Role of community pharmacy and pharmacists in self care in Sweden

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ABSTRACT

Background: Self care is an important concept, which is increasingly being applied by policy makers on a large scale. It is associated with improved health literacy and technological advances. Community pharmacy practitioners are easily accessible for self care counselling, purchase of non-prescription products and for referrals to other healthcare providers.

Objective: To describe self care policies and strategies in Swedish healthcare authorities, pharmaceutical organizations and community pharmacy.

Methods: A search was conducted to retrieve self care policy documents and strategies in Swedish healthcare authorities, pharmaceutical organizations and community pharmacy on respective websites, as well as personal contacts with key persons in pharmaceutical organizations and community pharmacy practice.

Results: A new law on self care was adopted by the Swedish Parliament becoming effective in 2023. The law defines self care as a healthcare measure that has been assessed by a treating licenced healthcare practitioner to be possible to be performed by the patient him/herself. The law includes a wide range of measures. According to a Government Commission that followed Sweden’s the National Pharmaceutical Strategy’s Action Plan in 2018, the Medical Products Agency (MPA) was assigned to establish requirements of qualifications in self care counselling. In its report in late 2022, the MPA stated that self care counselling by community pharmacy practitioners plays an important role in society. The new requirements are expected to become effective in mid-2023. None of the four community pharmacy chains operating 97% of Sweden’s community pharmacies have developed any specific self care policies, although self care counselling and sales of non-prescription products, as well as provision of some primary healthcare services, constitute important components of their operations. Furthermore, all Swedish pharmacies offer several digital self care solutions, supporting people to manage their own health. Neither the Swedish Pharmacy Association, representing most pharmacies, nor the Swedish Pharmacists Association, the trade union, have developed any self care policies. However, the Swedish Association of the Pharmaceutical Industry is promulgating Swedish self care reform using a systematic review of self care and which further opportunities to enable pharmacists to fulfil their potential in supporting individual wellbeing and promoting self care interventions. A new system needs to be created which fully integrates the promotion of everyday wellbeing, self care for self-treatable conditions and the management of long-term conditions.

1. Population size and health expenditures

Sweden has a population of 10.3 million people and spends 11.3% of its gross domestic product (GDP) on health and medical services, which is on par with most other European countries. In 2021, 368.3 billion SEK were allocated to healthcare in Sweden, of which 68.8 billion were assigned to primary care. The Government financed 86% of the total costs, while households paid 13% via patient and other fees. Private healthcare, which accounts for 12% of total healthcare costs, mainly subsidises primary care, such as healthcare centers or nursing homes for the elderly. Fifteen percent of Sweden’s hospitals are private. However, healthcare services can be provided by a private company under

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contract with the county council/regions, local authority, or municipality.

2. The Swedish healthcare system

Sweden is divided into 21 regions and 290 municipalities. The responsibility for health and medical care in Sweden is shared by the central government, the regions, and the municipalities. All of Sweden’s municipalities and regions are members of the Swedish Association of Local Authorities and Regions (SALAR) [Sveriges Kommun och Regioner], which is an employers’ organization that represents local government in Sweden. The regions have the primary responsibility for planning and providing health and medical services and decide on the allocation of resources. They also own and operate the hospitals, healthcare centres, and other institutions. The municipalities are responsible for care of the disabled, home healthcare of the elderly, and nursing homes. They are also responsible for providing care for people with mental disorders, support and services for people discharged from hospital care, and school healthcare. Outpatient care is organized into primary care districts, each with 5000 to 50,000 inhabitants. There are 100 hospitals in Sweden, of which about 85 are operated by regional Governments; the remaining are private. Seven of these 85 are regional university hospitals and they offer highly specialized care and host teaching and research. There are about 46,000 registered physicians and 106,000 registered nurses in Sweden, most of whom are employed in the healthcare sector. The number of registered pharmacists in the workforce is 12,026, approximately half of whom are pharmacy practitioners.1,4

