

Questions to ask about your medicines (QaM)

**Campaign Proposal – March 1993
including
Guidelines – August 2004**





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CONTENTS

| | Page |
|--|-------------|
| 1. Aims and targets | 1 |
| 1.1 Introduction..... | 1 |
| 1.2 Aim of campaign | 1 |
| 1.3 Target group..... | 1 |
| 2. Campaign description..... | 1 |
| 2.1 Planning | 1 |
| 2.2 Pilot study | 1 |
| 2.3 Translations of texts | 2 |
| 2.4 Implementation..... | 2 |
| 2.5 Campaign evaluation | 3 |
| 3. Survey protocol | 4 |
| 3.1 Objective of the survey | 4 |
| 3.2 Methodology | 4 |
| 3.3 Bias within the survey..... | 5 |
| 3.4 Time schedule and participation..... | 5 |
| 3.5 Database protocol | 5 |
| 4. Campaign cost | 6 |
| Annex 1. The questions and folder..... | 7 |
| Annex 2. Survey questionnaire | 8 |
| Annex 3. 2004 Guidelines..... | 11 |

1. Aims and targets

1.1 Introduction

Although information about individual medicines is made available as inserts in the packaged products, many patients also need advice adapted to their personal needs. The doctor and the pharmacist should provide this individualized information without being asked. If they do not, the patients should be able to formulate the correct questions and volunteer important information about their specific needs.

1.2 Aim of campaign

The overall aim of the campaign “*Questions to ask about your medicines*” is to improve the use of medicines. The campaign intends to inform pharmacy customers and patients about the importance of gathering all the relevant information before initiating a new treatment with a medicine. EuroPharm Forum proposes to launch a Europe-wide campaign to encourage individuals to ask their doctors and pharmacists some basic questions and volunteer personal information of concern when taking drugs. The campaign is expected to have an indirect impact on health professionals, as they should find themselves faced with questions they will need to respond to effectively.

1.3 Target group

The target group will consist of patients and consumers of medicines in the WHO European member states. In its analytical components, the campaign will focus primarily on the use of prescription drugs, although a spill over effect is expected for non-prescription drugs. As mentioned above, indirect effects may be noted among physicians and pharmacists.

2. Campaign description

2.1 Planning

A list of core questions which a patient should ask before taking a new medicine, and of the information a patient should volunteer about specific needs, has been prepared in collaboration with the Executive Committee of EuroPharm Forum (annex 1). These questions are to form the principal messages of the information campaign, consisting of leaflets, posters and other advertisements as found suitable, to local situations.

Each participating country will propose a liaison person for the project.

2.2 Pilot study

Testing of the final materials and the methodology for the evaluation procedure has been done through a limited number of patients/consumers to ascertain whether the questions of the campaign are accessible and provide useful information. This pilot study has been conducted in a

selected group of pharmacies. At the EuroPharm Forum annual meeting in Thessalonica, February 1993, the results of the pilot study were presented and evaluated by the QaM task force.

2.3 Translations of texts

To avoid double work in translations, all participating countries are invited to send any of the following (translated) text that they will use, to the EuroPharm Forum Secretariat.

- Folder
- Poster
- Press release(s) both to the public and to pharmacists
- Other advertisements that will be used
- Survey questionnaire and additional documentation

Before starting any translation, liaison persons of participating countries are invited to check with the EuroPharm Forum Secretariat whether or not a translation already exists. At the same time they can ask for the campaign logo.

2.4 Implementation

After review of the pilot results and approval by EuroPharm Forum and the Forum of Medical Associations and WHO, this campaign proposal will be forwarded to participating organizations/countries for full implementation. National medical associations should be kept informed of the campaign's progress by the national pharmaceutical organizations.

The implementing bodies of the campaign may wish to expand or adapt the list of core questions and information as well as altering the size and/or intensity of the campaign. Decisions regarding the date for launching the country-based campaigns should be made locally. It is, however, hoped that a common starting date can be found in as many countries as possible.

