



**GENERAL  
PHARMACEUTICAL  
COUNCIL OF SPAIN**

## **Good Pharmacy Practice in Spanish Community Pharmacy**

**06**

**Services and Activities  
for Health Promotion  
and Disease Prevention  
in the Community Pharmacy**

This document has been developed by the Good Pharmacy Practice Working Group from the General Pharmaceutical Council of Spain, constituted by:

General Pharmaceutical Council of Spain: Ana Aliaga, Luis Amaro, Carmen Recio and Laura Martín  
Pharmacy Chamber – Barcelona: M<sup>a</sup> Pilar Gascón  
Pharmacy Chamber – Cádiz: Encarnación Álvarez  
Pharmacy Chamber – Gipuzkoa: Miguel Ángel Gastelurrutia  
Pharmacy Chamber – Zaragoza: Ramón Jordán  
Foundation Pharmaceutical Care: María González  
Spanish Society of Community Pharmacy (SEFAC): Eduardo Satué  
University of Granada: Fernando Martínez

The General Pharmaceutical Council of Spain's Plenary approved the circulation of this document at the session held on 27<sup>th</sup> January 2016

Published by:

General Pharmaceutical Council of Spain  
Villanueva, 11, 7th Floor. 28001 Madrid  
E-mail [congral@redfarma.org](mailto:congral@redfarma.org)  
Web: [www.portalfarma.com](http://www.portalfarma.com)

Legal Deposit: M-1771-2016

Layout and graphic production: Comuniland S.L.

© Copyright of the original texts: General Pharmaceutical Council of Spain, 2016. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying, recording or any production system, without the written permission of the copyright holders.

**06**

**Services and Activities  
for Health Promotion  
and Disease Prevention  
in the Community Pharmacy**

# CONTENTS

• Introduction .....	5
• Objectives for health promotion / disease prevention services and activities in the Community Pharmacy .....	6
• Procedure for health promotion and disease prevention activities and services in the Community Pharmacy .....	7
• Flowchart for health promotion and disease prevention activities and services in the Community Pharmacy .....	9
• ANNEX I– Smoking Cessation Service .....	10
• <i>Flow diagram for a Smoking Cessation Service</i> .....	12
• References .....	13

## **Introduction**

Article 4 of Law 44/2003, of 21<sup>st</sup> November, on the planning of healthcare professions, indicates that, among other things, healthcare professionals develop “functions in the areas of healthcare, research, teaching, clinical management, **prevention** and health information and education”. It also states “it is appropriate that all healthcare professions actively participate in projects that will benefit the health and well-being of people in situations of health and disease, especially in the field of the **prevention of diseases, health education**, research and the exchange of information with other professionals and health authorities, to better guarantee these purposes”.

More specifically Article 1 of Law 12/1997, of 25<sup>th</sup> April, on the regulation of pharmacy services, indicates that one of the basic services that Spanish community pharmacies offer to population is “collaboration in programmes that the health administrations’ run regarding the assurance of the quality of pharmaceutical care and health care in general, **health promotion and protection, disease prevention and health education**”.

Similarly, the pharmacists can carry out activities related to health promotion and disease prevention developed by professional organisations or activities they themselves developed in their pharmacy within the scope of their professional activities.

According to the World Health Organisation (WHO), **health promotion** “*is the process of enabling people to increase control over, and to improve, their health.*”

**Disease prevention** refers to strategies to reduce the risk of a disease appearing, from the identification of risk factors to early detection.

The lack of economic resources increases the need to rethink existing pharmaceutical models and agree on different scenarios for the provision of professional services that include the rationalisation, focussing on and building of partnerships, that include healthcare models implemented close to the people experiencing the need and where the benefits range from the availability of health promotion and disease prevention to monitoring and follow-up of treatment received.

The community pharmacy is already involved in preventative healthcare, both through the Dispensing Service and Medicines Review with Follow-up Service, but also through the provision of other Pharmaceutical Care Services. However, there is scope for further improving the pharmacist’s role as a service provider and, for this to happen, pharmacists must be fully involved in the health team. The pharmacists are one of the key professionals within this team and must be mobilised and involved; for this their training must be adapted to provide interventions relating to public health and disease prevention, health promotion and changes of lifestyle.

The accessibility and availability of the community pharmacy means that it is people’s closest healthcare facility, so it is in a unique position to engage in health promotion and disease prevention.

In terms of prevention and healthcare, the pharmaceutical interventions add value, they can reduce the burden on the health system, facilitate coordination and communication among healthcare professionals in the field of primary care and, importantly, they can support the achievement of the objectives set for Public Health Programmes. The National Health System should ensure that the services offered from community pharmacies remain viable.