About 16% of all physicians work in primary healthcare.5 There are approximately 1200 primary care practices, of which 40% are privately owned, and operate on a contract with the healthcare region. Team-based primary care, comprising general practitioners (GPs), nurses, midwives, childcare practitioners, paediatricians, physiotherapists, psychologists, and gynaecologists, is the main form of practice. In some practices, pharmacists are included. There are, on average, four GPs in a primary care practice. GPs or district nurses are usually the first point of contact for patients, except for minor ailments where community pharmacy practitioners often enjoy the public’s trust. District nurses employed by municipalities also participate in home care and regularly make home visits, especially to the elderly; they have limited prescribing authority. People may register with any public or private provider accredited by the local regional council with most individuals registering with a practice instead of with a physician, but in many practices, it is possible to register with a specific GP. Providers (public and private) are paid a combination of fixed capitulation for their registered individuals (60–95% of total payment), fee-for-service (5–38%), and other performance-related payment (0–3%) for achieving quality targets in such areas as patient satisfaction, care coordination, continuity, enrolment in national registers, and compliance with evidence-based guidelines.6

According to SALAR, care needs to get closer to the patient and the user. The Government report, good quality, local health care – a joint roadmap and vision, focuses on primary health care and how to strengthen it. The transition to good quality and local health care aims for patients and relatives to feel involved in healthcare and for care to be easily accessible and provided with good continuity. To achieve this objective, healthcare needs to be organized and conducted to a greater extent based on the patient’s needs and conditions.

The success factors for quality and personal care according to SALAR are:

- Cooperation between municipalities and regions.
- Use of new technology to develop working methods in healthcare.
- Investment in the development of self care, for chronically ill patients but also to prevent more people suffering from chronic illness.

- That staff can participate in the development of e-services, have digital skills, and start working in new ways.
- That person-centeredness is the guiding principle both as an approach and a way of working in the organization. Investment in competence provision that supports the transition towards personal care, where the ability to work across traditional boundaries, communicate and work preventively and proactively are important parts.

Pharmacy is not mentioned in any of these strategies.6

3. New laws on health and self care

- From 1 July 2021, the definition of primary care was changed in the Health and Medical Care Act [Hälso- och sjukvårdslagen]. The new provision specifies what must be included in primary care’s basic mission. The Health and Medical Care Act states that Regions and municipalities must work within the framework of activities that constitute primary care in particular;
- provide the healthcare services required to meet commonly occurring care needs
- ensure that care is easily accessible
- provide preventive measures based on the needs of the population as well as the individual needs and conditions of the patient
- coordinate different interventions for the patient in cases where it is most appropriate for the coordination to take place within primary care, and
- enable participation in the implementation of research work

The concept of good care is used in the Health and Medical Services Act: “Healthcare operations must be conducted in such a way that the requirements for good care are met. This means that the care must especially.

1. be of good quality with a good hygienic standard,
2. satisfy the patient’s need for security, continuity, and safety,
3. build on respect for the patient’s self-determination and integrity,
4. promote good contacts between the patient and the healthcare staff, and,
5. be readily available7

The Government has indicated that the healthcare system should be reformed so that primary care is the hub of care and interacts with other healthcare and social services. The goal of the restructuring of health care should be for the patient to receive good, personal and coordinated care that strengthens health. The goal should also be that the patient is involved based on his conditions and preferences and that a more efficient use of healthcare resources can be achieved.8

A new law on self care adopted by the Swedish Parliament became effective on January 1st 2023. The law defines self care as a healthcare measure that has been assessed by a treating licenced healthcare practitioner to be possible to be performed by the patient him/herself. Its definition does however, not prevent the concept of self care to be used in other contexts with a partly different meaning. The law includes a wide range of measures, from minor areas such as wound dressing and compression stockings to more advanced measures such as home care dialysis and respiratory care. There are no provisions on how a self care assessment should be carried out or what elements it should contain. Rules on, for example, information, consultation, and documentation are instead found in other laws and constitutions in the field of healthcare. Those rules also apply to self care assessments. Involvement of pharmacists is not mentioned, but pharmacists are legally healthcare practitioners.9,10
4. A national pharmaceutical strategy and action plan follow-up

