Health Promotion in Community Pharmacy

Country Report - Sweden / Sverige

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**Part A: Description of initiative /models of Good (Best) Practice**

**The Pharmacy’s Advice for life (Apotekets Råd för livet)**

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The commissioner of the model/initiative:
Apoteket AB

Co-ordinator of the model/initiative:
Apoteket AB

Status of the model/initiative:
Since 1989, when the first 4 sheets were produced in a campaign about high blood pressure, the leaflets have now become a part of everyday practice at all pharmacies in Sweden.

Running Time:
Since 1989

A short abstract of the project:
The aim of the model is to give information on one health topic per sheet in an easily accessible language. The sheets have a (test) questionnaire on the front page to fill in about habits, i.e., habits important for a person’s health, such as smoking, weight, stress, alcohol consumption etc. If the test tells the person who has done the test, that there is a need for a change of his/her habits, ideas about new, positive habits will be given.

Today the sheets cover 20 different health topics. Every topic is structured in the same way as all the others. Since the start 11.6 million sheets have been handed out. Three of the sheets, About smoking, About smoking during pregnancy and About passive smoking and children, have been translated into 13 immigrant languages.

Additional resources concerning financing the production of the sheets come from collaborating partners such as the Swedish Cancer Society, the Heart and Lung Foundation, the National Institute of Public Health, the National Food Administration, Korpen (the Swedish Sports for all Association) the Department for Cancer
Prevention at Karolinska Hospital and the Department of Public Health Sciences Division of Psychosocial Factors and Health (IPM).

The scope of the initiative is national. Every pharmacy provides the sheets to their customers free of charge. Organizations, schools etc. buy sheets directly from Apoteket AB to use them in their own health promotions activities. Some of the tests are also available on www.apoteket.se

Conducted evaluation:
Apoteket AB follows monthly how many sheets the pharmacies have ordered. Apoteket AB also measures the consumption of sheets during ordinary pharmacy work and during campaigns. The University of Uppsala, Center of Caring Sciences conducted a survey in 1991 asking such questions as, “Which sheets are taken by youths?” “Which by elderly people or by females and males?” “What do people think of the sheets?” . The survey was a telephone interview with customers from 8 pharmacies. It was made 3 weeks after the pharmacy visit when the customer had taken one or several sheets. It was a structured interview.

Results of evaluation:
Every fourth person who took such a sheet at the pharmacy said that it made him/her change one or a few unhealthy habits.

The issues addressed:
alcohol, tobacco, nutrition, physical exercise, psychosocial/ mental health, child birth and antenatal care, weight, sun-exposure, allergy

Target groups:
Every customer at a pharmacy is a target person.

Intervention used in the model/initiative:
The sheets are available free of charge in every pharmacy, they are exposed in newspapers, magazines and on www.apoteket.se. Three are translated into foreign languages.

During campaigns, the pharmacy personnel use them actively, as well as during conferences and seminars.

Actors involved:
Community pharmacist and all pharmacy personnel are involved. Many other people within the health care sector are also involved, such as general practitioners, nurses, other health providers, teachers and others who use the sheets in their health promotion work.
The most important factors supporting development and implementation of the model/initiative:
The sheets have a strong connection to activities going on at the pharmacies in Sweden. In the summer, when the pharmacies have displays of sun protection products, they also hand out the sheet about sunbathing. During a campaign about heart and cardio-vascular diseases, a lot of sheets were actively used, as for example about smoking, stress, cholesterol, fat and fiber.

The sheets are still popular after 11 years. Last year 610,000 sheets were handed out.

The Swedish media were interested in the sheets from the start and Apoteket AB got a lot of promotion of the sheets that way.

The Cancer Society, the National Institute of Public Health and the Heart and Lung Foundation also hand out sheets.

An important factor supporting the model is the successful co-operation between actors.

The most important barriers concerning development and implementation of the model/initiative:
There are no barriers.

Especially well developed or instructive aspects of the model/initiative and thus relevant for transfer:
An easy and popular way to inform people about lifestyle and how it influences health. Brief communication and a test to take are two important factors in the success. But most important is the reliability of the partners behind the information sheets.

The campaign is transferable to other EU countries.

Further information on the project is available?
There are articles written about the sheets in several Swedish magazines.

The sheets about smoking are available in 13 languages, also in English.
Quit smoking groups at the pharmacy. (Sluta Röka grupper på apoteket)

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The commissioner of the model/initiative:
The original idea came from WHO Tobacco unit in co-operation with the Danish Pharmaceutical Association. In Sweden, the initiative was carried out by Apoteket AB.

During the pilot phase, The National Institute for public health, The Cancer Society and the Heart and Lung Foundation supported the project, both financially and with their knowledge about tobacco and smoking.

Co-ordinator of the model/initiative:
Apoteket AB

Status of the model/initiative:
In the autumn of 1994, 20 Quit smoking groups started as a project.

The concept has proved to be good and the work is continuing. In the year 2000, the quit smoking groups are still running in some pharmacies.

Running Time:
Since 1994

A short abstract of the model/initiative:

One aim of the pharmacy was to offer extra help to those customers who wanted to quit smoking and were buying nicotine replacement therapy (NRT) at the pharmacy, but were still having great difficulties quitting. The project was intended to provide the pharmacies with the resources to offer this help.

The target group was customers buying NRT.

Pharmacists who were to function as course leaders participated in an intensive two-day training session with lectures, role-playing and discussions with other health professionals involved in smoking cessation.
Resources that are available for the pharmacies are leaflets, advertisements and letters marketing the service outside the pharmacy. At the pharmacy there are posters, leaflets and decals about the quit smoking groups. The initiative was implemented nationally. From the beginning, there were 16 pharmacies offering the service. The pharmacies were situated in different areas of Sweden. Today, about 70 pharmacies have the trained course leaders needed to offer participation in support groups but very few are active in doing so. Today, the pharmacies are unable to offer this service in every county.

To help people quit smoking, a professional association has been established: “Pharmacy against tobacco”. Pharmacists, prescriptionists and pharmacy assistants can be members. They cooperate with nurses, general practitioners, dentists and teachers against tobacco. If one of the professional groups has difficulties to start quit smoking groups locally, very often some of the others can. The pharmacy can then refer smokers to groups outside the pharmacy.

Another way to help smokers to quit is to support a quit line on telephone. Apoteket AB, together with the National Institute for Public Health, the Cancer Society and the Heart and Lung foundation, are financing such a line. Personnel at the Tobacco Prevention staff the line.

Some pharmacies offer individual support for the customers, but they are not able to organise groups like the model from the UK and Finland.