This will give the campaign greater momentum and allow WHO Regional Office for Europe to support the effort through its own media network. Similarly, the participating organizations and countries will be responsible for the evaluation of their own campaigns. They will be asked, however, to forward their results and reports to EuroPharm Forum.

The Netherlands want to start the campaign in April 1993. Some other countries will start in April, or May 1993. Belgium will probably start on 1 September 1993.

All liaison officers will inform EuroPharm Forum of the planned starting date. Given the American experience, it is decided to launch the campaign and then continue it for as long a period as possible (if possible "indefinitely") instead of considering it as a "project", limited in time.

The timetable should be adapted to suit each of the participating countries' needs. Launch dates will probably be between March and September 1993. It should be taken into consideration that the first evaluation after 3 months should not be done during vacation periods, etc.

2.5 Campaign evaluation

The aim of the evaluation is to measure if the campaign has encouraged patients to actively seek advice about the use of their medicines by asking their pharmacist and their doctor.

The assumption is that an increase in communication between customers and pharmacists reflects a greater patient awareness and consciousness of the importance of knowledge about medicines.

This may be measured by using questionnaires to register if the campaign has resulted in an increase in number of questions/information related to the use of medicines. Furthermore, the evaluation seeks to examine any failure in exchanging the desired information about medicines. The questionnaires list possible reasons for the lack of information exchange and leaves open the possibility of including additional reasons.

Evaluation of the project will certainly be done in the countries whose liaison persons participate in the taskforce. Other countries are encouraged to use the protocol (see further) and should inform EuroPharm Forum if they plan an evaluation.

- The baseline should be measured according to the proposed protocol before launching the campaign.
- A first evaluation should be done 3 months after the launching date.
- One year later a second evaluation should be done.

In order to have valuable data, the survey should be done in every pharmacy participating in the survey under the same circumstances while the baseline is being measured and when the proper surveys are being conducted.

Therefore, the questionnaire should be best filled out by an independent third person in the pharmacy (not the pharmacist and the patient). The methodology and questionnaire should be simple enough so that it can be done by non-specialized persons (e.g. pharmacy students).

The participating organizations/countries will be at liberty to publish their own results. Evaluation of the results of the first evaluation (3 months after launching the campaign) should be done before January 1994, in order to present the first data during the 3rd annual meeting in Copenhagen (February 1994).

Of particular relevance in the briefing of the pharmacists is the fact that the campaign is aimed at their customers rather than themselves. The emphasis is on having individuals take responsibility for knowing how to use their medicines. Thus, the data collected will not be used to scrutinize the professional performance of the pharmacies and there will be no repercussions depending on the way they answer the questionnaires. Thus, it is hoped that they will agree to act to a certain degree as “disinterested participants” in this scenario.

3. Survey protocol

3.1 Objective of the survey

To evaluate the effect of the “Questions about your medicines” campaign on the behaviour of pharmacists and customers in a number of participating countries.

The survey measures the number of questions asked and the volume of information given by the pharmacists during consultation between pharmacist and client.

It also evaluates possible reasons why no information was asked or given and it evaluates if the population has already heard about the campaign.

3.2 Methodology

A questionnaire (annex 2) is filled out by an independent third person (called “the observer” in the questionnaire), who is invited to be present in the pharmacy during the survey. This observer monitors the consultation between the pharmacist and the client in an unobtrusive way and fills out part 1 of the questionnaire. Since there is an observer to interview the customer directly, the response rate is expectedly much higher than when a questionnaire is simply handed out. This increases the validity of the results.

When the patient is about to leave the pharmacy, he is asked to participate in the survey. Part 2 of the questionnaire is filled out.

This process is repeated during a whole day in a given pharmacy. Every Nth patient being served is included in the survey. N will depend on the number of patients per day in a given pharmacy but will not exceed 5.

In order to retain the random manner in which people enter a pharmacy, a constant number should be chosen, somewhat arbitrarily, depending on the volume of customers in an average day and the number of staff available to serve them. If such a number is five, for example, the observer picks every fifth person who walks in, waits for the customer/pharmacist exchange to end, and approaches the customer with the customer questionnaire.