The Government and SALAR, together with a broad set of pharmaceutical actors, have agreed to progress developments since 2011 under the National Pharmaceutical Strategy (NPS) [Nationella Läkemedelsstrategin]. The vision of the NPS is rational use of medicines for the benefit of the patient and society. Through the Centre for Rational Use of Medicines (CBL Office), the Swedish Medical Products Agency (MPA) [Läkemedelsverket] is coordinating and implementing the strategy in collaboration within the NPS. The pharmaceutical actors included are the Swedish Pharmaceutical Society (SPS) [Apotekarsocieteten], the Swedish Association of Pharmacies (SAP) [Sveriges Apoteksförening] and the Swedish Pharmacists Association (SPA) [Sveriges Farmaceuter].

Another main actor, the National Board of Health and Welfare (NBHW) [Socialstyrelsen], was assigned, as per the NPS’s Action Plan in 2018, to investigate whether there is a need of a knowledge support system for self care counselling in pharmacies. The NBHW states that community pharmacies constitute an important source of counselling and retail of non-prescription medicines and para-pharmaceuticals. According to the law on the pharmacy market, the different pharmacy chains developed their own models to support self care counselling. According to the law on medicine, retail pharmacies are obliged to offer individual and producer independent information and counselling on medicines, medicines use and self care and to assure that it is given solely by pharmacy staff with sufficient, appropriate qualifications. The Medical Products Agency is responsible for the supervision of all community pharmacies. The NBHW surveyed the community pharmacies’ self care counselling and an analysis of the need to develop a knowledge support system for pharmacy self care counselling. It was concluded, that there is a need of a coordination of existing support systems. 11

Self care with non-prescription medicines are included in the pharmaceutical university curricula and the pharmacy chains provide web courses on self care and require staff to pass annual tests. However, according to a Government Commission that followed the NPS’s Action Plan, the MPA was assigned to establish requirements of qualifications in self care counselling. In its report in late 2022, the agency stated that self care counselling by community pharmacy practitioners plays an important role in society in guiding the consumer choice between self care with non-prescription medicines and referring him/her to the appropriate level of healthcare. The definition used in this report is the one developed and used in the previously mentioned in the clinical decision support system Symptom Advice Action: “Self care is when the individual based on his/her own knowledge and experiences takes care of his/her health as the individual finds best, without seeking professional help”. The pharmacy owner is responsible for the pharmacy staff to have sufficient qualifications and continuing professional development in self-care. This continuing professional development is required to be documented. The MPA has begun formulating instructions to regulate the requirements for training and experience for community pharmacy staff providing self care counselling. The requirements will also apply to pharmacy e-commerce and are expected to be completed in mid-2023. 12

5. A trial operation for pharmaceutical services

The Dental and Pharmaceutical Benefits Agency [Tandvårds och läkemedelsförsäkringen] is a central Government agency whose remit is to determine whether a pharmaceutical product, medical device or dental care procedure should be subsidized by the Government.

The agency has been commissioned by the Government to carry out a trial operation for pharmaceutical services in outpatient pharmacies, a 3-year-long project about establishing working methods and structures for developing remunerated services from community pharmacies. The aim is to contribute to an improved use of medicines. The entire project is conducted in a so-called policy lab, a way of working where business and public activities must work together to find new solutions to a societal challenge. In this case, it aims at optimizing the outcomes of the medical therapy by support from pharmacy services.” 13

6. Community pharmacy practice

At the end of 2022, Sweden had 1407 community pharmacies, which is an increase of 480 pharmacies (more than 50%), compared to 2009 prior to the deregulation. The pharmacy density increased from 10 to 13.4 per 100,000 inhabitants during the period 2009–22.

