

Pharmacists' perceptions of POM to P switches

Authors: A. Colquhoun,¹ H. Darracott,² G. Mitra² and M. MacDonald¹

¹ Health Attitudes Direct, Tunbridge Wells; ² Proprietary Association of Great Britain, London

Introduction

Over the past few years, a number of new POM to P switches have allowed pharmacists to expand their roles in a number of different therapy areas, such as cholesterol-lowering and treatment of chlamydia. This research sought to determine whether pharmacists viewed such switches favourably and what barriers, if any, prevented pharmacist recommendation for switched products.

Method

Community pharmacists (N = 20 independent sector pharmacists, N = 20 multiple sector pharmacists) from across the United Kingdom participated in a closed, online survey between January–March 2009 to determine their views on recent and proposed POM to P switches. Pharmacists on the existing Health Attitudes Direct database were e-mailed and asked to complete a total of 14 questions, plus open comment section on a password-protected website. Pharmacists were asked about their motivation and barriers in recommending POM to P switches in general, whether 11 specific switched products, such as Clamelle and Levonelle, gave a feeling of empowerment, their views on new therapy areas for switches, manufacturer support and training and views on P to GSL switches. Pharmacists were remunerated for participation.

Results

The survey response rate was 45.5% (40/88). The majority of responders (80%) believed POM to P switch products add value to the profession, allowing the provision of quality products (57.5%) and empowering pharmacists (17.5%).

Drivers for switch recommendation

The main drivers for pharmacists recommending a POM to P switch over existing products were the following:

- the product offered a therapeutic advance (90%)
- belief in product (70%)
- own experience of using the product (55%).

The main motivators for a POM to P switch recommendation were (see Figure 1):

- belief that the medicine is superior (92.5%)
- exclusive pharmacy availability (52.5%)
- a counselling/education opportunity (47.5%).

Barriers to switch recommendation

The major barriers for pharmacists in recommending a POM to P switch were (see Figure 2):

- cost for the patient (77.5%)
- lack of appropriate counselling time (42.5%)
- the need to complete a questionnaire to determine patient suitability prior to sale (42.5%).

Named product requests were most commonly refused on the grounds of patient suitability (100%) and the need for physician referral (92.5%).

Empowerment with current POM to P switches

Despite the growing number of products in a wide range of therapy areas now available for pharmacists to recommend, only Levonelle and Optrex Infected Eye range left pharmacists feeling very empowered (see Figure 3).

Pharmacists' comfort with future POM to P therapy areas

Based on the Royal Pharmaceutical Society's list of candidates for POM to P reclassification, pharmacists are comfortable recommending products for the treatment of impetigo, urinary tract infections, obesity (orlistat 60 mg has since changed to P status since this research completed), migraine prophylaxis, gout, oral contraception, menorrhagia, erectile dysfunction, stable asthma and post-menopausal osteoporosis.

Those therapy areas pharmacists felt most uncomfortable recommending possible POM to P switch products for are: myocardial infarction, anxiety, chronic obstructive pulmonary disease and menopause (see Figure 4).

