



A Unique Partnership between Glostrup Community Pharmacy and General Practitioner in Denmark

Discover Denmark’s first paid collaboration between a pharmacy and a GP practice, where pharmaconomists from the pharmacy acts as a consultant at a local GP practice. This study uncovers the journey from idea to implementation.

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Introduction

Escalating pressures on healthcare providers in Denmark drove a local general practitioner (GP) to seek innovative solutions. In response, our community pharmacy established a collaborative agreement, deploying pharmaconomists as consultants in the GP practice. The objective was to alleviate workload pressures and enhance treatment quality by ensuring better compliance with national guidelines, such as checking which COPD patients are missing their annual check-up—a task that the practice staff rarely found time for. This initiative marks Denmark’s first paid collaboration between a GP practice and a pharmacy. Unlike previous collaborations tied to research or third-party funding, Glostrup Community Pharmacy now provides consulting hours directly at the GP practice, integrating this service into their regular operations.

Purpose

This study aims to describe the development of a tailored pharmacy service for the local general practitioner.

Five objectives were outlined:

- 1. Drawing insights from literature and similar collaborations in Denmark.
- 2. Identifying the needs and preferences of the GP.
- 3. Developing the service concept, consolidated in a collaboration agreement.
- 4. Testing, evaluating, and adapting the service.
- 5. Conducting an evaluation and assessing satisfaction for all parties involved.



Figure 1: Timeline of the process and methods used to achieve the five objectives

Method

For Objective 1, an initial literature review was conducted, supplemented by consultations with the Danish Association of Pharmacies (DA).

To meet Objectives 2 and 4, dialog-based interviews were held with GPs to identify their needs and preferences, leading to the development and adaptation of the service concept.

For Objective 3, the collaboration agreement was developed with the assistance of DA.

Objective 5 involves a qualitative assessment, examining the experiences and satisfaction of the parties involved. See figure 1 for the timeline of the process and methods involved.

Results

- 1. The initial literature review and consultation did not yield relevant results. However, two studies including pharmacy-GP collaborations highlighted considerations regarding decision-making, implementation, and patient introduction, despite differences in setup [1,2].
- 2. A dialog-based interview with the GPs identified specific needs and opportunities, forming the foundation for service development. To meet regulatory requirements, the pharmaconomists was tasked with extracting data from the GP’s system, conducting a quality-assured review, and identifying patients for follow-up. Different patient groups and actions were identified and documented in an appendix.
- 3. The service concept introduced consultancy support from two pharmaconomists, bringing pharmacy expertise to the GP practice and contributing to daily operations and developmental tasks. The consultancy service, detailed in an appendix, is subject to updates and modifications by mutual agreement. The collaboration agreement, showed in figure 2, covers nine points, including Obligations and Financials.

