

# Pharmacy of Your Choice

## Change and Innovation in Community Pharmacy – The Phased Implementation of the Pilot Study

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The phased implementation of the Pharmacy Of Your Choice (POYC) pilot study was introduced in December 2007, in 2 private community pharmacies in the Għargħur area (approximately 550 patients). This was followed by Mgarr (1 community pharmacy – approximately 600 patients) and Mellicha (3 community pharmacies – approximately 1500 patients) in January 2008 and Naxxar in February. The remaining phases of the pilot area will follow in the latter part of March and shall include Qawra and Bugibba. The pilot shall be concluded with the inclusion of St Paul's Bay and finally, Mosta.

With regard to the national roll-out, patient registration (Figure 1) in the localities served by the Rabat health centre, including Attard, Bahrija, Dingli, Mtarfa and Rabat, and in those served by the Gzira Health Centre, including Gzira, Msida, Paceville, Pembroke, St. Andrew's, San Gwann, Sliema and Swieqi, was launched in January 2008 and shall last till the 15th March 2008.

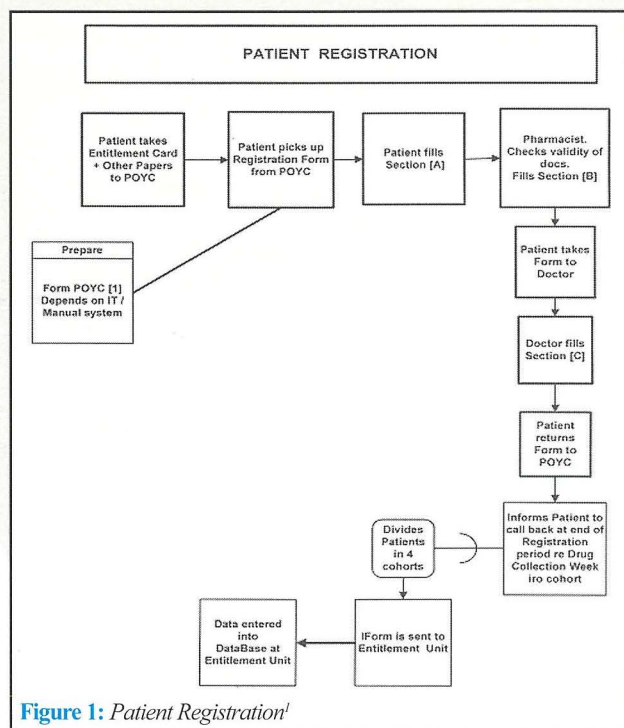


Figure 1: Patient Registration<sup>1</sup>

It is expected that all patients in Malta would have registered with their chosen pharmacy by end 2008 after which the scheme will be extended to Gozo.

### The Pilot Computer System – a virtual private network

The computer system which is being employed during the pilot study is based on a virtual private network (VPN). Figure 2 presents a concise logistic plan of the system in place at present:

1. The patient is electronically registered at a pharmacy of their choice
2. This data becomes available in the national entitlement database
3. The pharmacist dispenses the medicines keying in information at the front end of the system

4. These are registered in the Stock Transfer System (STS)

5. The STS program sends all information to the national entitlement database and stocks are deducted accordingly.

In a relatively short time, the members of the MITTS and Standing Advisory Committee (SAC) worked intensively to design, install and test the system.

An on-site and one-to-one approach at each pilot pharmacy has been adopted. The

computerization of the pharmacies is being

achieved through an 'e-service' level agreement with private service providers, typically comprising a computer and label printer and including repair or replacement on an agreed reduced on-site response time. Data entry in the construction of the national entitlement database and the medication records remains one of the mainstays of the project. This has had to address the conversion of the many trade names which are still being used by prescribers in lieu of generic names of medicinal products at NHS level. The knowledge and support of the pharmacists and other members of the Pharmaceutical profession in this regard has proven to be crucial. The human resource involved in data entry and system administrators are mainly pharmacy technicians.

The way forward for full computerisation of community pharmacy has been agreed upon and is expected to reap benefits in the goals for primary health care. As expected, the uptake by the pharmacists has been extremely encouraging and highly professional.