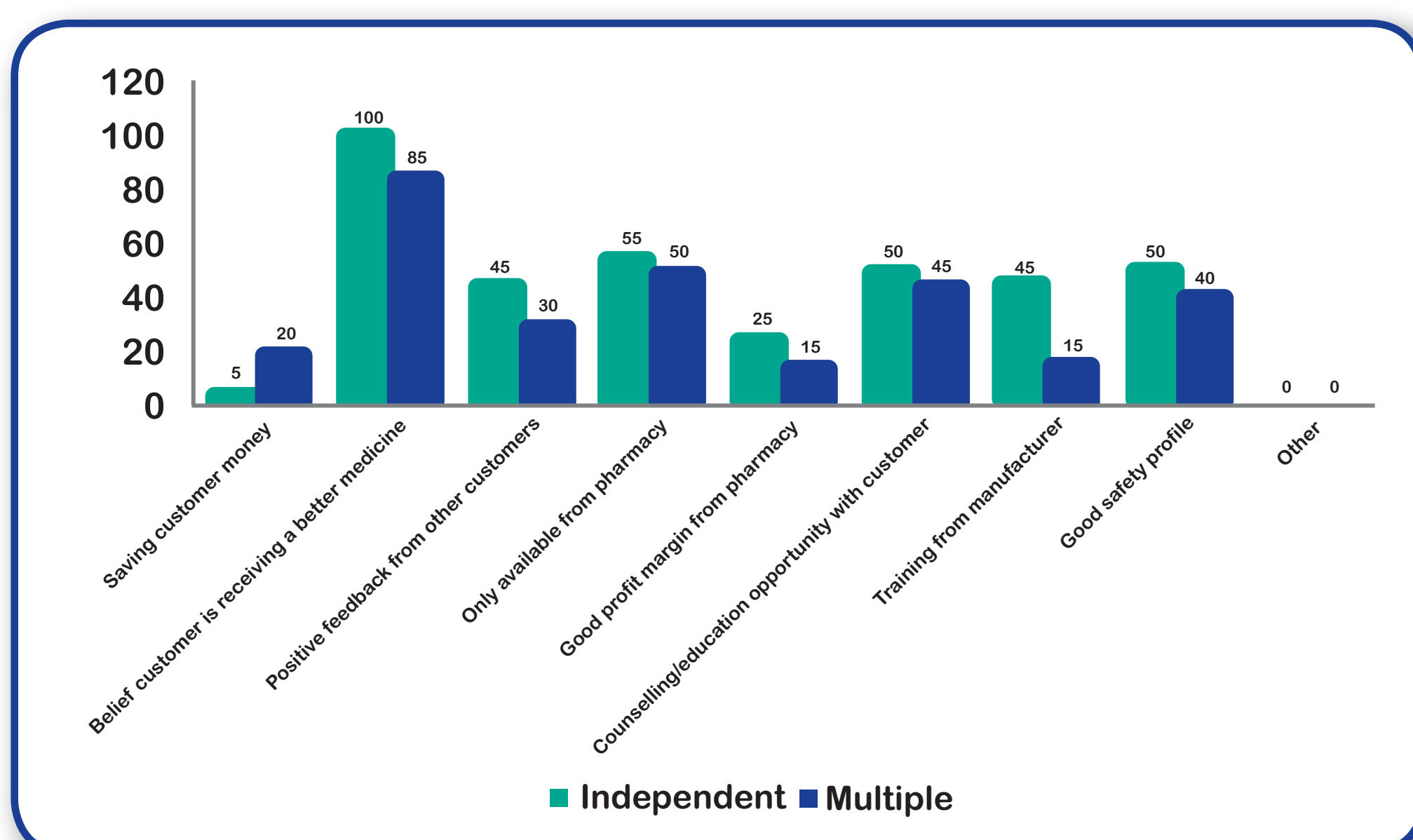


Figure 1:

What motivates pharmacists to recommend a POM to P switch (N=40)