Healthy people or those with known risk factors for the acquisition and development of diseases should be made aware of their responsibility for their own health and receive training in preventive activities. The patient<sup>1</sup> with a chronic disease should be supported to encourage his/her self-care. In patients with more complex issues and/or those with multiple pathologies, integrated management of the case as a whole is required, with attention given to both the patients and situation of their caregivers.

<sup>1</sup> A *patient* is understood to be a user who has or perceives a health problem. This document uses the term user to broadly refer to all those people who come to the pharmacy.

Strategies for health promotion and disease prevention in community pharmacies, should be framed around activities that have proven effective, and that are articulated within the priorities of health campaigns and programmes in collaboration with those initiated by the health administrations, as well as those promoted by the General Pharmaceutical Council of Spain, the Regional Councils and the Provincial Pharmacy Chambers in order to ultimately improve health outcomes for patients. Some examples are already evident in some autonomous communities where community pharmacies participate in programmes for the screening and early detection of diseases (HIV, colorectal cancer, etc.).

This document contains the necessary recommendations for the practice of disease prevention and health promotion services and activities, which can be considered as good pharmacy practice.

### **Objectives for health promotion / disease prevention services and activities in the Community Pharmacy**

- a) Promote health and healthy lifestyle habits, both in groups of susceptible populations, as well as generally at the community level.
- b) Prevent the occurrence of various kinds of disease, especially chronic diseases.
- c) Prevent the occurrence of unnecessary complications.
- d) Facilitate the early diagnosis of certain undiagnosed diseases.
- e) Promote the population's access to Public Health activities promoted by the health authorities and to other activities carried out by other groups.

## **Procedure for health promotion and disease prevention activities and services in the Community Pharmacy**

If a situation that requires the development and provision of health promotion and disease prevention activities and services is detected, the pharmacist should consider:

### **1. Identification of the needs of users, the community, the available resources and of possible services not provided:**

- i. Gather information: the pharmacist will have to collect all possible information about the community it serves, for example, the prevalence of diseases in the area, risk factors for the most common diseases, lifestyles, etc. The systematic identification of needs can also be undertaken through interaction with other healthcare professionals, user groups or through the use of already established prevention programmes.
- ii. List of available resources: that may come from the state, autonomous community, municipality, hospitals, health centres, NGOs, associations, etc.
- iii. Set priorities: determine priority activities and programmes to offer people based on the above information. Possible services should also be considered, which, while necessary, are not being provided.

### **2. Planning and developing the health promotion / disease prevention programme / service:** the objectives to be achieved will have to be established. Ideally, these goals should be measurable, in order to allow the assessment of the programme / service at a later stage.

There are three key points to consider:

- i. Provision of information and resources to enable users to take the necessary measures to achieve better health outcomes:
  - Update healthcare knowledge and access to evidence-based prevention procedures.
  - Provide health information that is relevant to the user / community.
  - Make users and the community aware of the availability of information and services.
  - Be available to act as a source of information for specific users or the community.
  - Educate and support the pharmacy staff in providing activities / programmes.
  - Provide information and resources to other healthcare professionals.
- ii. Adoption of a collaborative attitude:
  - Establish partnerships with other healthcare professionals, users or patient groups in order to promote strategies for disease prevention and health promotion.
  - Provide information to the community and other organisations.
  - Collaborate with other health organisations (local, national and international) that can provide additional support.
- iii. Systematic evaluation and improvement of the activities carried out:
  - Select the appropriate measurements for the assessment that take into account the activity's structures, processes and outcomes.
  - Follow a process to ensure the continuous improvement of the activities provided.
  - Implement the appropriate changes according to the evaluation results obtained for the disease prevention and health promotion activities.

It is also important to provide support for the pharmacy staff offering the prevention / promotion activities, by providing them with information and appropriate resources. The allocation of roles, responsibilities and tasks within the team will also be necessary.

The necessary resources should be identified for the procedures, structure and materials as well as links to publications, clinical guidelines or other relevant references of proven evidence in order to help pharmacists to comply with the objectives.

**3. Provision of the health promotion / disease prevention service:** using posters or brochures helps the public find out about the various services and activities for health promotion / disease prevention offered at the community pharmacy. The provision of the service can also be linked to the provision of others such as the Medicines Review with Follow-up Service or after the measurement of blood pressure, for example.

Initially, all pharmacy users may be able to participate in activities and receive health promotion and disease prevention services, although it will be interesting to offer the services based on the presence of certain identified risk factors.