8. Conducted evaluation:
An evaluation was performed by the University of Uppsala, Division of Pharmaceutical Services Research. The number of smoking cessation groups included in the study was set at 20, including 140 participants, partly because of time constraints. A postal questionnaire was administered to the participants at the end of the course, as well as 3, 6 and 12 months after the course. Information was obtained on the following aspects:
- Personal data
- Smoking-related data
- Data on the smoking-related programme
- Outcome data

Results of evaluation:
60% percent had stopped smoking during the intervention, 45% reported that they didn’t smoke after 3 months after the course, 42% were non-smokers after 6 months and after one year, 33% still did not smoke.

The majority, 82%, had a good or a very good impression of the programme.

The issued addressed:
The quit smoking groups addressed smokers who wanted to quit. Persons using snuff were not included.
Target group:
The target group is smokers older than 18 years.

Intervention used in the model/initiative:
The smoking cessation programme covered an eight week period. There were 6 meetings at each pharmacy during this period. Each meeting lasted about 1.5 hours. Topics during the meetings were such things as abstinence, using NRT, weight gain, how to prevent relapses, etc.

Actors involved:
Community pharmacist and prescriptionists are involved. In some quit smoking groups, the participants were persons from the staff within the health care sector. The county council and the municipality were partners in these cases and paid for the service and in some groups, offered a venue and other professionals to act during the meetings.

The most important factors supporting development and implementation of the model/initiative:
The model was commissioned of the Danish Pharmaceutical Association and WHO Tobacco unit in co-operation. It was easy to adapt it to pharmacies in Sweden.
The training course and the material for the pharmacies were greatly appreciated.
The most important barriers concerning development and implementation of the model/initiative:
The price for the customers to participate in the programme is 750 SEK. (approximately 84 Euros) This is a barrier for some people and considered to be very expensive. In the case of nearly half of the participants in the study, their employers paid for the course. The participants got no money back from the National Health Insurance.
Nowadays the barrier is time. The pharmacists in Sweden consider quit smoking services to be an important part of their job, but they can’t manage to offer the service due to a shortage of time.

Especially well developed or instructive aspects of the model/initiative and thus relevant for transfer:
The concept is transferable to other EU member states. The concept is very well adjusted for pharmacists. It is a service connected to the prescription of a free drug: NRT, which the customer only can buy at a Pharmacy.

Further information:


Osteoporosis groups (The Swedish name is Hösäckgrupper. It’s impossible to translate the word into English)

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Co-ordinator of the model/initiative
Apoteket AB together with The Swedish sports for all Association, “Korpen”

Status of the model/initiative
The pilot phase is finished. A few pharmacies continue to offer osteoporosis groups.

Running Time:
Since 1996

A short abstract of the model/initiative:

The aim with the groups was to:
- get women not doing any physical activity to start doing so.
- influence women to eat healthier.
- influence women to spend more time more outdoors
- give information about life-style and give support to those who want to quit smoking

The target group was women between 40 and 65 years

- The main activities performed were:
  - 5 seminars about lifestyle
  - Physical activities twice a week during 14 weeks
  - The aim was also to strengthen the pharmacies’ role as health providers and to show the products and services available within that area.
The goal for “Korpen” was to have more women take part in their courses and activities.

A training day took place before the start of the courses for pharmacists and people from Korpen together.

The scope of the initiative was national. It started with a pilot phase in 1996. During that year, Apoteket AB and Korpen worked together in 10 municipalities in Sweden. As of the beginning of 2000, only a couple of the pharmacies were still running groups.

Conducted evaluation:
The evaluation was done through questionnaires. The participants had to fill in/complete a questionnaire before the first meeting and after the last meeting. There were questions about well-being, eating habits, weight etc.

The condition of the women was assessed by measuring oxygen uptake, strength and balance before and after the course.

Results of evaluation:
The well-being (body and soul) of the women had increased on a scale from 0-20 from 11 to 14 by the end of the course.
Their absorption of oxygen, their strength and balance were better.
The women had changed their habits, they spent more time outdoors and ate healthier food and they had decided to continue with their physical activities after they had finished the course. Only 9% dropped out from the course.

The fee to participate in a Osteoporosis group was 750SEK. (approximately 84 Euros) In more than half of the groups, the municipalities or other sources gave contributions to the group which allowed a reduction of the fee.

The issues addressed:
Alcohol, tobacco, drug abuse, nutrition, physical exercise, psychosocial/mental health, general health, accident prevention

Target group:
Women between 40 and 65 years

Intervention used in the model/initiative:
The participants receive a booklet about lifestyle. The booklet was used as a school book. The participants read some parts in the booklet before each meeting and prepared questions.
The five seminars were led by a pharmacist and the physical training was led by somebody from the local “Korpen” organisation.

Smoking participants who wanted to quit smoking got support to do so through individual support or by participating in a group. See project Quit smoking groups.

Actors involved:
In every meeting, a community pharmacist or a prescriptionist was involved. Sometimes a nutritionist, a nurse and/or a general practitioner took part in the meetings.

Persons from the local “Korpen” organisation were responsible for all the meetings when it came to physical training.

The municipalities were interested in the project and helped with promotion and financing in some cases.

The most important factors supporting development and implementation of the model/initiative:
Apoteket AB produced a booklet with the title “About Osteoporosis” during the autumn of 1995. “Korpen” was interested in using this booklet in a project in 1996 to increase the knowledge about Osteoporosis and asked Apoteket AB to be a partner in such a project, which meant two partners with knowledge from different fields.

The training day for the pharmacists and the people from “Korpen” when they all got manuals, booklets, posters, leaflets and help for the promotion of the service was of great value.

Local media were interested in the project and wrote a lot about the groups in the news papers.

The most important barriers concerning development and implementation of the model/initiative:
Many pharmacists see this kind of service as a part of important health promotion work and want to offer the service, but their time are limited.

Especially well developed or instructive aspects of the model/initiative and thus relevant for transfer:
The concept as a whole, with the training day and the material developed for the service, has proven to be good and is transferable to other EU member states.

Further information:
There are leaflets in Swedish describing the Osteoporosis groups.
Live well with diabetes – a study circle for persons with newly-diagnosed type 2 diabetes.
(Leva med diabetes)

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Public funding from Vårdalstiftelsen for the Randomized clinical trial.

The coordinator of the project/model/initiative:
See Question 3.

Status of the project/model/initiative:
Running

Running time:
Started in 1995 and ongoing

A short description of the project/model/initiative:
The goal of the study circle programme is to make the patients understand and increase the knowledge about their diabetes and what affects their blood glucose levels have, and to enable them to control their glucose values and to promote their ability to cope with the psychological reactions to the diagnosis.

The study circle is a group educational programme where patients with newly-diagnosed type 2 diabetes meet first for two full days and then for three hours every month over a year. Every group has 8-10 participants. The group is moderated by a pharmacist who has been trained for three days. The group learns by reflecting on their individual glucose measurements. During the first two days, they learn how to perform blood glucose
monitoring at home, how food and exercise can affect the level of glucose and how to use the written material provided. This material is a booklet that each person can use both for information and to support different exercises. The booklet contains a map that shows what it means to get type 2 diabetes and how to master it. In addition, the facilitator can use a video and a game to promote understanding. The participants are encouraged to experiment and find out their own glucose measurements. The scope is national.