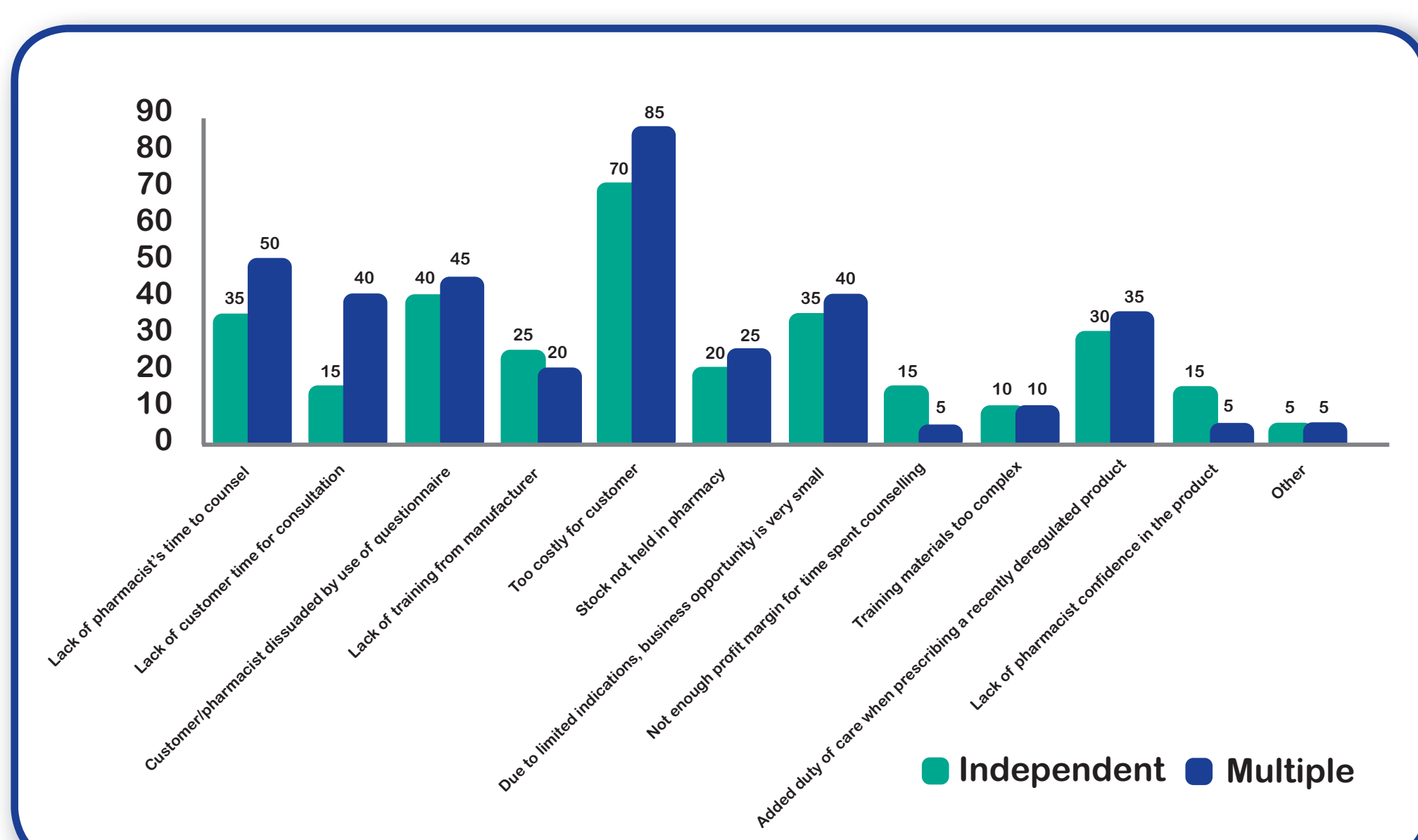


Figure 2:

Barriers that prevent pharmacists recommending POM to P switches

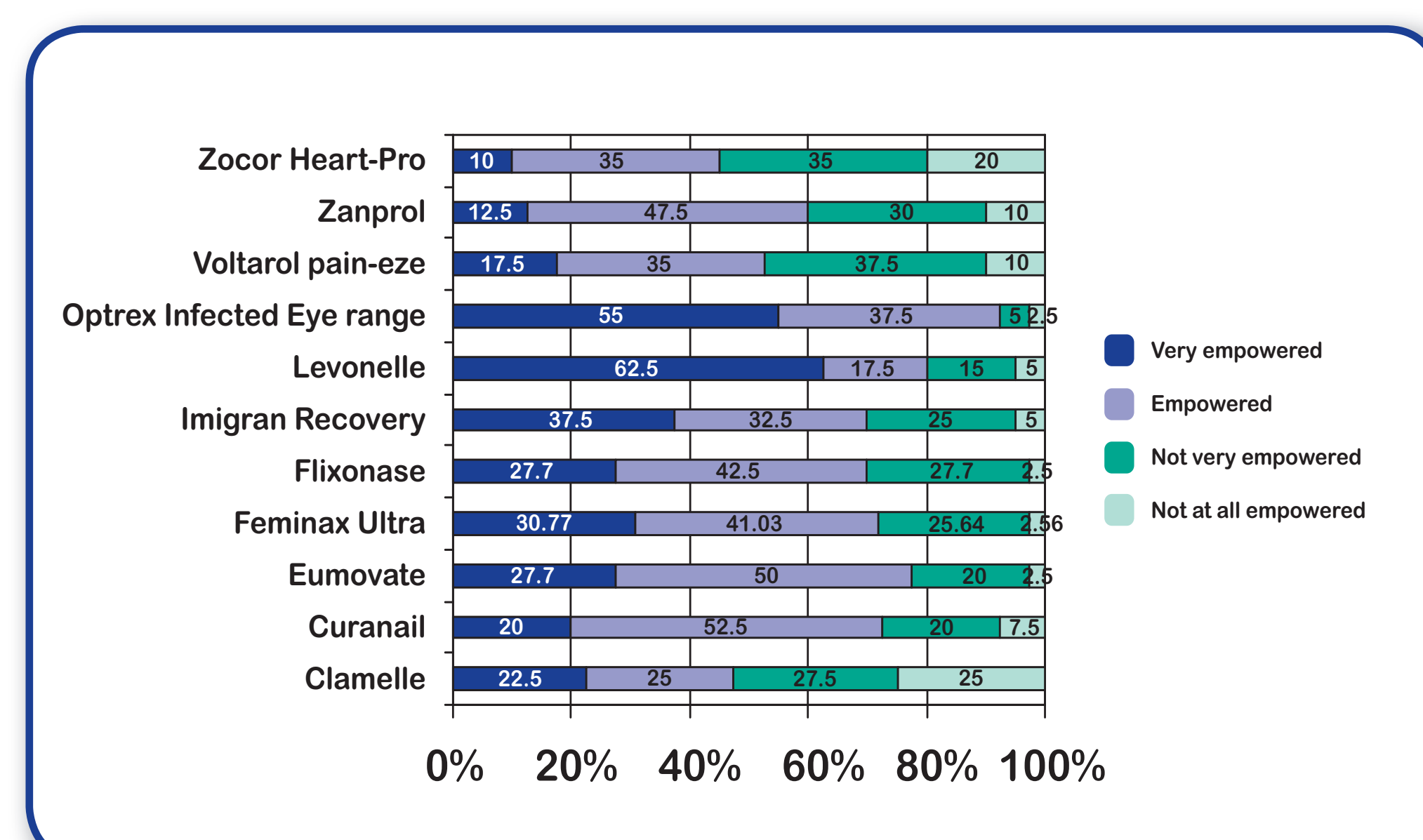


Figure 3:

Pharmacists' feeling of empowerment when selling POM to P switches

Independent vs multiple pharmacies

While independent and multiple pharmacies generally concurred on the main findings, there were some notable differences.

After cost, multiple pharmacies are hindered most by insufficient appropriate counselling time, whereas in independent pharmacies, the requirement to use a questionnaire was cited.

Independent pharmacists were noticeably more empowered by recommending POM to P switches than their multiple counterparts, although this varies by specific brand.

While there is considerable support for future new POM to P therapy areas, independent pharmacists were more comfortable with such products than those working in multiples. In particular, independent pharmacists were more positive towards future switches for erectile dysfunction, hypertension and chronic obstructive pulmonary disease, than their peers in the multiple sector.