The Chamber looks forward to the opening of new ICT venues which are expected to enhance intra-professional relationships with hospital based colleagues and inter-professionally, especially with family doctors, for true effective seamless care in the community.

### The Central Processing Unit (CPU) – supporting community pharmacists in the implementation of the POYC

The Central Processing Unit was established in the Directorate for Special Initiatives of the Health Care Services Division of the Ministry of Health, the Elderly and Community Care with the following remit<sup>2</sup>:

- Provide ongoing technical support to pharmacists practicing in private community pharmacies;
- Maintain the individual patient entitlement database;
- Determine stocks of pharmaceuticals required by private community pharmacies;
- Order, prepare and distribute stocks required by private community pharmacies;
- Manage the stock control IT system.

At present an exercise is underway to redeploy necessary staff from the Health Division to achieve the necessary human resource complement to reach the objectives of the CPU and the POYC.

A main objective is the timely delivery of the stocks of required medicines, in quantities and packaging which diminish to the least possible the work of the community pharmacists in the preparation of the different entitlements of their patients, so that their time is

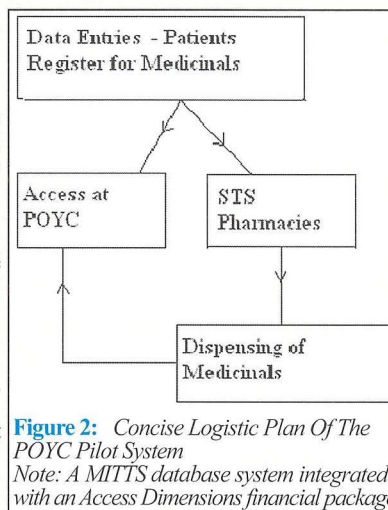


Figure 2: Concise Logistic Plan Of The POYC Pilot System  
Note: A MITTS database system integrated with an Access Dimensions financial package

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dedicated to their professional interventions. The introduction of automation at the CPU is, for example, a priority in this regard. Another objective is to reduce the environmental impact of pharmaceutical packaging waste.

### **Extending the pilot study and introducing registration in the first phase of the national roll-out**

In January 2008 an important POYC meeting was held by the Chamber at the Professional Centre, Gzira. The meeting was targeted to all pharmacists practicing in community pharmacies and pharmacy owners participating in the piloting of the POYC together with the pharmacists practicing in community pharmacies and pharmacy owners in the localities served by the Gzira and Rabat health centres. As usual, the pharmacists who are members of the Chamber's Focus Group on the POYC were also invited.

The members of the SAC, supported by members of the Council of the Chamber, gave an update on the pilot project and intensified discussion on patient registration since this was being opened in the remaining



localities of the pilot study and in the first phase of national implementation. The ensuing discussion was enhanced by the proactive participation of those pharmacists who are actively experiencing the POYC and this has contributed positively to the adjustments being made in the continuous process of the project.

Preliminary consideration of the forecasts that had been made during negotiation with regards, for example, to the effect of the POYC on waste of resources, mainly on medicines or on the need to facilitate the pharmacist's interventions to ensure better patient compliance, are being proven to have been correct, albeit officiously, at present. Indeed,

several of the pharmacists participating in the pilot and who have started serving their POYC patients have reported that patients are asking not to be given certain medicines to which they are entitled because "they still have some remaining from the last visit".

The main reaction from the public, in particular the elderly and disabled, those who act as carers of their family members and those who, for example, due to work commitments find it difficult to queue at hospital or health centre pharmacies, has been overwhelmingly positive, as expected. ☐

### **References**

1. Proceedings of the POYC Standing Advisory Committee. Ministry of Health, The Elderly and Community Care, Malta Chamber of Pharmacists and Chamber for Small and Medium Enterprises – GRTU. 31st July 2007 – present. Archives of the Malta Chamber of Pharmacists.
2. Deployment of Pharmacists, Pharmacy Technicians and Drivers to the Central Processing Unit of the 'Pharmacist of Your Choice Scheme'. Health Care Services Division. Ministry of Health, The Elderly and Community Care. 2007.



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