Conducted evaluation:
The progress of the patients' learning is monitored by measuring HbA1c at the beginning and then after 6 and 12 months. Furthermore, the moderator has a checklist to monitor how the patients' understanding develops. First, a feasibility study was completed and then a study to see that the programme could be established in many different pharmacies all over Sweden. A study of the economical impact of the programme was made. Presently, a randomised control trial to measure the glucose-lowering effect and the long term outcome is ongoing. A study of women with type 2 diabetes and sexual problems has been completed as part of the evaluation of the study circle programme.

Results of evaluation:
The results show that the programme is well accepted by the patients and that they learn to lower their glucose values. Some maintain their low values for more than six months, while others go back to initial values. The successors are not obese and have had their diabetes less than two years. The economic study showed that if the patients could maintain their lowered HbA1c values (approximately one percent unit decrease after six months) the cost of training would be recovered by a factor of two.

The issue addressed:
Diabetes

Target group:
Persons with newly diagnosed type 2 diabetes are the target group.

Intervention used in the project/model/initiative:
The programme is based on experiential learning and this is supported by reflection on the participants own glucose measurements with help of the booklet. In addition, the game stimulated discussions and reflections and provided the moderator with information on how far the participants had come in the learning process. A video was used for introduction to life with type 2 diabetes.

Actors involved:
- Community pharmacist
- Citizen groups (Diabetes associations)
- Universities
The most important factors supporting development and implementation of the project/model/initiative:
- Specific professional educational training of facilitators
- Support by guidelines. A training programme and materials were developed in cooperation with specialists
- Specific actions of professional organizations
- Research was carried out at the university of Uppsala
- Structural resources. Facilitators where provided by Apoteket AB
- Patient preferences. The programme was developed in cooperation with a local diabetes association.

The most important barriers concerning development and implementation of the project/model/initiative:
Apoteket AB has had difficulties in expanding the programme because of financial restrictions. So far the patients have not paid anything to participate.

Especially well developed or instructive aspects of the project and thus relevant for transfer:
The concept and the materials can probably be used in other EU countries. A number of different translations into other languages exist. Group training at the pharmacy works well.

Further information:
Two research papers have been published in English in Patient Education and Counselling by Anna Sarkadi and Urban Rosenqvist. Anna Sarkadi will write her Ph. D. thesis on this programme.

The booklet and the game have been translated into English.
The Heart Year 1997, theme year at Apoteket AB. (Hjärt-Kärlåret 1997)

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Co-ordinator of the project/model/initiative:
Apoteket AB

Status of the project/model/initiative:
The Heart Year is completed, but theme years are still running. Year 2000 is the Infection Year.

Running time:
From February 1997 through to January 1998.

A short abstract of the project/model/initiative:
The Heart Year was the seventh theme year that was presented and carried out by Apoteket AB. Previous theme years presented have been Diabetes-91, Skin-92, Allergy-93, Asthma-94, Dementia-95, Pain-96, Stomach & Colon-98, Brain-99 and Infection year 2000.

People who suffer from cardio-vascular problems often use a large number of different medicines. The large number of different medicines presents obvious health risks and the lack of knowledge about the medication and the utilization of it contribute to increased anxiety both with patients and relatives. The pharmacy staff therefore plays an important role in informing the customers/patients. This proved to be an important reason for arranging the Heart Year.
The project wanted to help customers improve their health and life through better use of their cardio-vascular medicines and reduce anxiety regarding the utilization of their prescribed medication. Another aim with the project was to prevent cardio-vascular diseases through information about the importance of a healthy life-style, as well as to increase the interchange of knowledge and experiences between health services and pharmacies concerning patients suffering from cardio-vascular diseases and their treatment.

To achieve the above, Apoteket AB wanted to renew the internal education in order to become more customer-oriented. Therefore, they suggested that the pharmacy staff should work in study circles. A students’ guide called “Working in study circles” was produced. The participants were encouraged to use case studies as a way of learning. Interactive CD-ROM programmes were frequently used as a method of learning. A programme dealing with angina pectoris and hypertension was produced and eventually won first prize in an international competition.

The aim of the Heart Year was to give people who suffer from cardio-vascular problems an increased knowledge about different heart diseases and a knowledge about their medication.

The expectation was also to raise the competence among the pharmacy staff within this area.

Conducted evaluation:
When the theme year was over, an evaluation was conducted by Sifo Research & Consulting. Sifo Research & Consulting is the market leader in Sweden and a major player in the rest of Scandinavia in the area of surveys and related consulting services.

Sifos evaluation consisted of 1,035 phone of interviews customers/patients. These interviews were conducted in the period of 16th - 23rd of February 1998.

Results of evaluation:
Approximately 50 percent of the Swedish population >40 years of age paid attention to the Heart Year. More than one million booklets dealing with heart diseases and how to prevent these kinds of ailments were handed out or taken by customers at the pharmacies. 30 per cent of the customers who had read the booklets took measures to alleviate their cardio-vascular complaints. Eight per cent show better compliance. During the Heart Year, the pharmacies carried out more than 500 activities in the fields of training and information.

The issued addressed:
At least 50 per cent of the customers suffering from cardio-vascular diseases were supposed to change one habit to reduce the risk of cardio-vascular complaints in 1997. 60 per cent of the adult population were meant to pay attention to the Heart Year. The aim was to contribute to better medical compliance among customers suffering from cardio-vascular diseases and reduce the number of smokers among people with cardio-vascular complaints.
Target group:
Mainly customers/patients who suffer from cardio-vascular problems.

Intervention used in the project/model/initiative:
The three booklets "The pharmacy’s advice on cardio-vascular diseases", "The Pharmacy’s advice on hypertension and high cholesterol" and “The Pharmacy’s advice on habits good for the heart” were sources of basic information to patients.

Posters enhanced the interest in the booklets and other material. Approximately one million leaflets called “Advice for life” were distributed during the year. A “Be healthy book” was produced by Apoteket together with Heart-Lungfoundation, Korpen (athletic association) and SISU Sports Books. An advertising campaign with full-page ads in all major newspapers got a lot of attention.

Many pharmacies arranged exhibitions, giving advice on how to quit smoking, organized other life-style activities and various drives aimed towards certain groups of customers.

Actors involved:
The project group of the heart year worked together with distinguished cardiologists, patient organizations and other people/organizations within the medical field. Among them the Heart-Lung Foundation, Korpen (athletic association) and The Heart and Lung patients National Association.

On a local level, pharmacies worked together with patient organizations, medical services, local authorities and athletic associations.