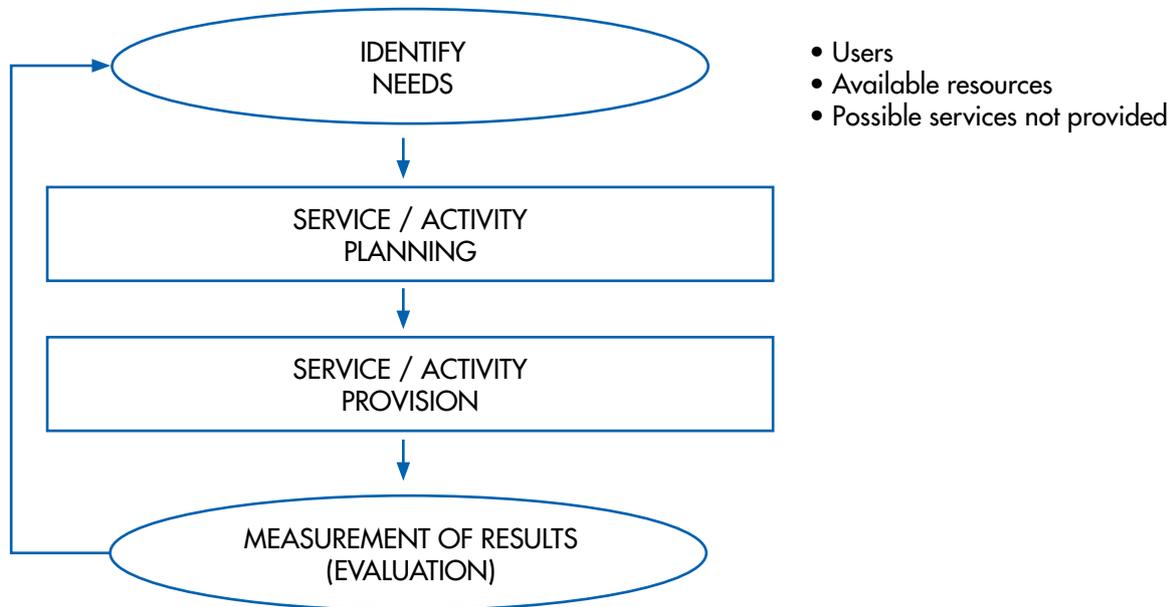
The health promotion and disease prevention services and activities that can be provided from a community pharmacy include vaccinations, help in overcoming tobacco addiction, weight / obesity control, cardiovascular risk prevention, etc.

**Annex I** shows an illustrative example of the processes involved in a **smoking cessation service**.

**4. Measurement of the results of the health promotion / disease prevention programme / service:** evaluation of the results obtained will help to determine whether the programmes / services are achieving their objectives.

Canvassing the users' opinions will also allow the adjustment and improvement of the service.

**Flowchart for health promotion and disease prevention activities and services in the Community Pharmacy**



## **ANNEX I – Smoking Cessation Service**

### **Introduction**

Smoking cessation is an obvious area for the participation of community pharmacists in disease prevention/health promotion activities, and smoking cessation services are commonly undertaken activities. Randomised controlled trials have shown that trained community pharmacists are effective agents in assisting users in the smoking cessation process, so they should work as part of primary care teams as well as in specialised centres.

### **Service Description**

A smoking cessation service will provide tailored support and advice to those who want to stop smoking, including hard to reach groups, such as pregnant women and the young. Where necessary, it should be referred to specialised services.

This service will also be improved with a *brief intervention*<sup>2</sup> regarding healthy lifestyles.

### **Objectives and results of the services**

The smoking cessation service will include pharmacological and non-pharmacological measures to help patients attempting to quit smoking and raise their awareness regarding the harmful effects that tobacco smoke has for the non-smoking population.

### **Service scheme**

It must be ensured that:

1. The smoking cessation service is provided in a part of the pharmacy with a sufficient level of privacy.
2. The pharmacists involved in the provision of the service are properly trained and accredited.
3. The service applies the good practice protocols for smoking cessation services.
4. El servicio se ofrece:
  - a) To users identified by pharmacists or pharmacy technicians/assistants, who can offer the service after a *minimal intervention*.
  - b) At the request of the patient.
  - c) To users of other primary care (PC) services.
5. The initial evaluation includes:
  - a) The evaluation of the user who wants to try to quit, as well as his/her willingness to use appropriate treatments.
  - b) An initial consultation, consisting of:
    - An exhaled carbon monoxide test (CO-oximeter) and an explanation of its use as a motivational support.
    - A description of the harmful effects of passive smoking, both in children and in adults.
    - The explanation of the benefits of quit smoking.
    - A description of the main features of withdrawal from tobacco and of the most common barriers people wishing to stop smoking have to overcome.