This is done in a number of pharmacies and for a number of days, until a sufficient sample is obtained.

The sample should include a representative portion of pharmacies of the following types:

- rural area pharmacies (countryside)
- neighbourhood pharmacies (city neighbourhoods)
- “commercial site” pharmacies (city or commercial centres)
- “low volume” pharmacies
- “high volume” pharmacies.

The sample size in any given country depends upon:

- number of pharmacies
- average number of patients per day and per pharmacy
- availability of observers to collect the necessary data in the pharmacies
- available funds for both the questioning and later evaluation of received data.

As a rule it should be the pharmacist's performance that is evaluated. If in some countries the performance of technicians should also be measured, it should be clearly defined or even done in a separate way (giving results of performance of pharmacists and technicians separately). In this last case, this additional information should be marked under part 3 of the questionnaire.

The methodology and the questionnaire are kept as simple as possible so that the data can be collected by non-specialized observers (e.g. pharmacy students).

Participating countries should do their own evaluation of the collected data. They are, however, also encouraged to present their data in database form as proposed under 3.5.

3.3 Bias within the survey

The survey methodology should try to avoid bias by the pharmacist during the survey in both his/her answers and those of the interviewed patients.

Bias by altered attitude of the pharmacist is practically unavoidable ("he knows he is being surveyed"). It could be diminished by observing the delivery and counselling phase by a closed circuit camera, if possible installed a few days in advance so as to "accustom" the pharmacist and his personnel.

In order to have valuable data, the survey should be done under the same circumstances under which the baseline is being measured and the proper surveys are being conducted.

3.4 Time schedule and participation

Evaluation of the project will certainly be done in the countries whose liaison persons participate in the taskforce. Other countries are also encouraged to use the protocol. As with other texts, the translation of the questionnaire and other necessary documents for the survey should be coordinated through the EuroPharm Forum Secretariat in order to avoid double work. The baseline should be measured according to the proposed protocol before launching the campaign.

A first evaluation should be done 3 months after the launching date.

One year later a second evaluation should be done.

3.5 Database protocol

EuroPharm Forum proposed a common database protocol in which the data could be made available for further common analysis.

The data should be presented in the following way:

1. Within each record, data fields should be organized according to the codification of the questions (see above 1–1 through 13–5).
2. Data on any other questions should be included in fields with numbers over 20. These data should be accompanied by a written description of their content.
3. Within the data fields: (1) means the answer field was marked, and (0) means it was not marked.
4. Only data fields (5–7) and (7–4) are free text fields.
5. Fields (0–1) and (0–2) are fields containing maximum one alphanumeric number.
6. Data should always be accompanied by a written description of their origin and the name and address of the liaison person that provided the data.
7. Of course, data should always be collected, treated and compiled with the greatest respect of confidentiality and privacy of patients and pharmacists alike.

4. Campaign cost

- EuroPharm Forum will be the main coordinator of the campaign.
- EuroPharm Forum and the Forum of Medical Associations and WHO will cover additional campaign costs, following approval by the Executive Committee and the Treasurer.
- Individual countries and organizations will cover their respective campaign costs, including the modifications and translations of campaign documentation, the printing and distribution expenses and other administrative costs entailed by the launching and evaluation of their programmes.

Annex 1

THE QUESTIONS AND FOLDER

Always know the answers to these questions before you use your medicine.

- *What does this medicine do?*
- *How and when do I use it?*
- *For how long do I have to use it?*
- *May I drive when I take this medicine?*
- *What side effects or risks should I know about this medicine, and what do I do if they occur?*

Feel free to ask any of these questions to your doctor or pharmacist.