The most important factors supporting development and implementation of the project/model/initiative:
To sum up the heart year, the following points are of importance. The project demands a great effort before, during and after the project. The initial stage of the project needs strategic planning and organization to minimize the risk of becoming sidetracked from the subject.

To ensure that everything has been taken care of in the preparatory steps, consultants should be asked to cooperate and give their opinions on the current strategy.

It is also of use to have a co-operation with people who are specialists in the specific area. As for this project, there were patient organizations, medical services, cardiologists and local authorities.

The most important barriers concerning development and implementation of the project/model/initiative:
There were no barriers within this project, but something to take notice of to avoid any barriers is that generally, it is important to take advantage of the experiences from previous theme years - on both a regional
and a local level. This will save both time and effort, and reduce the risk of making the same mistakes as in previous years.

Especially well developed or instructive aspects of the project/model/initiative and thus relevant for transfer:
All the hard work has produced positive feedback regarding the evaluation. The evaluation shows that the overall result is positive and that our goals have been reached. The goal was to help customers/patients with cardio-vascular problems to improve their health and quality of life.

The expectation is that there is a continuation with this project and not just end after one theme year. That this is the start of a process that will continue.

Perhaps there could be difficulties in running a theme year in other countries with a different structure of the pharmacy system. In Sweden, the state is the only owner of all pharmacies and therefore, it might be easy to organize a project like a theme year for Sweden. But it is perhaps possible for a professional association to do the same thing in other countries.

Further information:
There is information in English about the Heart Year.
The Pharmacy – Journal for the customers in Swedish pharmacies. (Tidningen Apoteket)

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Status of project:
Running

Running time:
Started in 1980 and still running

A short abstract of the model:
The main goal was to inform about:
- Self-care
- healthy life-styles
- different diseases
- the correct use of medicines.
As a whole, the same target as for Apoteket AB; to contribute towards better health

There are five issues per year. The “Apoteket” usually consists of 32 pages. The articles are written by medical journalists. There are follow ups of special activities/campaigns in the pharmacies. No commercial advertising is allowed in the journal.

Every issue r of the journal is printed in 525,000 copies, which is a considerable publication for Sweden. It is available in all Swedish pharmacies (more than 880).
Conducted evaluation:
A qualitative readers' evaluation was made in 1999.

Results of the evaluation:
- 9 out of 10 pharmacy customers had seen the journal
- 1 million people read every issue
- 3 out of 10 keep the journal
- 86 percent of the readers are positive towards the journal.

The issues addressed:
All issues mentioned have been treated in the last years, but domestic violence has not.

Target group:
The customers of the pharmacies.

Intervention used in the model:
Patient information

Actors involved:
Pharmacists and other health personnel (in interviews and articles)

Especially well developed or otherwise instructive aspects of the model:
In studies which have been made concerning what the customers coming to the pharmacy value most when it comes to information, the result shows that “Apoteket” is what they value highest.
www.apoteket.se (www.apoteket.se)

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Status of the project/model/initiative:
Running

Running time:
Started on April 4th in 1997 and is still running.

A short abstract of the project/model/initiative:
From 1995 to 1997 there was a project concentrating on delivering information to young people between the ages of 17 and 25. The aim of the project was to give the pharmacies an opportunity to profile themselves as a place for young people as well as old. Out of this came www.apoteket.se. This is mainly a channel for self-care advice for the public.
The self-care section on the site contains of four parts:
- “Advice at the pharmacy”
- “Current news at the pharmacy”
- “Questions and Answers”
- “Test your habits”
The section “Advice at the pharmacy” has nine main subjects: olds, pain, allergy, stomach, skin, women’s diseases, vitamins and minerals, dental care and Nicotine Replacement Therapy. Each subject has sub-sections.

In “Current news at the pharmacy”, the content deals with information regarding the various themes that are presented each year.

In “Questions and answers” the public’s questions are answered within 24 hours by a pharmacist.

Approximately 150-200 questions per week are answered. The principle is that the questions should concern self-care and Over The Counter products.

In “Test your habits”, the content presents material based on the information sheets “Advice for life”. These sheets are handed out at the pharmacy free of charge. The section presents the possibility to test one’s habits concerning smoking, snuff, stress, sun exposure, female weight, male weight, sleep and cholesterol levels.

Conducted evaluation:

There was an questionnaire at www.apoteket.se for some weeks during 1999 to see what kind of section the visitors on the site value most.

Results of evaluation:

About 40,000 people per month visit www.apoteket.se.

The most popular section at www.apoteket.se is “Questions and answers”, advice concerning women’s diseases and the stomach.

The issued addressed:

The aim is to increase the interest in self-care. The site is a new way for Apoteket AB to produce information and it improves the possibility for the pharmacy to reach people, especially young people, outside the pharmacy.

Target group:

People, especially young people, outside the pharmacy who use internet for information.

Intervention used in the project/model/initiative:

The internet.

Actors involved:

Apoteket AB
The most important factors supporting development and implementation of the project/model/initiative:
Not many young people are seen among customers at Swedish pharmacies. To reach this important group, new ways must be explored. In Sweden, the Internet is very common in most households and every child learns how to use it in school. Therefore, it was a proper channel to use when it comes to this target group.

The most important barriers concerning development and implementation of the project/model/initiative:
No barriers.

Especially well developed or otherwise instructive aspects of the project/model/initiative:
The interactive part on the site, Questions and Answers, is of great value for both the visitors on the site and the pharmacy personnel who answer the questions. The visitor can ask every type of question, also difficult ones such as questions about haemorrhoids, STD etc. The pharmacy personnel at Apoteket AB increase their knowledge about what kind of information they must give in their written material to the customers coming to the pharmacy.

Further information:
There is no information in English.
A Quality study on referring patients from the pharmacy to the primary health care sector.
(Kvalitetsgranskning av hänvisning till sjukvården.)

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The commissioner of the project/model/initiative:
Several local pharmacies have earlier tried to follow up their referrals to primary health care but have not been successful in getting feedback from General Practitioners. The quality department at Apoteket AB has, together with two General Practitioners from the county councils, conducted a study over the quality work done by the pharmacy personnel when referring patients to the primary health care.

The coordinator of the project/model/initiative:
Apoteket AB.

Status of the project/model/initiative:
Running. Presently the data results are analysed.

Running time:
Since 1999.
A short abstract of the project/model/initiative:
Currently, the pharmacies in Sweden give advice and the personnel provide counselling about self-care. Some customers want to self-medicate, although their symptoms may depend on an illness that ought to be judged by a physician. The aim with the study was to see if the pharmacy personnel was able to make the right decision as to whether a person’s illness/disease needed to be handled within primary health care or at the pharmacy. If the quality in referring patients to the GP is high and done in a proper way, an optimal use of time and resources can be made within the primary health care sector in whole. Time and money are saved for the individual, for the professionals and society.

