los medios diagnósticos y terapéuticos de mayor complejidad y coste cuya eficiencia aumenta si se concentran
Acceso	Espontáneo	Por indicación de los facultativos de atención primaria
Dispositivo asistencial	Centros de salud y consultorios locales	Centros de especialidades y hospitales
Régimen de atención	En el centro y en el domicilio del ciudadano	De manera ambulatoria o con internamiento

Health Spending Public vs private

GRAPH 1

Total healthcare spending in Spain in relation to GDP, 2007-2016



Fuente: OCDE, Health Data 2018, actualización noviembre 2018.

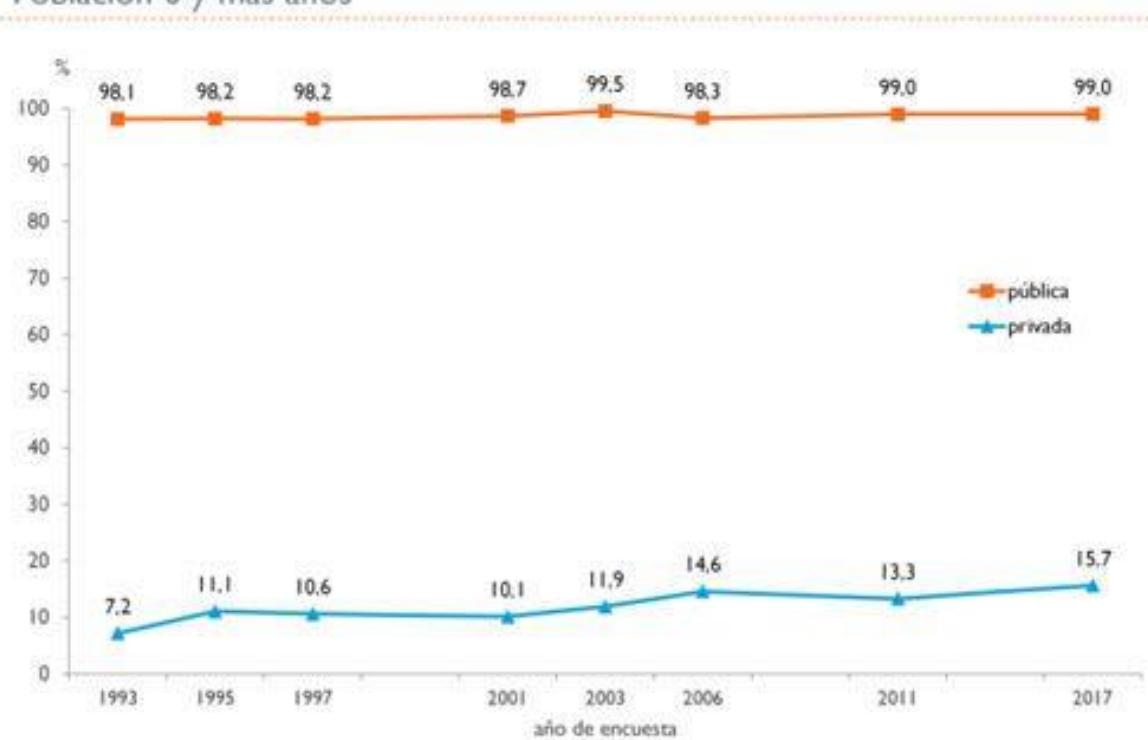
Nota datos históricos actualizados en base a la última actualización disponible de OCDE.

Total healthcare spending and its distribution between public and private spending are very similar to those recorded in recent years.