<sup>2</sup> The brief intervention on healthy lifestyles refers to the advice on healthy lifestyles which should always accompany the intervention of the pharmacist during the service.

- Identification of proven treatment options.
- A description of the treatment programme, its objectives, duration, how it works and its benefits.
- A commitment to a date for permanently stopping smoking.
- The implementation of the appropriate behaviour support strategies to help the person quit smoking.
- An agreement on the chosen pattern of treatment, which guarantees that the person understands the support and its monitoring.

6. The pharmacist can provide adequate treatment, checking on its use or referring to PC to reach a consensus with a doctor regarding a treatment requiring prescription medicines.

7. The dispensing of the treatment must be registered in the community pharmacy. The possibility of communicating this information to the patient's GP should be considered.

8. Monitoring of the consultations, as indicated by the NICE Guidelines, should be agreed with the patient and will include the assessment of the smoker's condition using a CO-oximeter.

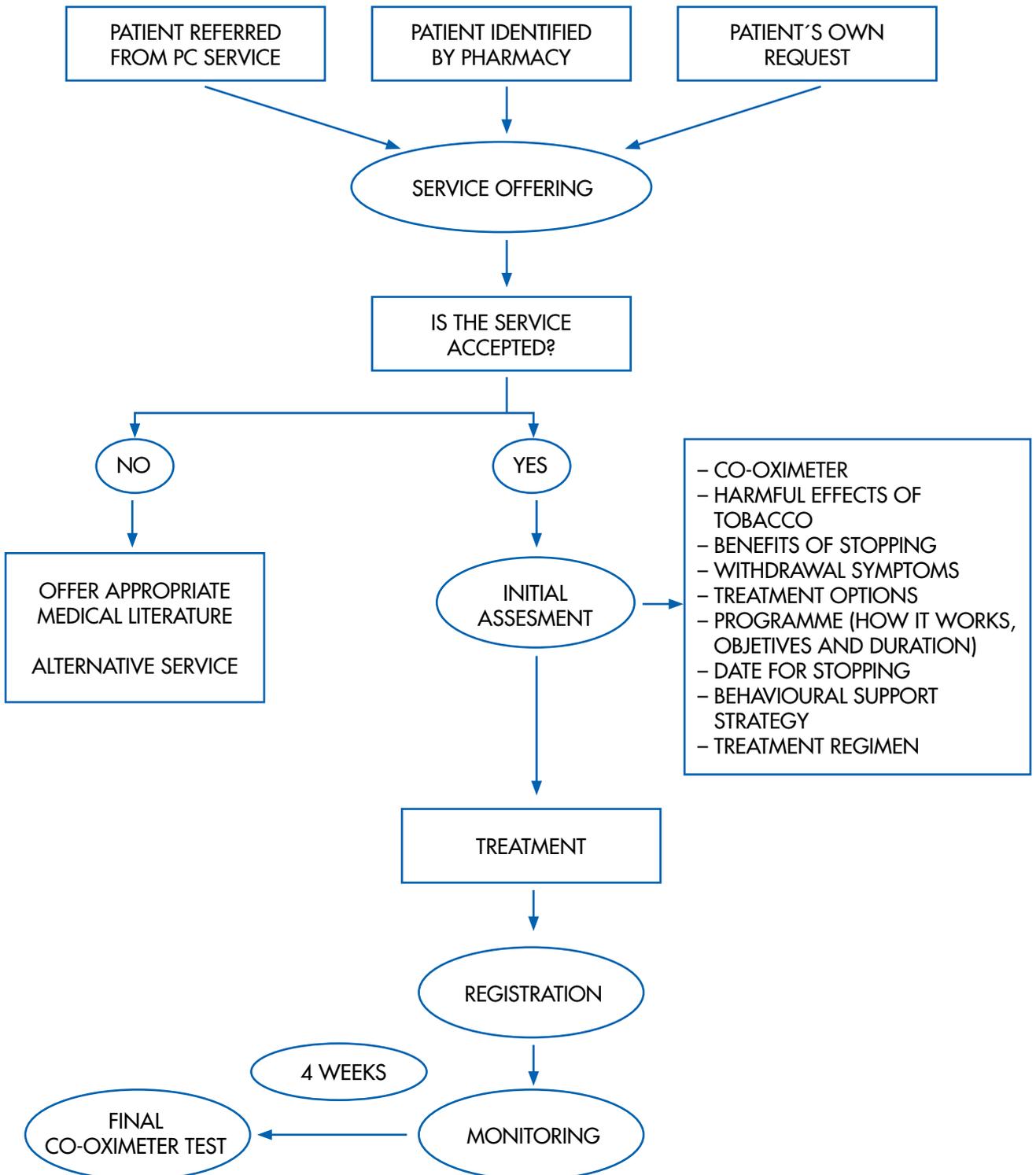
After 4 weeks of follow-up, the patient's smoking status including the results of CO-oximeter readings will be known.