The pharmaceutical personnel have guidelines for the information to be given to customers for about 50 different self-care symptoms. These guidelines have been developed by Apoteket AB and medical experts. These guidelines guarantee that the advice which the personnel gives has the same quality all over the country.

Conducted evaluation:
Seventeen pharmacies of varying sizes from different parts of Sweden participated in the study. They are representative for the pharmacies in Sweden.

The target group in this study is customers who visit the pharmacy because they suffer from heartburn or other gastric symptoms. The pharmacy personnel ask them in a structured manner about their symptoms. Individuals who have some of the “critical symptoms” listed in the guideline, e.g. difficulties in swallowing or symptoms occurring daily for more than three weeks, are referred to special physicians. They phone every customer within two days and make a judgment whether the referral was satisfactory. If so, they ask the person to visit his GP for medical help.

Results of evaluation:
The preliminary report shows that 90% of the referrals to primary health care were done in a proper way.

The issue addressed:
- Use of medication
- Gastric disease

Target group:
Adult population, 18 years and older, who have gastric symptoms.

Intervention used in the project/model/initiative:
Individual health education and counselling about self-care, and also referral to physician when needed.
Actors involved:
General practitioners, community pharmacists and pharmacy assistants.

The most important factors supporting development and implementation of the project/model/initiative:
The pharmaceutical personnel have been using guidelines for counselling customers about self-care for several years. They have been trained during seminars and also learnt from selfinstruction materials. Guidelines for common symptoms of minor illnesses give a common base for all counselling about self-care.

The most important barriers concerning development and implementation of the project/model/initiative:
The most important barrier is time, both for the customer and the pharmacy personnel.

Especially well developed or instructive aspects of the project/model/initiative:
The concept is transferable to other EU member states. If physicians who are able judge the relevance of referrals made are willing to collaborate, getting a medical opinion of the counselling done by the pharmacy personnel is much more likely.

Further information:
There is information in Swedish.
Improving the well being of elderly patients via community pharmacy-based provision of pharmaceutical care (OMA-projektet – farmaceutisk omsorg till äldre på öppenvårdsapotek)

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The commissioner of the model/initiative:
The initiative to this study came from researchers from the association PCNE (Pharmaceutical Care Network in Europe). Seven countries took part of the study. In Sweden, the initiative was carried out by Apoteket AB.

In Sweden, the project was financed by Apoteket AB. Allowances from the European Commission (BIOMED) was used to finance travel expenses to European co-ordination meetings and partly to finance consultants needed for designing the study.

The coordinator of the project:
In Europe: Professor James McElnay, the School of Pharmacy, The Queens University of Belfast, N. Ireland.
In Sweden: Dr. Cecilia Bernsten and pharmacist Ingeborg Björkman, Apoteket AB.

Status of project:
Finished.

Running time:

A short abstract of the model:
The objectives were to develop a manual of community pharmacy-based intervention strategies and to implement these strategies in dealing with elderly patients, to develop links between pharmacists and other health professionals, to measure outcomes (including health-related quality of life) and costs of healthcare, to publish the results and to stimulate and motivate community pharmacists in EU to provide pharmaceutical care to their patients.

Conducted evaluation:
The study aimed to measure the outcomes of a harmonized, structured pharmaceutical care programme provided to elderly patients by community pharmacists.
The study was a randomized, controlled, longitudinal, clinical trial. Measures were made four times, at baseline, after 6, 12 and 18 months and were carried out by self-administrated questionnaires and interviews at the pharmacy.

Also, the pharmacists and GPs answered questionnaires according their opinions about the pharmaceutical care given. In Sweden, we also had a group discussion with the pharmacists.

Results of evaluation:
The European results are pooled and analysed in Belfast and are presently waiting for publication.

The issue addressed:
Use of medicines.

Target group:
Elderly people with 4 or more prescribed drugs, non-institutionalised.

Intervention used in the project:
Pharmaceutical care (with the focus on the patient’s situation and wishes simplify drug regimens, to give the patient information about medical devices and therapeutic self-monitoring, educate about drugs and symptoms, lifestyle changes etc.)

Actors involved:
Community pharmacists and GPs. Sometimes consultant doctors and nurses have been involved.

The most important factors supporting development and implementation of the model:
The model was described in the study protocol.

Implementation was done at regular meetings with the pharmacists. The group discussions with the pharmacists and two consultant doctors were very important. The pharmacists were very interested in developing this kind of service.

The most important barriers concerning development and implementation of the model:
A new model like pharmaceutical care takes time to develop. The pharmacists need training. They must change their attitude and accept the idea of being responsible for the patients’ therapeutic outcome. It is a matter of learning the technique, as well as a personal development into a new kind of profession.

It is difficult to find the time to do all documentation according to the study protocol. There was no data support and everything had to be done by hand.
(The change of the reimbursement system in Sweden 1st of January 1997 made it impossible to do anything at
the community pharmacies other than dispense for several months that winter. This also made it difficult to
analyse the medical records.)

Especially well developed or instructive aspects of the project and thus relevant for transfer:
Regularly meetings with the pharmacists and consultant doctors to follow and develop the process of
pharmaceutical care are important.

Further information:
The European results are waiting to be published.
The Swedish report is under production.
Health square at the Pharmacy. (Hälsotorget)

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The commissioner of the model/initiative/project:
- Apoteket AB
- County council of Örebro (Örebro Läns Landsting)

Co-ordinator:
- Mrs Inger Jonsson at the Department of Municipality for Medicine and Public Health
- Mr Leif Skoglund at Primary Health Care
- Apoteket AB

Status of model/initiative/project:
Pilot phase

Running time:
From year 2000 until year 2003

A short abstract of the model/initiative:
The main goal of the project is to reach a long-term cooperation, in health- and medical treatment, between pharmacies in the county of Örebro and the council of Örebro. The health square is supposed to be a place where people can get information and advice so they can take responsibility on issues regarding their own health. The aim is also to develop the pharmacy as a place where you can meet professionals and get advice in an easy and inspiring way. The information should focus on availability regarding gender issues and to have a multi- cultural perspective. The pharmacy personnel at the department of self-care in the pharmacy help the customers with minor illnesses. The personnel at the prescription department in the pharmacy help customers to best utilize their prescribed medication. A nurse from a health-care centre is stationed at the health square. Computers with information concerning health are also available to the customers.

The scope is local at this time, but is planned to be regional.
Conducted evaluation:
- Documentation of the advice given
  - by the nurse from the health square
  - at the “self-care” pharmacy
  - at the “prescription” pharmacy
- Staff inquiry before and after the project
- Health economy study

Results of evaluation:
The project has not started.

The issued addressed:
The project addresses the following issues; tobacco, nutrition, physical exercise, blood pressure, use of medication and general health.

Target groups:
The project mainly addresses the following target groups; adult population (16-65), ethnic minority groups, healthy persons and groups in the population with certain health risks factors.