Your doctor or pharmacist should know about:

- *The names of all medicines you are currently taking (including non-prescription medicines)*
- *Any allergies, reactions or side effects to medicines, which you have taken in the past.*
- *If you might be pregnant.*
- *If you are breast-feeding.*
- *If you are having any problems with your current medicines.*

Questions to ask about your medicines

The following 5 core questions are withheld

- *What does this medicine do?*
- *How and when do I use it?*
- *For how long do I have to use it?*
- *May I drive when I take this medicine?*
- *What side effects or risks should I know about this medicine, and what do I do if they occur?*

Other questions can be added

The list of questions should not become too long.

The last question on the proposed list could be, “Is there any written information I can have about this medicine?”

In those countries where package leaflets are already included with each drug, this question could be dropped, while other countries might have patients asking the pharmacist for extra written information.

Pro memore:

NCPIE also had the following questions, besides those we will use as core questions:

- *What is the name of the drug?*
- *What foods, drinks, other medicines or activities, should I avoid while taking this drug?*
- *Is there any written information available about this drug?*

Annex 2

SURVEY QUESTIONNAIRE

(questions and notes are mixed in this text, in its final form the notes could be given on a separate briefing sheet)

Part 1 (the observer monitors the consultation and notes the following activities)

The pharmacist hands out a (prescription) medicine.

(1) Was any of the following information given?

| | Question asked by the patient | Information given by the pharmacist |
|--|----------------------------------|--|
| What does this medicine do?..... | (1 – 1) <input type="checkbox"/> |(1 – 2) <input type="checkbox"/> |
| How, and when, should the medicine be used?..... | (1 – 3) <input type="checkbox"/> |(1 – 4) <input type="checkbox"/> |
| What common side-effects, or risks, should be known about? | (1 – 5) <input type="checkbox"/> |(1 – 6) <input type="checkbox"/> |

Note: mark any question asked on any of these subjects and any information given. If the pharmacist gives spontaneous information without any question from the patient, you have to mark only in the last column. If the patient asks a question and the pharmacist answers, you mark in both columns. Whenever a question is asked without any answer from the pharmacist, you mark only in the first column.

(2) The above marked activities were for :

(2 – 1) prescription medicine (2 – 2) non-prescription medicine

Note: normally this survey concerns only prescribed medicine; the provision for non-prescription drugs to be included is left open to the appreciation of the participating countries.

Part 2 (when the patient is about to leave the pharmacy you ask him/her to participate in the survey)

“.....we are performing a survey on the information that is given on the use of medicines. This survey is done in collaboration with the pharmacist under the auspices of the World Health Organization. Can I ask you a few simple questions; it will only take a minute?”

Note: 3a and 3b should not be asked while establishing the baseline, since the campaign will not be launched yet at that moment.

(3a) Do you know about the campaign “Questions you should ask about your medicines”?

(3 – 1) Yes (3 – 2) No

(3b) Have you already seen these questions somewhere?

(Note: show the list or folder containing the “questions on medicines”)

(3 – 3) Yes (3 – 4) No

Note: If information was given on every count in Question 1, go immediately to Question 5.

(4) These are a number of questions that you could ask about the use of the medicines you have just received. Did you ask your pharmacist these questions?

What does this medicine do ?.....(4 – 1) Yes(4 – 2) No

How and when should I use it ?.....(4 – 3) Yes(4 – 4) No

What common side-effects or risks should I know about this medicine ?.....(4 – 5) Yes(4 – 6) No

(5) Why did you not ask one or more of these questions? Is it because.....

The pharmacist already gave me enough information.....(5 – 1)

You do not think it is necessary to know the answers to these questions in order to use the medicines.....(5 – 2)

You already know the answer to those questions.....(5 – 3)

You did not have any time to ask.....(5 – 4)

The pharmacist/pharmacy staff was too busy.....(5 – 5)

You did not know you could ask at the pharmacy(5 – 6)

Other reasons: (describe).....(5 – 7)

(6) Have you used this medicine recently (e.g. during the last 2 years)?

(6 – 1) Yes

(6 – 2) No

(7) Did you have any previous knowledge about this medicine?