Health Spending

Cobertura sanitaria pública y privada 1993-2017

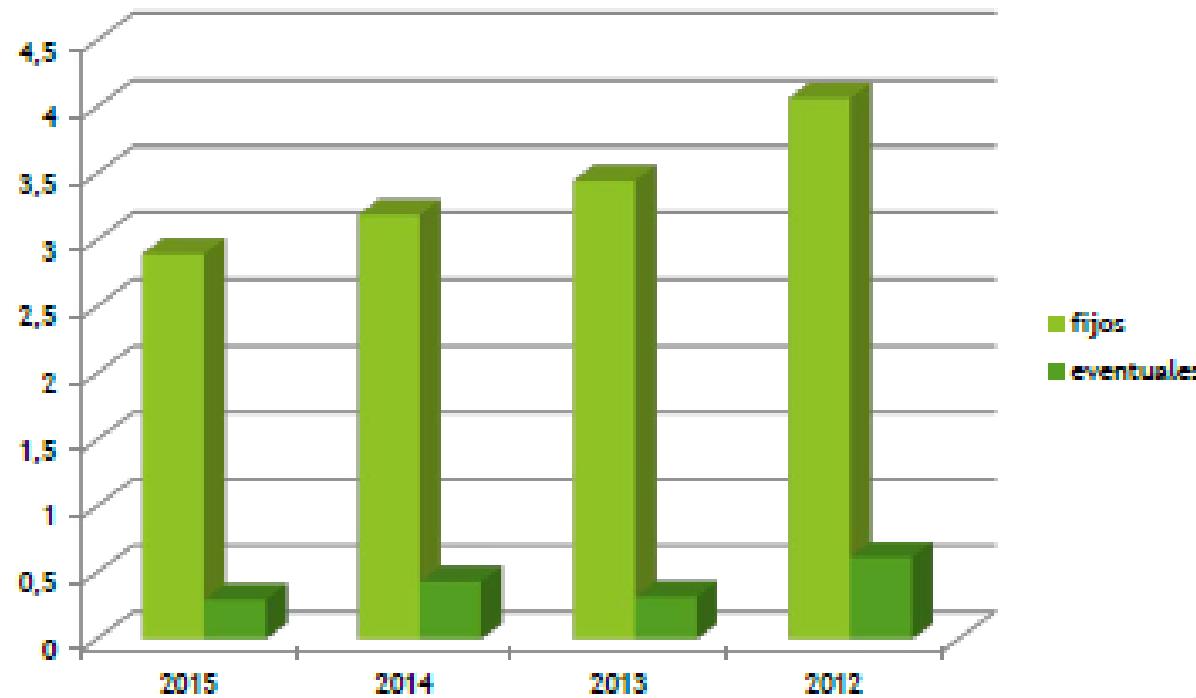
Población 0 y más años



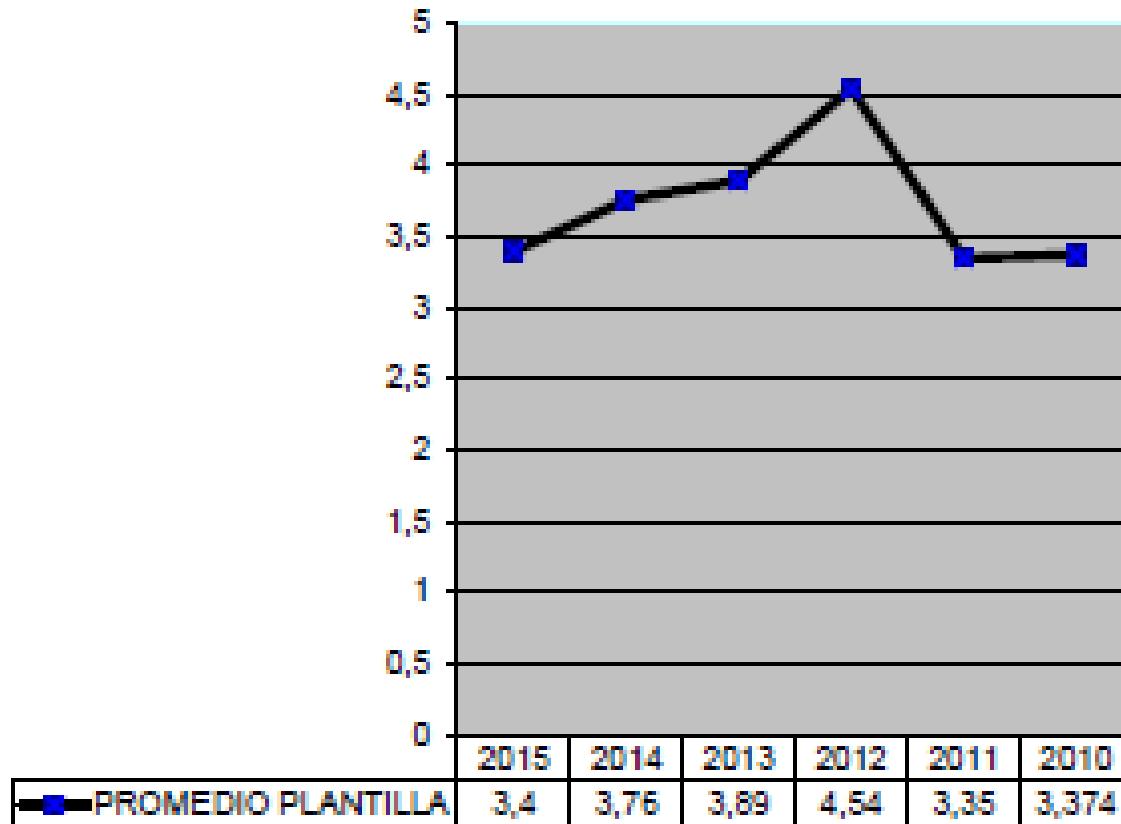
Community pharmacy

- ***22046 community pharmacies***
- ***55587 pharmacists***
- ***2,52/pharmacy***
- ***30k year income pharmacists***
- ***Owner only pharmacist***
- ***Only 1 pharmacy per pharmacist***

Community pharmacy



Community pharmacy



Community pharmacy

Distribución soe/libre	% soe	% libre
Menos de 300.000€	86,55	13,45
De 300.001€ a 600.000€	70,04	29,96
De 600.001€ a 900.000€	67,89	32,11
De 900.001€ a 1.200.000€	61,44	38,56
De 1.200.001€ a 2.000.000€	56,13	43,87
Más de 2.000.000€	51,96	48,04

Community pharmacy

	Pharmacist College	Scientific Societies
Economic affairs	Yes	Not but theoretical discussions about model
Negotiation with Administration	Yes	Yes but only in professional affairs
Relationship with medical societies	Sometimes	Yes
Accreditation	Yes for legal purpose	Yes not for legal purpose
Formation	Yes	Yes

Community pharmacy

- *Electronic prescription*
 - *Public Health System*
 - *Private only pilot experiences*
- *Access to medical conditions only if patient allows.*

Community pharmacy

- *Electronic prescription* (*Public Health System*)
 - *Allows two years prescription*
 - *Pharmacy unique health resource for a lot patients*
 - *Electronic message system not implemented really*
 - *Changes not allowed (but substitution)*
 - *Online patient access to GP*