Intervention used in the project:
Patient information, use of specific instruction backup, such as leaflets, booklets, tapes etc. Seminars addressing women in their menopause.


Actors involved:
Community pharmacists. A primary care team at premises can also be used. Midwives can also be involved. Through the Health Square project, it is also possible to cooperate with people from the municipality.

The most important factors supporting development and implementation of the model/initiative:
Unanswered.

The most important barriers concerning development and implementation of the project:
Bureaucracy at the beginning of the project involving the county council is so far considered the most important barrier.
Especially well developed or instructive aspects of the project and thus relevant for transfer:
To create a public place where people can find different types of professional knowledge and gain new information from the pharmacy.

Further information:
There are leaflets in Swedish to receive.
The Kirseberga project
which was a subproject to the main project "The role of the Pharmacies in local public health work".
(Kirsebergaprojektet) (Samverkan Apotek-Sjukvård-SAS, Modell för ökad kvalitet av egenvårdrådgivningen vid apotek och vårdcentral)

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The commissioner of the project/model/initiative:
Apoteket AB

Co-ordinator of the project/model/initiative:
Mrs Åsa Nilsson, project manager Apoteket AB
Mr Bertil S. Hanson, associate professor, department of community health service at Lund University, Sweden.

Status of the project/model/initiative:
Finished

Running time:
Started in 1988 and was finished in 1991.

A short abstract of the project/model/initiative:
A public health programme started in 1988 in Kirseberga, an district of Malmoe. The aim with this public health programme was to show that the pharmacies can play a natural and important role in promoting a healthier life style.

Life-style programmes focusing on alcohol, tobacco and drugs are regarded the most effective means to improve health and prolong life.

In Kirseberga the number of persons suffering from poor health was high. To consult a physician could be an obvious financial burden for some people in Kirseberga, since a great deal of the population in the area could be regarded as low-income earners.
The circumstances increased the demands on the personnel at the pharmacy in their role as a self-care adviser. The problems to be solved were the lack of distinct guidelines for the cooperation between the pharmacy personnel and the personnel from primary health care. There was also a need of education for the pharmacy personnel regarding medical advice and communication with customers/patients and for a follow up of given advice.

The purpose with the project was to ensure the customer’s/patient’s access to the right advice and to be directed to the right health care professional.

Conducted evaluation:
When the project was completed, an evaluation was made by Apoteket AB. There were two kinds of interviews being conducted within the evaluation. One with the people involved in the project, which lasted for 60 minutes per person; the other was carried out via telephone with the customers who had received self-care advice at the pharmacy.

Results of evaluation:
The people involved in the project were positive. The customer showed a positive attitude to the project.

The issued addressed:
To make the local pharmacy a centre for preventive health work and lifestyle improvement in addition to its traditional role.

Target group:
The project mainly addressed the following target groups: people with poor health, elderly and disabled people.

Intervention used in the project/model/initiative:
- “Healthy Corner” for the public at the pharmacy.
- Information on life-style items aimed at selected groups such as pregnant women who smoked, those trying to quit smoking in general etc.
- The magazine “Healthy Kirseberga” was periodically distributed to households in Kirseberga.

Actors involved:
Cooperation with the City of Malmö Community Health Department and the University Hospital of Lund/Malmö, Department of Community Health Sciences and the Pharmacy Måsen.

The most important factors supporting development and implementation of the model/initiative/project:
The results of this project confirmed that structural cooperation between pharmacies and the primary health care centres leads to positive effects regarding all professionals involved. Patients and customers were involved and self-care advice was adapted to the area and environment.
The most important barriers concerning development and implementation of the model/initiative/project:
There were some difficulties at the beginning of the project regarding organization and cooperation between so many different professionals.

Especially well developed or otherwise instructive aspects of the model/initiative/project and thus relevant for transfer:
- To have a clear goal with the project.
- To have a clearly-defined/a specific time-frame for the project.

Further information:
The cooperation between Apoteket Måsen (Seagull) and the primary health care centre in Kirseberga continues, although the project has finished.
A parliamentary committee has been developing a national health strategy for the past three years. The National Committee on Public Health, as it is called, will present its final report in the early autumn of this year to the government for the development of public health and public health work in Sweden. The committee will present a number of proposals on a broad spectrum of factors that influence public health. Several of the proposals will address the problems of tobacco use. This report shall serve as guidance for society’s efforts to promote public health, prevent ill health, reduce health hazards and prevent functional impairment, disease and early death. (10.)

Part B: Description of relevant preconditions for Patient-Oriented Health Promotion, POHP, in Community Pharmacy, CP

The general characteristics of the health care system and specific characteristics of Community Pharmacy relevant to POHP in Sweden

General overview of the Health Care System

At year-end 1998 Sweden had 8.9 million inhabitants, 1.6 million were younger than 15 years of age (19 %) and 1.5 million older than 65 (17 %). (1.)

In Sweden, the county councils are responsible for health and medical care, each in its own geographic area. Today there are 18 county councils, 2 regions (Skåne and Västra Götaland) and the municipality of Gotland. The two regions and the municipality of Gotland all have the same responsibilities and rights as a county council.

The county councils are independent democratic levels. Sweden has three democratic levels – the state, county councils and municipalities - elected by direct voting, and this specific feature of public administration in Sweden is especially worth noticing when making comparisons with other countries. It means that each county council decides for itself how to run health and medical care within its own geographic area, how to finance it, what goals to set and how to organize it. From this follows, for example, that the organization of health care varies depending on where one lives in Sweden.

The county councils is supposed to promote good health in the population. The extent of preventive work varies between the different county councils. Within the area of public health promotion and other preventive work, several different actors are involved, including municipalities, different governmental agencies and other organizations. (2.)

To finance health care, the county councils have the right to tax the citizens in their own county council area. Each county council decides the level of this tax rate. The distribution of different kinds of income vary between the county councils, but in all of them, the tax revenue is the primary source source of income (about 80 %).

In Sweden, there are 289 municipalities, which are self-governing units. In a majority of the municipalities, one or more so-called health coordinators work with special tasks aiming at stimulating the public health work.

By law, the communities are, among other things, responsible for the following:

- social services, including for example, child care, care of the elderly and social assistance
- public school system for children and young people
- health and environment protection.

56 % of the municipal revenue comes from taxes.
Specific Situation of Community Pharmacy in Sweden

Apoteket AB was established in 1971 and is today wholly owned by the Swedish state. The pharmacies in Sweden are run by Apoteket AB, which has the exclusive right to the retail sales of pharmaceuticals in the country. Apoteket AB has an obligation to supply all drugs – both prescription and non-prescription – that are approved for sale in Sweden. In addition, the pharmacies offer a complementary range of products for self-care. There are about 880 pharmacies in Sweden, of which 93 are hospital pharmacies. There are also about 1,000 pharmacy representatives.