No, none.....(7 – 1)

Yes, from the physician.....(7 – 2)

Yes, from the pharmacy staff on a previous visit to a pharmacy.....(7 – 3)

Others ? (describe).....(7 – 4)

(8) What age category are you in?

(8 – 1) <20 years (8 – 2) 20–30 years (8 – 3) 30–40 years

(8 – 4) 40–50 years (8 – 5) 50–60 years (8 – 6) 60–70 years

(8 – 7) >70 years

(9) Sex

(9 – 1) Male

(9 – 2) Female

Thank you very much for your kind participation in the survey.

Code number of the questionnaire:.....(0 – 1)

Code number of the Pharmacy:(0 – 2)

Part 3 (to be filled out on a separate cover sheet only once in every participating pharmacy)

(11) Age of the pharmacist, or person serving the patients:

Note: Do the survey by following only one and the same person during your stay in a pharmacy.

(11 – 1) 20–30 years (11 – 2) 30–40 years (11 – 3) 40–50 years

(11 – 4) 50–60 years (11 – 5) 60–70 years

(12) Sex (Pharmacist) (12 – 1) Male (12 – 2) Female

(13) Type of Pharmacy

(13 – 1) Rural area pharmacies (countryside)

(13 – 2) Neighbourhood pharmacies (city neighbourhoods)

(13 – 3) “Commercial site” pharmacies (city or commercial centres)

and/or

(13 – 4) “Low-volume” pharmacies

(13 – 5) “High volume” pharmacies

Annex 3

2004 GUIDELINES

Guidelines for QaM Campaigns

August 2004

List of contents

- 1. Introduction**
- 2. Background information**
- 3. Campaign description**
- 4. Campaign experiences**
- 5. Continuation**

1. Introduction

The patient education campaign: Questions to ask about your medicines (QaM) was originally launched by EuroPharm Forum in 1993. Since then the campaign has been implemented in several countries either as a single campaign, a repeated campaign or as a platform for the continuous process of patient education and communication.

EuroPharm Forum has coordinated the progress of the QaM campaigns since the beginning and arranged several seminars for national task force leaders to exchange experiences and help with the implementation. The results of the campaigns have been evaluated and shared within the Forum. The results show that the campaign, as originally set up, is a very suitable tool for pharmacists to learn about their new patient oriented professional tasks. It is feasible for implementing, on a large scale, in community pharmacies and quite easy to evaluate. Additionally it can be used as a platform for collaboration within health care. The campaign in itself can be the outset for a large scale changing process in pharmacies.

The implementation process has been facilitated by the EuroPharm twinning programme, where countries with experience in running QaM campaigns can support those countries just beginning. The rationale behind the twinning concept is to strengthen the technical profiles of the pharmaceutical associations, enabling them to work together towards continuous professional development and improved health, and the QaM campaign is suitable for all member associations, facilitating the development of new pharmaceutical services. The campaign aims at activating patients to ask about their medicines but, simultaneously, it helps pharmacists to look at their tasks with new eyes and to change their professional behaviour. This changing process has not been fully implemented in all member associations of EuroPharm Forum and the original QaM – campaign with national adaptation can still give a lot of experiences and learning possibilities to pharmacists.

The original QaM campaign proposal of 1993 is still valid, although the text concerning the timetable, task force members etc has changed. For that reason we have kept the original campaign and added this revision as an annex. The campaign questions and guidelines for evaluation are valid and should be followed.

2. Background information

The World Health Organization, as well as the Council of Europe, has recognized the importance of pharmacists' contribution to medication safety. The first "Questions to ask about your medicines" campaign proposal was established in 1993 and based on the model of the National Council on Patient Information and Education (NCPIE).

Since then, patient safety has become a major issue in most European countries together with the economic costs of poor adherence and drug related problems. These problems can be solved with the help of pharmacists in collaboration with other health care professionals. The discussions around these problems have shown that the QaM campaign still has relevance both in short term actions to help patients and in long term processes where pharmacists take the full responsibility of drug use.