9. People initially unwilling to participate or those who do not participate in the programme can be offered appropriate medical literature or they can be referred to an alternative service.

### ***Resources required for the implementation of a smoking cessation service:***

1. Area for personalised attention.
2. Adequate training and training materials.
3. CO-oximeter.

## **Flow diagram for a Smoking Cessation Service**



## References

- Various Authors. Guidelines on Good Pharmacy Practice in Spanish Community Pharmacy. General Pharmaceutical Council of Spain. 2013. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <http://www.portalfarma.com/Profesionales/Buenas-practicas-profesionales/Paginas/Buenas-practicas-Farmacia-Comunitaria.aspx>
- Joint FIP/WHO Guidelines on good pharmacy practice: standards for quality of pharmacy services. International Pharmaceutical Federation 2011. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: [http://www.fip.org/www/uploads/database\\_file.php?id=334&table\\_id](http://www.fip.org/www/uploads/database_file.php?id=334&table_id)
- Ministry of Health, Social Services and Equality. Strategy for tackling chronicity in the National Health System. Madrid. 2012. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: [http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA\\_ABORDAJE\\_CRONICIDAD.pdf](http://www.msssi.gob.es/organizacion/sns/planCalidadSNS/pdf/ESTRATEGIA_ABORDAJE_CRONICIDAD.pdf)
- Wiedenmayer K, Summers RS, Macjie CA, Gous AGS, Everard M, Tromp D. Developing Pharmacy Practice Focus on Patient Care Handbook. The Hague. 2006. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: [http://www.who.int/medicines/publications/WHO\\_PSM\\_PAR\\_2006.5.pdf](http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf)
- Smith J, Picton S, Dayan M. Now or Never: Shaping Pharmacy for the Future. Royal Pharmaceutical Society. 2013. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <https://www.rpharms.com/promoting-pharmacy-pdfs/moc-report-full.pdf>
- Various authors. Pharmacy Prevention Strategy. U.S. Public Health Service. 2011. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <http://www.usphs.gov/corpslinks/pharmacy/documents/PreventionStrategy.pdf>
- Albanese NP, Rouse MJ. Scope of Contemporary Pharmacy Practice: Roles, Responsibilities, and Functions of Pharmacists and Pharmacy Technicians. Council on Credentialing in Pharmacy. 2009. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: [http://www.pharmacycredentialing.org/Contemporary\\_Pharmacy\\_Practice.pdf](http://www.pharmacycredentialing.org/Contemporary_Pharmacy_Practice.pdf)
- The role of the Pharmacist in Public Health. The American Public Health Association (APHA). 2006. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/07/13/05/the-role-of-the-pharmacist-in-public-health>
- Guide to Health Promotion and Disease Prevention. Family Health Teams. Ministry of Health Ontario. 2006. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: [http://www.health.gov.on.ca/en/pro/programs/fht/docs/fht\\_health\\_promotion2.pdf](http://www.health.gov.on.ca/en/pro/programs/fht/docs/fht_health_promotion2.pdf)
- Stop Smoking: Implementing a Community Pharmacy Scheme in England. NPA. 2007. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <http://www.npa.co.uk/Knowledge-Centre/Health-Organisations/Public-Health/Stop-smoking-Implementing-a-community-pharmacy-scheme/>
- Smoking Cessation Services. NICE Public Health Guidance. 2008 (last modified November 2013). [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <https://www.nice.org.uk/guidance/ph10>
- Consensus report on clinical care for smoking addiction in Spain. National Committee for Smoking Addiction Prevention. 2013. [Internet – last retrieved 9<sup>th</sup> April 2015]. Available at: <http://www.cnpt.es/documentacion/publicaciones/ec34e5d56ba572d76297484cb6eb6a3f9dd91ac750db1addf646305eccae0f6a.pdf>







**GENERAL  
PHARMACEUTICAL  
COUNCIL OF SPAIN**