A number of laws and regulations guide operations at the pharmacies. The work at the pharmacy is furthermore governed by professional goals. These goals are based on the internationally formulated guidelines for Good Pharmacy Practice, GPP.

Apoteket AB’s business concept is to:
- be responsible for a good supply of drugs and complementary goods and services
- bring about an appropriate use of drugs
- contribute to better health.

Apoteket AB’s commitment towards the health services and different authorities includes working health-oriented towards patients in order to achieve good health and to prevent ill health, thereby reaching goals defined by health policy. The personnel of Apoteket should, in other words, always have prevention in mind when serving customers.

10,000 persons work within Apoteket AB. Of these, about 5,000 have a university degree in pharmacy.

Every year, a number of customer studies are carried out, so-called Satisfied Customer Index measurements. They rate the customers’ level of satisfaction with the pharmacy services. These surveys also yield statistics of the reasons for customer visits and other background variables. More women – 74 % – than men – 26 % – visit the pharmacies. 58 % of the pharmacy customers are 50 years old or older. The majority of customers, 53 %, come to the pharmacy to collect prescription drugs, 28 % come to buy non-prescription drugs and 20 % have other business.

Other variables apart from service that are measured are accessibility (open hours, location etc), pharmacy premises, price level, written material, environmental consciousness and routines for complaints.
Current POHP Practice in Community Pharmacy

The work of the pharmacies is both society-oriented and individual-oriented. The aim of the work done by pharmacies in order to spread knowledge and to give advice within the areas of prevention and self-care is to contribute to lifting some of the burden off the health care services and in certain cases, referring patients to the right treatment level.

Apoteket AB produces written material and develops different services/courses. It also distributes information material from authorities and organizations. The written information material and the contents of courses are produced in co-operation with the health care services and other authorities and organizations.

The pharmacies work all the time to promote health, e.g. in the form of different activities during their "theme years", like smoking cessation during the Heart Year 1997. They also work from the point of view of prevention during each self-care activity, like tension headache and its treatment during an activity about headache and smoking, or fat food during an activity about heartburn.

Apoteket AB's different health campaigns are of a high scientific standard thanks to the quality work carried out within the company, but also thanks to the external specialists who work with Apoteket AB during different activities. There is no study that shows an overall picture of the everyday work with POHP. The different activities are assessed separately.

Some examples of current activities that have been assessed can be found below. They are just examples from different areas, ranging from health promotion to compliance within drug treatment, both inside the pharmacy and outside, and when it concerns the use of different channels. It is not a complete list of models/projects.

Fact sheets "Advice for life": When producing the series of information sheets called Apoteket’s "Advice for life", Apoteket AB works in co-operation with a lot of other authorities and organizations. Apoteket’s sheets "Advice for life" cover about 20 different health areas and have been evaluated. (3.) By year’s end 1999, the pharmacies had handed out 11.6 million such fact sheets. Three of the sheets in the series have also been translated into 13 immigrant languages. The translations were made in co-operation with the National Institute of Public Health and the magazine for immigrants.

Smoking cessation. In the field of smoking cessation, Apoteket AB co-operates with the WHO, the EuroPharm Forum, the Heart and Lung Foundation, the Swedish Cancer Society and the National Institute of Public Health. An evaluation has been made of Apoteket AB’s smoking cessation courses. (4.)

Apoteket AB also runs groups to help prevent women from suffering osteoporosis. Apoteket AB runs these groups together with "Korpen" and local health centres. These groups have also been evaluated.
Health promotion booklet. A booklet called "Friskboken" (approximately the "Be Healthy booklet") has been produced in co-operation with the Heart and Lung Foundation, "Korpen" and SISU Sports books. It is sold at all pharmacies.

Self-care booklets. Booklets on self-care and health issues are produced in co-operation between pharmacists and general practitioners in different county councils, e.g. the "Hälsoboken" (Health Booklet) in the Stockholm County Council.

Diabetes circles. In co-operation with the Stockholm County Council, Stockholm's Diabetes Association and the Department of Public Health and Caring Sciences at the University of Uppsala, Apoteket AB has worked out a concept with study circles to support people with type II diabetes. The aim of these circles has been to teach the patients to monitor their blood-sugar values towards normal levels.

Theme years. During the theme year 1997 (Heart Year), the importance of life-style habits in connection with heart and coronary diseases was underlined in the written material produced for pharmacy customers. A lot of evaluations were made in connection to these themes.(5.) During 2000, "Infections" is the theme of the year; run by Apoteket AB in co-operation with the health services. This campaign will also be evaluated later.

The customer journal Apoteket and producer-independent pamphlets. The main part of the written information material is free and written in a simple and easily accessible language so that it can be read by everyone. Certain pamphlets are also available on sound cassettes for blind persons, e.g. the customer journal Apoteket (The Pharmacy) and some pamphlets about widespread diseases. This material can be found at all pharmacies all over the country.

www.apoteket.se gives information on health and self-care issues. People can ask questions about self-care and receive answers from a pharmacist within 24 hours.

Preferences and Expectations

In 1999, the Swedish Pharmaceutical Association commissioned the company Market Watch to study the attitudes of pharmaceutical personnel to the preventive work within Apoteket AB. (6.) Almost everyone (96 %) of those who responded said that it is important to give advice in the area of prevention. 68 % also considered it to be very important.

A majority of the interviewees are of the opinion that the pharmacist should give advice within all the five areas included in the inquiry: 90 % about smoking, 74 % about stress/relaxation, 73 % about diet, 62 % about physical exercise and 52 % about alcohol.
According to the replies, the main obstacle to giving advice was that there is too little time for preventive work at pharmacies; 61% answered that time is a barrier. Insufficient basic education was also listed as an obstacle.

Sifo Research & Consulting conducts recurrent surveys of health and medical care in Sweden, a so-called "Health Monitor". The latest issue appeared in 1999. (7) The report shows that the share of persons who are very interested in prescription drugs, non-prescription drugs and self-care and health promotion increased from 1998 to the autumn of 1999.

With respect to desired purchase channels for non-prescription drugs, preparations in certain areas are considered more important to buy at the pharmacy than others, since skilled personnel who can give advice can be found there. These areas are e.g. pain, cough preparations, gastric acid-reducing preparations, as well as nicotine replacement products and antioxidants.

The annual Satisfied Customer Index surveys show that customers have high confidence in the prescription service, the sensitivity of the personnel and the layout of pharmacy premises. (8) The Swedish Consumers' Association has made a similar study. In the summary, the services offered by the pharmacies are given the highest ratings when it comes to competence and confidence. (9)

**Structural preconditions for the development and current practice of POHP in CP**

Laws, Rules and Regulations:
Apoteket AB's operations are regulated by a number of laws and decrees. These present no hindrance to work with health-preventive activities at the pharmacies.