In the last ten years, the QaM campaign has been implemented in several European countries and a lot of results exist about the effectiveness. When developing the campaign further it is of importance to give more focus on:

- further development of the pharmacist-patient communication;
- expectations about the content of the pharmaceutical services that different stakeholders may have; and
- the quality of the services given in the pharmacies.

3. Campaign description

The basic idea is to activate patient awareness so that they will learn how to use their medication in a safe way. In this respect the five core questions are essential. The other method is to activate the pharmacist to answer these basic questions routinely so that the patient always gets the necessary information. The five core questions form the basis of the information and can be seen as guidance to what should be known by the patient and explained by the pharmacist. From this basic information more sophisticated ways of communication between the patient and the pharmacist can then be developed.

For the successful set-up of the QaM campaign a national task force is necessary. Among the national task force members there should be expertise in project leading and coaching, in research and evaluation, in communication and marketing and in the continuing education.

Patients, pharmacists and the general public should be informed about the aim of the campaign and its targets, as well as the timetable and about the results. Examples of campaign material from different countries are available in the EuroPharm Forum secretariat.

The planning of the campaign, including timetable, communication, evaluation, as well as continuing education of the pharmacists, should all be organized and based on local circumstances and needs. The national task force should be in contact with the EuroPharm Forum secretariat and with the task force leader for the European QaM campaign. On the EuroPharm Forum web site www.euro.who.int/europharm there is a “virtual discussion group” for the European QaM campaign, where all the national task force leaders can be share their experiences and knowledge.

The campaign evaluation should be made according to the original QaM manual to guarantee the validity and reliability of the evaluation and to make sure that the results are comparable. It is important that the campaign evaluation is made carefully and along the lines laid down in the original campaign manual. The progress report should be sent to the EuroPharm Forum secretariat, together with the annual country report, so that these results can be used by the task force leaders for further development and benchmarking.

The financing of the campaign should be made primarily by the participating organizations. There has been some economic support from the WHO Regional Office for Europe for the QaM twinning programmes. During the international seminars organized by EuroPharm Forum for the task force members, the funding issue has been discussed and a list of possibilities is available from the EuroPharm Forum secretariat.

4. Questions to ask about your medicines – Campaign experiences

EuroPharm Forum has organized several seminars and task force meetings to promote the QaM campaign at European level.

The first seminar was held in Malta, in March 1996, in connection with the 2nd International Symposium on “*The Role of Pharmacist in Health Promotion and Disease Prevention*”. All the seminars have been aimed at sharing and exchanging experiences about managing QaM campaigns in different countries; how they were organized, how the basic protocol had worked and how campaigns were financed and evaluated.

In 1996, eight countries had implemented QaM campaigns and two were just starting. Netherlands, Portugal, Spain and the United Kingdom had organized their own activities during the first phase. Finland was the only one to fully follow the protocol. Only Spain and Finland had evaluated the campaigns. As a consequence, the joint QaM-project produced experiences of a variety of interventions, but no internationally comparable data. The Malta seminar included three break-out sessions: evaluation, financing and getting the message.

4.1. Evaluation

Evaluation of the campaigns was a key topic in many of the breakout sessions and the following issues were discussed:

What needs to be measured and evaluated

The basic protocol provides tools only for outcome evaluation but not process evaluation.

- Outcomes:
- improvement of patient counselling
 - increase in customer activity to ask
 - indirectly: more safe and appropriate drug use (not measured)

It is also important to systematically gather information on how the campaign was implemented.

Evaluation can be continuous or retrospective. Finland found, for example, via process of evaluation that many pharmacies were not used to organizing their public relations through the local mass media.

What methods should be used in evaluation

Protocol suggests: observations, interviews

Also usable: *content analysis, diaries, action research, interviews at home, group discussions. Combining methods provides more information.*

How to get reliable results

Evaluation according to the protocol should be done after 3 and 12 months. We have learned that the follow-up period should be longer, at least one year, but preferably longer than that. It gives feedback about timing, integration of different interventions. Well-prepared observers are part of reliable results.