Health Spending Co-payment

El pago de los medicamentos recetados por franjas de renta

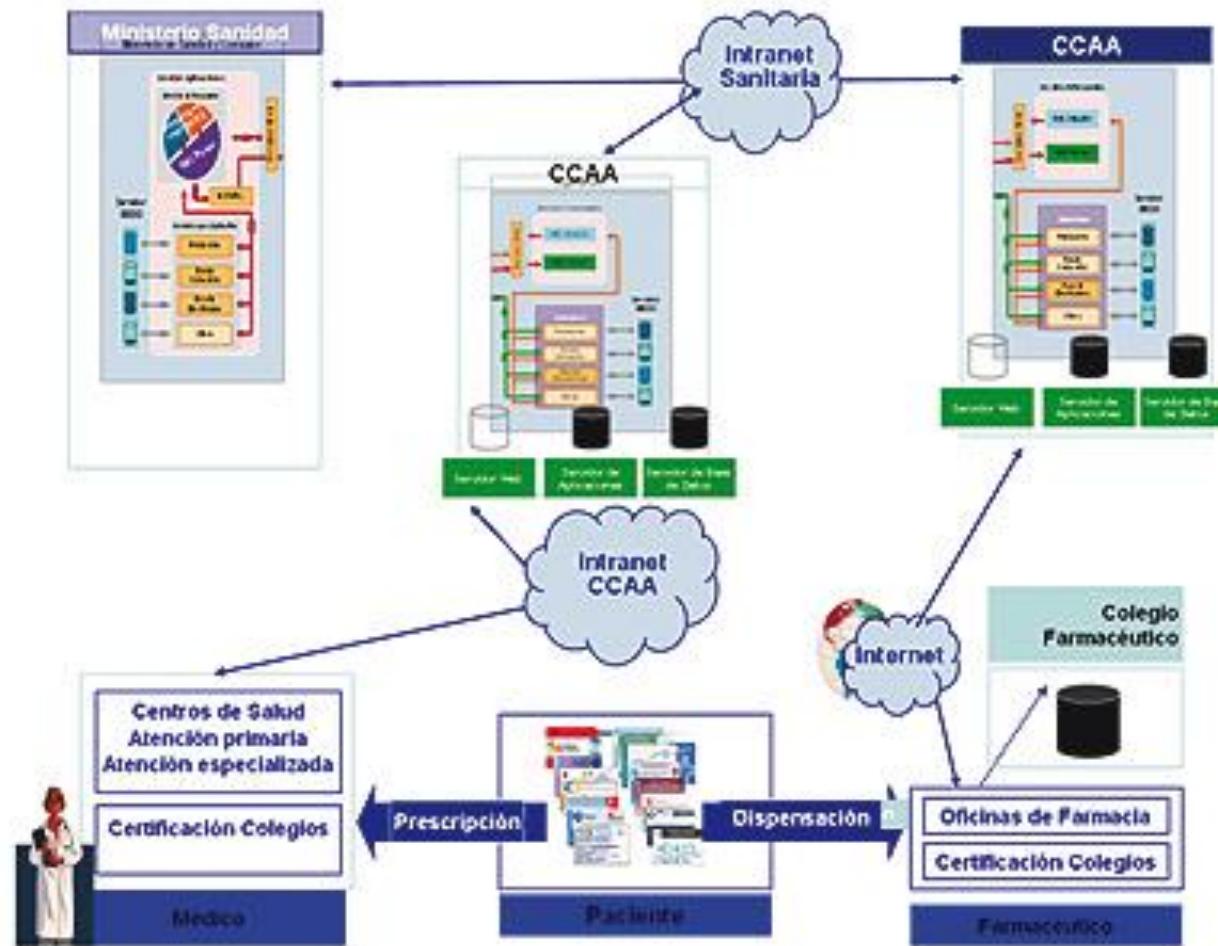
% del coste que paga el paciente

	Hasta 2012		En la actualidad	
	Activos	Pensionistas	Activos	Pensionistas
Perceptores de rentas mínimas de inserción, parados sin prestaciones de desempleo, etc...	40%	0%	0%	0%
Rentas inferiores a 18.000€	40%	0%	40%	10% 8€ límite al mes
Rentas iguales o superiores a 18.000€ e inferiores a 100.000€	40%	0%	50%	10% 18€ límite al mes
Rentas iguales o superiores 100.000€	40%	0%	60%	60% 61,75€ límite al mes
Mutualistas o clases pasivas	30%	30%	30%	30%

Fuente: Elaboración propia

ABC

Community pharmacy



Community pharmacy

- *Value added platforms*
 - *Farmaserveis*
 - *BOT PLUS*
 - *SefacXPERT*

Community pharmacy

- ***Screenings***
 - ***HIV***
 - ***Colorectal cancer***
 - ***Streptotest***
 - ***Blood Pressure***
 - ***Diabetes***
 - ***Dyslipemia***
 - ***Irregular pulse (atrial Fibrillation)***

Community pharmacy

- ***Screenings***
 - ***Apnea and Hypoanea***
 - ***COPD***

Community pharmacy

- *Professional services*
 - *MUR*
 - *Following of BP*
 - *Pharmaceutical care*
 - *Consigue*
 - *Monitored dosage system (SPD)*
 - *Smoking cessation support*

Community pharmacy

- *Reimbursement*
 - *Pharmaceutical care (very complex patients)*
 - *Monitored dosage system (SPD) (very complex patients)*
 - *Smoking cessation support (pilot study)*
 - *HIV (only after pharmacist accreditation)*

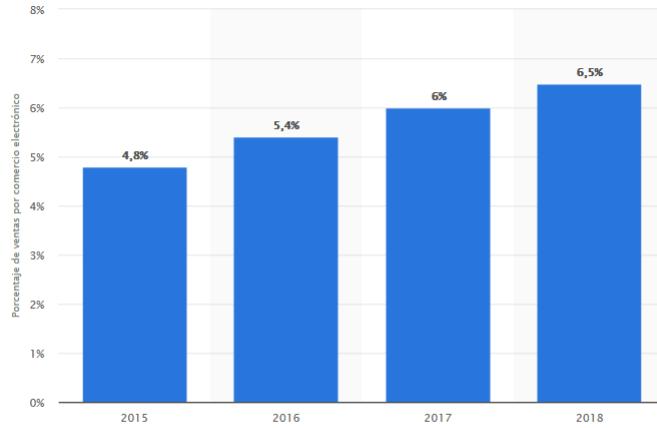
Community pharmacy

- *Reimbursement*
 - *Colorectal cancer screening*
 - *Syringe exchange*
 - *Methadone support treatment*