Ownership of pharmacies is deregulated, but there always must be a pharmacist-in charge. About 97% of the country’s pharmacies are operated by four community pharmacy chains. One of which is the Government-owned Apoteket, the former monopolist chain in 1970–2009. Additionally, there are 45 independently run pharmacies, and three purely e-commerce pharmacy companies, that are supplying medicine orders only online. E-commerce is growing, with 30% of all products sold via e-commerce in 2021, even though the rate of overall growth is declining. There are also 620 so called “pharmacy representatives”, usually located in general food stores, as an extension of the closest pharmacy, forwarding dispensed prescriptions.

Swedish pharmacies have large self-selection departments of non-prescription medicines and related products. These medications correspond to 8.4% of sales and just over 22% of units sold. Since the deregulation, non-prescription medicines are also sold in other outlets, such as food stores and gas stations.

There are 10,000 community pharmacy employees; 48% are pharmacists, 20% pharmacy technicians and 32% other staff. There are two categories of pharmacists, a 3-year-long training for a BS(Pharm) degree, also named “prescriptionists”, and a 5-year-long MS(Pharm) education. Both categories have the same rights and obligations in community pharmacy practice. The prescriptionists used to be the major group, but the total number of the higher educated pharmacists has just exceeded the number of prescriptionists. 1,14

The reimbursement system is based on a pharmacy margin, with a combination of fixed fee and percentage. There is a reimbursement for generic substitution with an increased margin added to all generic medicines. There is no reimbursement for pharmacy based primary care services.

Data on self care policies were received from two of the four pharmacy chains in Sweden, Apotek Hjärtat and Apoteket:

The pharmacy chain Apotek Hjärtat (Heart Pharmacy) does not have a specific self care policy but has several documents and plans, where self care is mentioned. Apotek Hjärtat has guidance documents and requirements for non-prescription products. Strategic documents exist on how to position the pharmacy chain in proactive health, and policies of continuing professional development of its staff in self care and health. Apotek Hjärtat also undertakes an annual public survey on health, named “the Health Barometer”, followed by press releases on the results, aimed at raising common problems and for educational purposes. 15

Aposteket (The Pharmacy), the former monopolist company, still owned by the Government, does not have a written policy for self care. However, self care is a strategically important area for Apoteket, where they offer holistic, broad solutions for personal health for people with chronic illness or people who are at a certain stage of life. Apoteket’s staff complement prescribed medicine treatments with self care information and advice for patients. Apoteket also works with preventive measures and offers vaccinations, allergy checks and blood pressure checks in several of their pharmacies. Some of these services are performed with the help of allied health care professionals partners, such as
nurses, and some are provided by their own staff. Apoteket perceives that pharmacies may become more important in the future to relieve and supplement an increasingly burdened primary healthcare model. Self care is an important part of Apoteket’s offer. The chain requires specific knowledge and competence to provide self care advice from employees who are to give advice or provide services in the area. Apoteket has protocols for dealing with self care customers, where it is described how to carry out a needs analysis and provide advice.16

7. Digital self care

Digital services and technologies are transforming Swedish healthcare and pharmacy at a rapid pace. The potential is great: e-health and digitization are important tools for strengthening patient engagement, creating an efficient, patient-centered and equal healthcare system, developing new treatments and solutions and thus promoting Swedish public health.

All Swedish pharmacies offer several digital self care solutions, supporting the individual and healthcare, by making care more efficient and giving patients better conditions to manage their own health. Digital services increase the patient’s freedom in everyday life and provide new conditions for patients to have control over their own treatment so that they only need to consult the healthcare system when necessary. Among other things, the patient can receive digital support to manage their medication use and treatment in the right way or monitor their health condition – for example via digital apps from the different pharmacy actors.17

Digital products and services for self care and home monitoring are considered one of the most promising areas of e-health. Apoteket has developed the “My pharmacy” app, that digitally offers many services that a client/patient can also find in the pharmacy.18