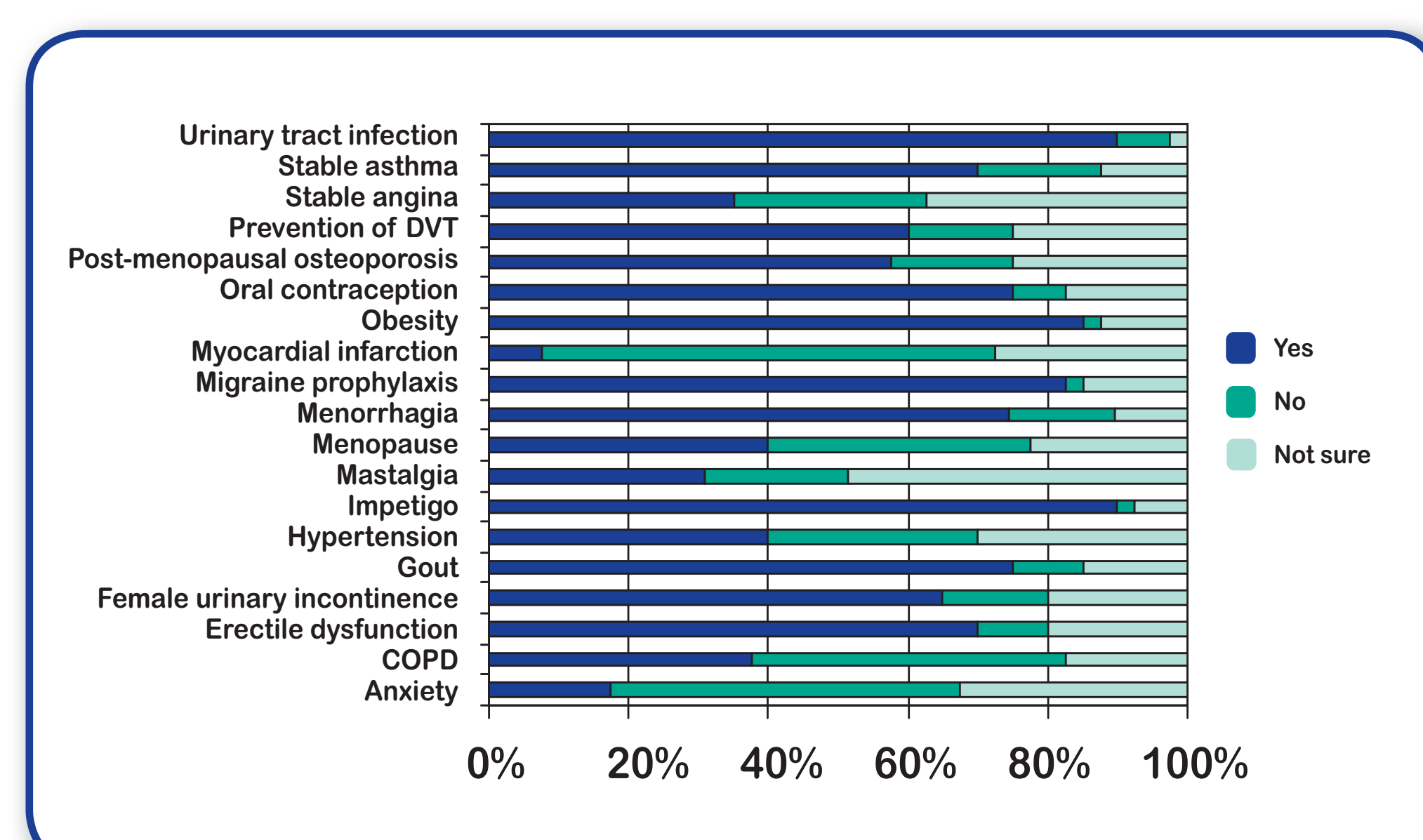


Figure 4:

Would pharmacists feel comfortable recommending POM to P switch products for the following conditions?

Conclusion

- The majority of pharmacists believe POM to P switches bring added value to the profession, allowing the provision of quality products to patients and simultaneously empowering the pharmacist. Additional, unpublished PAGB research reveals patients wait, on average, 4-7 days before consulting their GP about a minor ailment, creating an ideal opportunity for pharmacist intervention.³
- Little is known about the rationale for pharmacists' concerns about costs; it is unclear whether this reflects people's real or perceived ability and/or willingness to pay. However, PAGB research among patients reveals they have concerns about paying more than the prescription charge fee for OTC medicines.³
- While switches also provide a patient counselling opportunity, this has to be balanced against time demands and the patient's financial resources. Further research shows just 14% of patients seek pharmacists' advice on minor ailments, so there is a clear need to educate the public on the potentially beneficial role the profession can play.³
- Future POM to P switches are welcomed, although 60% of independent pharmacists and 50% of multiple pharmacists acknowledge failing to support existing POM to P medicines may deter manufacturers from future switches.
- While policies are already in place that reflect the need for greater personal responsibility for health, this needs to be applied to the management of minor ailments and the use of POM to P switches and other OTC treatments. Overall, 87.5% of pharmacists believe POM to P switches add value, primarily because they are able to recommend better quality products to patients and, as a secondary reason, they provide empowerment. Work is now needed to educate the public about the benefits pharmacists can provide in helping them manage their ailments with effective treatments.

References

³ TNS Healthcare: Jan-June 2009, commissioned by PAGB. Qualitative research among three consumer groups, two GP groups, two nurse groups and two pharmacist groups; qualitative research in 1317 consumers, 131 GPs, 130 nurses, 159 pharmacists, 401 patients.