Community pharmacy

- *Online pharmacy*
 - *Only allowed for OTC products*
 - *500 pharmacies online shop OTC*
 - **2.72%**

Community pharmacy



© Statista 2019

[Ver información adicional](#)

[Ver fuente](#)

Community pharmacy

Sociedad
Española
de Farmacia
Familiar
y Comunitaria



PlantaDoce.

ENTORNO

España, a la cola en farmacia online: sólo el 2% compra por Internet

14 FEB 2018 — 05:00
POR A. ESCOBAR

COMPARTIR
[in](#) [Twitter](#) [f](#) [@](#)

ME INTERESA
[PDF](#) [HTML](#)

España se sitúa entre los países de la Unión Europea que menos población concentra comprando medicamentos a través de Internet. Alemania, Suecia y Reino Unido son los estados con un mayor número de clientes en el continente.



SEFAC

- ***Mission***

Lead the evolution of the community pharmacist from the provision of the medicine to the provision of pharmaceutical professional services focused on the patient and the population in the field of primary and socio-health care and in coordination with other health professionals.

SEFAC

- **>4000 affiliates**
- **2 headquarters MAD + BCN**
- **10 Staff**
- **17 regional section**

SEFAC

- *National Congress*
 - >1000
- *Regional summits*
- *Health tents*
- *Relationship with medical societies*

SEFAC

- ***National Congress***
- ***Regional summits***

SEFAC



SEFAC



SEFAC

- **SEFACEXPERT**

SEFAC

- ***Health care services***
 - ***Blood Pressure***
 - ***Simple measurement***
 - ***Home Blood Pressure monitoring***
 - ***Automated Blood Pressure monitoring***
 - ***Medication Use Review***
 - ***Smoking cessation***
 - ***COPD***
- ***Simple consultation to pharmacist***

SEFAC

- ***Guides and consensus***
 - ***Guide of Community pharmacist care in Hypertension***
 - ***Guide of Community pharmacist care in Diabetes***
 - ***Guide of Community pharmacist care in COPD***
 - ***Guide of Community pharmacist care in Asthma***

SEFAC

- ***Guides and consensus***
 - ***Guide of Community pharmacist care in Constipation***
 - ***Guide for Community pharmacist use of prebiotics and probiotics***
 - ***Guide for better adherence***
 - ***Guide of Community pharmacist care in Psoriasis***

SEFAC

- ***Guides and consensus***
 - ***Consensus on Back pain***
 - ***Guide of Community pharmacist care in Emergency contraception***
 - ***Consensus on venous insufficiency***
 - ***Guide of Community pharmacist care in Nutritional support for oncologic patients***

SEFAC

- ***Guides and consensus***
 - ***Consensus on Drugs and driving***
 - ***Guide of Community pharmacist care in Emergency contraception***
 - ***Guide of Community pharmacist care in Neonatal patients***
 - ***Guide of Community pharmacist care in Smoking cessation***

SEFAC

- ***Guides and consensus***
 - ***Guide of Community pharmacist care in Erectile dysfunction***
 - ***Guide of Community pharmacist care in Neonatal patients***
 - ***Guide of Community pharmacist care in Adherence***

Detection of non-adherence through a basic medication review during the dispensation at community pharmacy. A pilot study.

AUTHORS

Vergoños Tomás A ,Piera Villora V, Arocas Ruiz N, Ogallar Martín L, Ruiz Lozano F, Cano M, Andraca Iturbe L, López-Ybarra Flores R, Córcoles Ferrández ME, Montané Bombardó G.

Community Pharmacists and SEFAC

Background

Non-adherence is a public health problem, particularly among chronic patients and those taking several medications. SEFAC has suggested that an intervention based on a basic medication review during the dispensing process will help to identify non-adherence.

Purpose

Primary:

To detect non-adherence during dispensing process in community pharmacies using a basic medication review

Secondary:

- To know the reasons why patients do not take the medication
- To establish a classification of patients, especially to give the pharmacist communication tools according to each cause and patient

Method

Cross-sectional study conducted in 18 community pharmacies in Spain.