8. Pharmacy organizations

The Swedish Pharmacy Association (SPA) [Sveriges Apoteksförening] was formed after the deregulation of the Swedish pharmacy market in 2009. It represents nearly all pharmacies in Sweden with all pharmacy chains being members. The association does not have a public strategic plan, but is a voice of its members in publicity campaigns and collaboration with health authorities and other stakeholders to achieve their goals and to establish joint agreements and guidelines among its members.14 The SPA does not have a general self care policy, although it is one of its prioritized areas of work. According to the association, Sweden has a developed self care practice, with a relatively large number of non-prescription medicines and highly qualified pharmacists and pharmacy technicians for the provision of self care counselling. y.19

The Swedish Pharmaceutical Society (SPS) [Apotekarsocieteten] is a non-profit organization for professionals engaged in the field of pharmaceuticals. The aim of the organization is to support research and innovation in medicines and healthcare, and to promote high professional standards through supporting education and professional development.20

The SPA has not formulated any specific self care policy, but has dealt with self care issues in different activities and in comments on official reports, especially its community pharmacy section.21

The Swedish Pharmacists Association (SPA) [Sveriges Farmaceuter] is a trade union for university graduates in pharmacy, founded in 1903 with around 7100 members. The association aims to ensure that their members have secure employment and able to develop in their professional life. As a professional association, they are experts on the competence, skills and the labor market for pharmacists.22 No specific self care policy has been developed by the SPA, but the association wants to limit the number of non-prescription medicines available in non-pharmacy outlets and to introduce an authorizing procedure or licensing of non-pharmacy sales.23

The Swedish Association of the Pharmaceutical Industry (SAPI) [Läkemedelsindustriföreningen] wants to see a Swedish self care reform which includes a systematic review of the concept of self care and which medicines should be sold over-the-counter. They suggest that “New digital solutions, new technology and more accessible information about care and various treatments mean that more patients can increasingly take care of their own health without visiting the healthcare system”. Over-the-counter medicines as well as other self care products such as dietary supplements, including minerals and vitamins, and/or self care medical devices also create room to shift resources to sicker patients requiring hospital care.24

9. Conclusions

The Swedish healthcare system needs a self care strategy. As the global healthcare system continues to evolve, with individuals feeling a greater desire to manage their everyday health, self care is expected to have an increasing role. As such, there is a need a new approach to healthcare that empowers people to look after their health, freeing resources for patients with acute healthcare needs. Pharmacists should be at the forefront of these changes.

The interaction between patients and pharmacists, with or without the provision of a therapeutic substance, confers undoubted benefits to the total healthcare system. As healthcare literacy increases, patients are also taking more control over their treatment, prevention, and everyday health needs.

As accessible, trusted, and knowledgeable healthcare workers, pharmacists represent the first point of contact within the health system for many communities, and, as such, play an important educational role. There is much evidence demonstrating that pharmacist input into self care is highly effective. Our capabilities relating to self care include disease prevention, immunisation, detection of diseases via point of care testing and the management of chronic diseases, but there are misconceptions about that. Pharmacy and pharmacists can do a lot more.

Self care is not currently established as a core pillar of a Swedish national health strategy. There are further opportunities to enable pharmacists to fulfil their potential in supporting individual wellbeing and promoting self care interventions. A new system needs to be created which fully integrates the promotion of everyday wellbeing, self care for self-treatable conditions and the management of long-term conditions into the wider health system.

In the authors’ view, the Swedish Government could consider to set an ambitious vision for self care, such that in 5 years’ time Individuals should understand and be willing to practice self care. Additionally, the following recommendations are provided:

- There should be a cultural shift among healthcare professionals towards self care and wellbeing
- The system should be designed to support self care, with pharmacy more integrated into the primary care pathway
- Digital technology should be used to its full potential to encourage and support self care

Disclaimer

The opinions or assertions in this article are the views of the authors and are not to be construed as official or as necessarily reflecting the views of Malmö University, where TW is a consultant, or Apoteket AB, where TW is employed and LÅS is a consultant, or the International Pharmaceutical Federation, where LÅS is a Vice President.

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