To run a campaign successfully, a lot of practical aspects that might help in reaching the optimal outcome could be taken into consideration.

There are three levels of collaboration: pharmacy/local; national; and international.

National level tasks:

- Produce manuals
- Produce educational material
- Train professionals
- Identify areas for pilot studies
- Establish national task force

International level tasks:

- Identify areas of collaboration
- Define role of professionals
- Make project protocols including key health indicators
- Collect data and evaluate
- Publish results

A communication plan can play an essential role to stimulate and ensure an effective implementation of the project.

Important considerations about who should be responsible for the evaluation:

- How should the measurements be analysed and interpreted?
- University/commercial research unit?
- Cooperation between Task Force and the evaluator?
- Should the evaluator be a member of the Task Force?
- How much should the evaluator influence the national protocol?

Important considerations about how best to make use of the results and where:

- GPP, service policy
- pharmacy education
- public relations activities
- decision-making
- plans for future campaign

4.2. Financing

Most of the campaigns have been financed by national sponsorships.

In Belgium the continuing education programme was free of charge for pharmacists. Norway was supported by the government to run the project *Mother and Child*. Finland, as the only country, was supported by authorities, by the Centre for continuing education and the University of Kuopio. Financing can be indirect. Good relations with journalists may bring a lot of articles, radio and TV spots. The more you can integrate the project as a part of the national health policy, the more health authorities are interested in taking part in financing it.

Participants at the Malta Seminar agreed on the *Malta statement*. The goal was to create a European network. The campaign proposal should be the umbrella for those countries that will

be partners. The first partners of the network were Belgium, Finland, Germany, Netherlands and Portugal. The network should apply for EU funds to finance the next common public project, and an application of Euro100.000 was made by Finland in 1998. The application was unfortunately not accepted by the European Union, but that didn't mean that there weren't possibilities in the future for obtaining funds.

4.3. Questionnaire on patient counselling

The participants at the Malta Seminar agreed on the need for reinforcing international coordination among national projects. It also became evident that information about mandates and agreements concerning patient counselling, and pharmacists' involvement in counselling activities in different European countries, needed to be systematically collected.

The study was made by USP (the United States Pharmacopoeia/ Division of Information Development) in March 1997.

The questionnaire on patient counselling was sent to every EuroPharm Forum member association, covering 30 European countries at that time.

The survey indicated that in most of the countries (response rate 60%) written drug information about prescription medicines (94%) and non-prescription medicines (85%) was mandated by law. Oral counselling was seldom mentioned in mandates and agreements. The study indicated that there is lack of coordination between bodies involved in producing medication-related consumer education material in different European countries.

4.4. Twinning

The twinning programme within the QaM was established in February 2000 with the aim of improving health in CEE countries through an increased role of the pharmacists. Six countries were twinning in 2000–2001, i.e. Estonia/Finland, Latvia/Denmark and Croatia/Germany. In Estonia, modification of QaM was launched in January 2001 in 16 pharmacies from different districts in Latvia, in 10 pharmacies and in Croatia 10. Since then another twinning pair was established, i.e. Ireland/Czech Republic.

In 1998, EuroPharm Forum started a systematic training of project managers and practitioners. The first training seminar *Managing and implementing pharmacy-based projects* took place in 1998 in Denmark and, in connection with that, a special QaM Seminar was arranged.

At that time QaM was implemented in 12 countries: *Belgium, Croatia, Finland, France, Germany, Latvia, Malta, Netherlands, Portugal, Slovenia, Spain and the United Kingdom.*

The next training seminar was held in Denmark in 2001.

Programmes with the accepted recommendations are available from EuroPharm Forum secretariat.

5. Continuing the project work

EuroPharm Forum will continue the work of the task force "Ask about your medicines" and all national experiences will be collected in a database based on country reports. It is very useful for the organizers of national campaigns to change experiences and results. EuroPharm Forum shall continue organizing education and meetings with the task force members in future.

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