The activities within POHP which are performed by Apoteket AB – e.g. producing information material, the customer journal Apoteket and developing different educational courses – are financed by Apoteket AB. Participation fees pay for the actual courses. The services within POHP are not included in the insurance system.

The obstacles at present that have stopped or caused the cancellation of certain activities are of a financial nature. Many people refrain from participating in the courses given by Apoteket AB because of the participation fees that are meant to cover the pharmacy's expenses.
Education and training

Three different “programmes” offer pharmaceutical training in Sweden: the University Diploma in Pharmacy course (pharmacist), the Dispensing Pharmacist Degree course (prescriptionist) and the Bachelor of Pharmaceutical Science course. None of the courses is entirely devoted to public health. However, parts thereof can be found in all the courses. A large part of the training in public health is given within the subjects pharmacoepidemiology/health economy and drug education, all under the heading of Pharmaceutical Services Research. The public health part is thus hard to limit to single courses.

During the first introductory course of the programme leading to the Diploma in Pharmacy, “Basic course in pharmacy”, a lecture on public health is given and the students are also asked to fill out their own “Health curve” in order to get to know the most common risk factors for disease and learn about preventive measures. Students can specialize their studies further by choosing optional courses in this area.

Also during the first introductory course of the programme leading to the Dispensing Pharmacist Degree, “Basic course in pharmacy”, a lecture on public health is given and the students have also here fill out their own “Health curve”.

A short course in drug education is also included. After having finished this course, the student should possess knowledge about the conditions of learning, the most common communication and marketing theories, show understanding for patients’ views on health and understand how her/his own behaviour influences communication with the customer. The course is interdisciplinary and also contains practical IT knowledge. One part is also devoted to smoking cessation. Students can specialize their studies further by choosing optional courses in this area.

The course leading to the degree of Bachelor of Pharmaceutical Science covers six terms. The main target is the pharmaceutical industry.

For pharmacists who are working in pharmacies today and want to work with prevention, their basic education does not include sufficient training in communication and behavioural science, nor certain factual knowledge within areas like diet and physical exercise.

In order to increase the personnel’s knowledge in the area of public health, certain internal training has been provided within Apoteket AB. Tutors have been given special training to be able to run circles and groups in smoking cessation, osteoporosis and diabetes.
Specific Policies, Programmes and Projects for POHP in CP

POHP is not explicitly mentioned in the statutes of Apotekarsocieteten (the Swedish Pharmaceutical Society). Apotekarsocieteten is a non-profit association with the aim of promoting a high professional standard in the area of pharmaceuticals and of working (for) towards the development and use of drugs favourable to the individual as well as to society. To this end, Apotekarsocieteten promotes the development of knowledge and competence in the field of pharmaceuticals.

POHP is not mentioned in the statutes of the Swedish Pharmaceutical Association. Based on a common value-system, the Association is supposed to promote questions of importance to terms of employment and exercise of the profession, all based on the education, knowledge and competence of its members. However, there is nothing to hinder POHP work.

To work with POHP in Sweden is, above all, a task for the National Institute of Public Health. Apoteket AB is not explicitly mentioned in the policies or in the programme of the Institute. In spite of this fact, there is certain co-operation between the two parties on a practical level.

Apoteket AB has many collaborative partners. One of the most important is the National Institute of Public Health. However, depending on the subject and level, i.e. national, regional or local, Apoteket AB also works with other actors like the county councils, municipalities, single health centres or patient associations. Community health science units and the Swedish Cancer Society, as well as the Heart and Lung Foundation are also frequent collaborative partners.

Apoteket AB’s POHP is marketed and discussed in national pharmaceutical magazines like Farmacevtisk Revy ("Pharmaceutical Review") and Läkemedelsvärlden ("Drug World", the journal of the Swedish Pharmaceutical Society) and also in international magazines like the Journal of Social and Administrative Pharmacy. Subjects within the area of health care are marketed during congresses and seminars, both national ones like the "Swedish Pharmaceutical Congress" and international ones like the "FIP".

Representatives of the Swedish Pharmaceutical Association participate in different Swedish working groups such as the National Food Administration’s reference group, the Swedish Network for Tobacco Prevention and working groups together with the National Institute of Public Health, etc. They also participate in international working groups like the EuroPharm Forum.

The work of Apoteket in the POHP area is mentioned in reports from the National Public Health Committee, in the Proposal for a National Action Plan on Tobacco, in pamphlets from the National Institute of Public Health, the Center for Tobacco Prevention, the Heart and Lung Foundation, the Swedish Cancer Society and others.
Other relevant preconditions for POHP in CP not explicitly addressed in this framework

A parliamentary committee has been developing a national health strategy for the past three years. The National Committee on Public Health, as it is called, will present its final report in early autumn of this year to the government for the development of public health and public health work in Sweden. The committee will present a number of proposals on a broad (spectrum) of factors that influence public health. Several of the proposals will address the problems of tobacco use. This report is intended to serve as guidance for society’s efforts to promote public health, prevent ill health, reduce health hazards and prevent functional impairment, disease and early death. (10.)

The National Institute of Public Health is currently being reorganised in order to acquire a more distinct profile as “the government’s extended arm” in the area of public health. Among its task will be the monitoring of progress toward public health goals formulated by the National Public Health Committee, supporting research and serving as a knowledge reserve. In addition, the Institute shall work in a more research-oriented way than today and develop methods and instruments for follow-up work. The present activities of the National Institute of Public Health – spreading knowledge directly to the general public – will be carried out on specific government orders to a lesser extent than before, and other interested parties will get the task of spreading knowledge in this area to the general public.

During the summer 2000, Apoteket AB will negotiate with the Federation of County Councils, the Swedish Association of Local Authorities, the National Institute of Public Health and others about a clearer role for Apoteket AB in questions concerning public health. By making use of the customer’s visit to the pharmacy in a more active way, Apoteket AB’s goal, i.e. to place drugs in a wider health perspective, can be achieved.

A common platform for doctors, nurses and pharmacists when it comes to improving patient drug use has been adopted by the governing bodies of the professional organizations for Swedish doctors, nurses and pharmacists. Three objectives were set up:
- See The patient as a partner
- Ask about the patient’s experience
- Collaborate and use each other’s competence

The objectives have also been widely publicised and efforts to implement the objectives in daily health care situations has begun.
Appendix

2. Federation of County Councils, 2000
3. Lampic Claudia, Sjödén Per Olow, Centre for Caring Sciences, University of Uppsala. The pharmacies’ series of fact sheets "Advice for life". – What people read these fact sheets? Do the sheets contribute to a change of life habits?
4. Isacson, Dag, Bingefors Chris, Dept. for Pharmaceutical Services Research, University of Uppsala; Ribohn Monica, Apoteket AB. "To stop smoking at pharmacies. An evaluation of Apoteksbolaget’s smoking cessation courses" 1997.
8. NKI, Satisfied Customer Index, all pharmacies w 11-12/2000, Apoteket AB.