The Spanish public health system works through electronic prescription in primary care. Medication dispensation is available at community pharmacy for up to one year. Consequently, in the current pilot study, we make a difference between the medication available at pharmacy to be taken and the one that is finally dispensed (in some situations, the patient may still have medication at home and he does not need it).

DRUGS COLLECTED**DRUGS NOT**

Do they know what it's for?
 Do they know how to take it?
 How much to take?
 For how long?
 Do they have any problems with the medication?

Does not collect or take due to possible Non-Adherence

Attitude of the patient to medication

1. Confused
2. Distrustful
3. Who trivializes

Expressions patient's attitude

"I forget to take it"
"I don't know how to take it"

"I don't need it"
"It's not working"
"The leaflet scares me"
"It's expensive"

"I don't need it"
"I'm not sick"
"I forget to take it and I don't care"

Adverse Reaction to Medication
"It makes me ill"

"Because I don't want to"
 The patient won't explain why. (*Because NOT*)

Is a patient not initially adhered (for any of the prescribed medications)?



Report to pharmacovigilance

Personalized approach

Adhesion Techniques
 Educational skills.
 Social and professional support.

Behavioural.
 Educational.

Educational behaviours.
 Professional.

Will not collect due to discrepancy

Change of dose

Change of treatment

Suspension of treatment

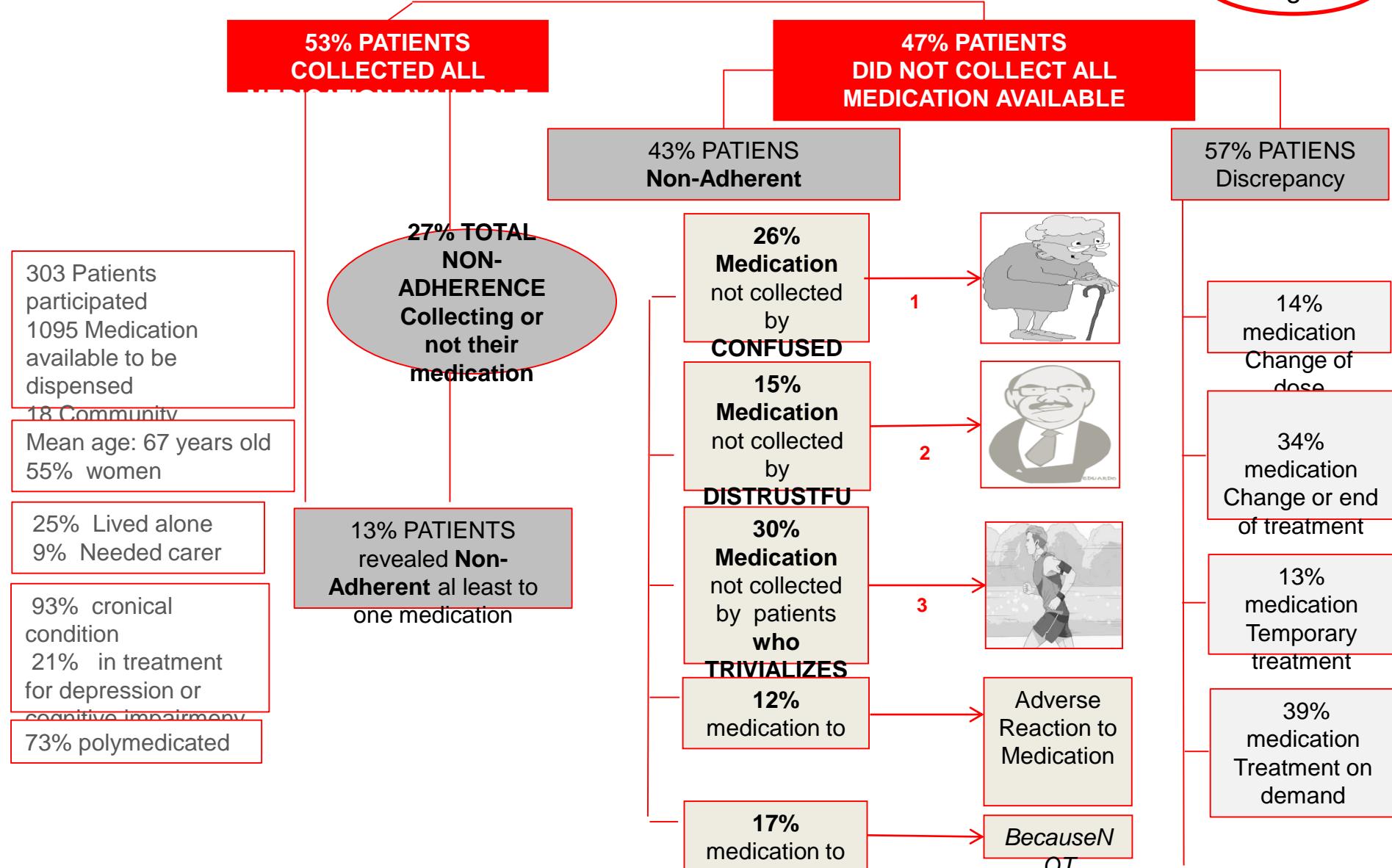
Temporary treatment

Request for treatment

Difficult to dose
 (Insulin, eye drops, etc.)

Results Medication available to be dispensed

5 min 2
s



In 13% of NA patients the pharmacist was able to redirect their Non-Adherence towards adherence with his brief (average 5.2 min) intervention in dispensing process

Results

303 patients participated. Of them 93% were chronic, and 73% polymedicated patients. 1095 medication were studied. 47% of patients did not collected all medication available. Medication were not collected by two main reasons: discrepancy (57%) and non-adherence (43%). 27% of patients were found non-adherent. Of them 75% did not collect their medication and 25% collected them but revealed that were not taking them. Finally, in 13% of non-adherent patients the pharmacist was able to redirect their non-adherence towards adherence with his brief (average 5.2 min) intervention in dispensing process.