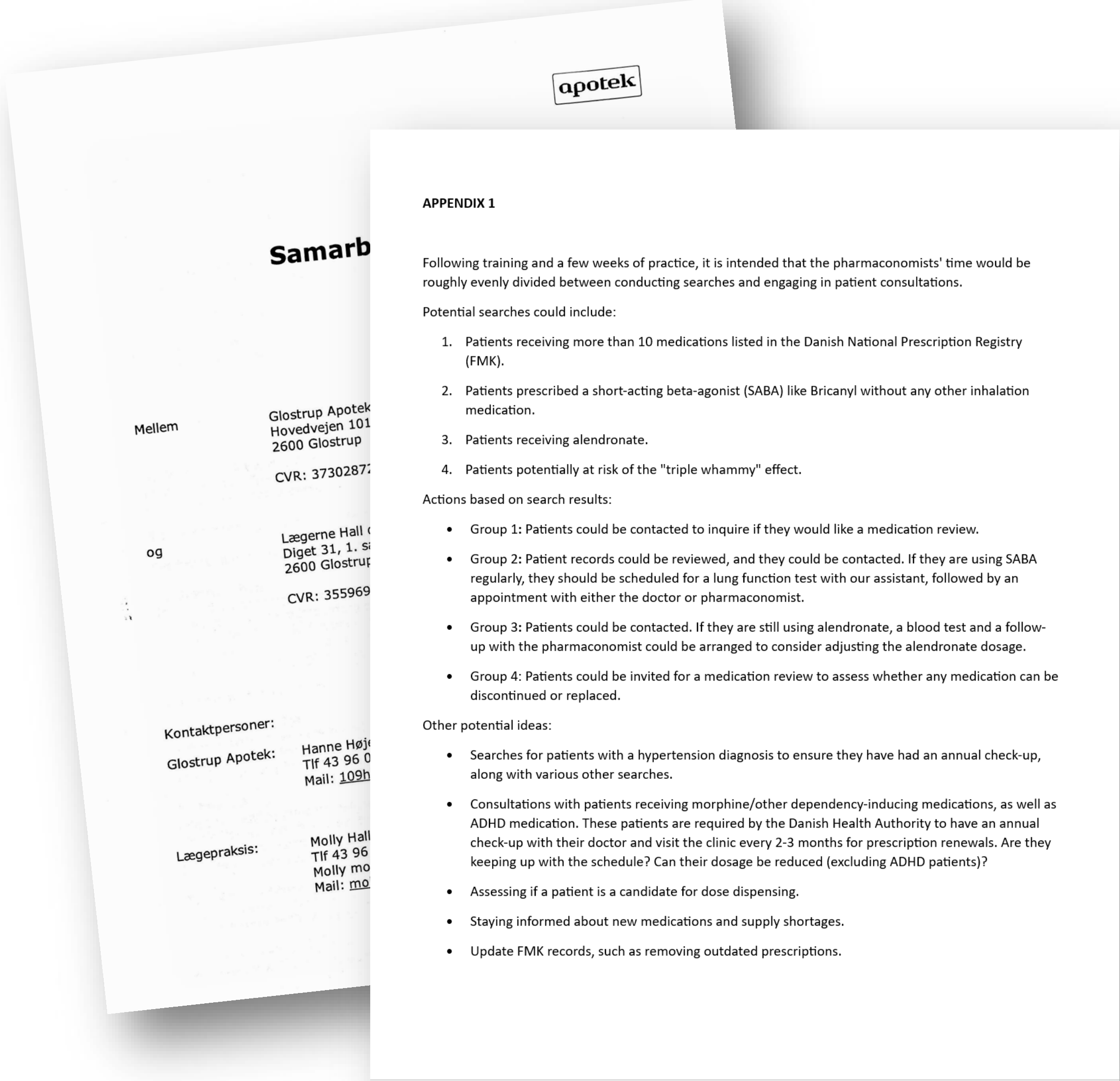


Figure 2: The signed collaboration agreement and appendix 1 with the task list.

- 4. Evaluation after a two-month trial revealed challenges in managing the numerous follow-ups generated by the pharmaconomists. To address this, one of the two pharmaconomists was temporarily withdrawn, reducing consultation hours but maintaining continuity. We also discovered that the pharmaconomist required more training than initially anticipated to effectively conduct consultations. Consequently, consultations were postponed, and the focus was shifted to data extraction.
- 5. An evaluation in June, after nine months of service, yielded positive feedback – see the pharmaconomists and the GPs statements in figure 3. The GP reported improved patient outcomes and enhanced compliance with guidelines. Specific data extractions included opioids, proton pump inhibitors (PPI), antihypertensive medications and annual check-ups. Additionally, the high interest in Ozempic in Denmark was addressed, with the pharmaconomist assisting in reviewing prescriptions and consultations. A significant advantage of the collaboration is the opportunity for informal discussions providing valuable insights into workflows and challenges. The partnership has strengthened interdisciplinary cooperation and mutual understanding of systems, regulations, and guidelines.

Figure 3 features two stylized icons: a pharmacist (Katrine) and a general practitioner (Molly). Surrounding them are five speech bubbles containing their statements:

- Katrine (Pharmaconomist):**
  - "I really enjoyed these new tasks because they gave me a chance to use my skills in a different setting outside the typical pharmacy environment. I appreciated getting to see things from a medical perspective and gained a deeper understanding of the daily routines of GPs."
  - "We give patients a better experience at the pharmacy when we understand the challenges GPs face, like when prescriptions don't match expectations, such as in cases involving subsidy issues."
  - "I think we've also raised the expertise of the entire pharmacy since I've shared my new knowledge with my colleagues."
- Molly (GP):**
  - "We're all really impressed with her skills. She's proactive, works independently, and quickly generates relevant lists for follow-up consultations"
  - "The collaboration is incredibly rewarding. We're simply providing better treatments"
  - "And it's really nice that she joins us for coffee breaks. We get to hear what's going on at the pharmacy, like updates on stock shortages"

Figure 3: Statements from the pharmaconomist, Katrine and the GP, Molly, evaluating the collaboration.

Conclusion

This new collaboration between a community pharmacy and a GP has demonstrated considerable potential. The partnership has led to improved treatment outcomes and better compliance with guidelines. Key findings include the effectiveness of the pharmaconomist in data extraction and quality assurance. The exploratory phase and dialog-based interviews with GPs identified key needs, leading to the creation of a detailed service concept outlined in a collaboration agreement. Challenges during the trial, such as managing follow-ups and addressing training needs, prompted adjustments and a shift in focus to data extraction. Empowering the pharmaconomist to conduct consultations independently is a promising future enhancement. Evaluations after nine months revealed positive feedback from both the GP and pharmaconomist, confirming the success of the initiative.

The collaboration has facilitated valuable informal discussions, improved workflows, and strengthened interdisciplinary cooperation, offering inspiration for other pharmacies and GPs to enhance healthcare delivery.

References

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