SEFAC

- Pharmacist consultation protocol



SEFAC

- Pharmacist consultation protocol
 - SEFAC
 - Pharmacist College
 - SEMERGEN
 - SEMFYC

- Pharmacist consultation protocol
 - Digestive problems
 - Diarrhoea
 - Heartburn
 - Nausea or vomiting
 - Dermatological
 - Acne
 - Aphta
 - Dermatitis
 - Herpes

SEFAC

- Pharmacist consultation protocol
 - Respiratory
 - Flu
 - Nasal congestion
 - Cough
 - Sore throat
 - Moderate pain
 - Headache
 - Back pain

- Pharmacist consultation protocol
 - Other symptoms
 - Stress
 - Fever
 - Haemorrhoid
 - Insomnia
 - Vaginitis

SEFAC

- Link to medical societies
 - SEHLEHLA
 - SAHTA
 - SCHTA
 - SVHTA
 - SCATT
 - CAMFIC
- Pharmacist societies
 - IPACT

SEFAC

- **MICOF, SEFAC GIAF-UGR demuestra que se podría generar un ahorro de 120 millones de euros anuales si los síntomas menores se tratan desde la farmacia**
- **El estudio estima que cerca del 70% de las consultas por síntomas menores en el centro de salud podrían tratarse en la farmacia comunitaria, permitiendo al médico mayor disponibilidad para tratar pacientes complejos y mayor accesibilidad a los pacientes**
- **La colaboración médico – farmacéutico es esencial para llevar a cabo esta iniciativa, pionera en España, que podría disminuir los costes del sistema sanitario público, generando un ahorro 121 millones de euros al tratar los síntomas menores desde la farmacia**
- **El síndrome gripal/catarral, la tos y la congestión fueron los síntomas menores más consultados**

SEFAC

Sociedad
Española
de Farmacia
Familiar
y Comunitaria



1^{er} Congreso Nacional **Médico & Farmacéutico**

SEMERGEN – SEFAC

"Juntos por el Paciente, garantía de salud"



Sociedad
Española
de Farmacia
Familiar
y Comunitaria



#JuntosXsalud

Madrid

8 y 9 de febrero de 2019
Eurostars Madrid Congress



- Chronical illness
- Interprofessional Collaboration
- Adherence
- Primary care

SEFAC

Sociedad Española de Farmacia Familiar y Comunitaria

www.sefac.org
info@sefac.org
[@SEFAC_aldia](https://twitter.com/SEFAC_aldia)

