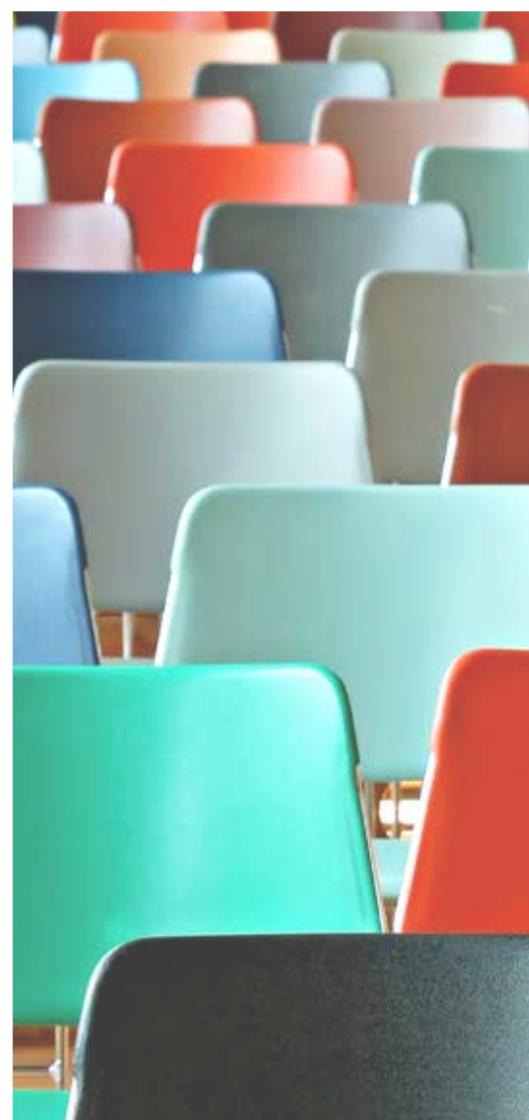




# The National Pharmaceutical Strategy 2011–2018

Broad collaboration for rational use of medicines



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# Foreword

Since 2011, several authorities and organisations have coordinated their efforts in the pharmaceutical field to jointly work towards the vision of the rational use of medicines to the benefit of patient and society. The development of a National Pharmaceutical Strategy (NPS) has made it easier to formulate goals at national level, prioritise actions and create a platform for discussion and development.

To achieve the long-term objectives of the strategy (effective and safe use of medicines, available medicines and equal use, as well as the socio-economic and environmental sustainability of medicine use), both determination and stamina are necessary. The authorities, professions and industry organisations involved have shown that multiannual cooperation and joint development work can lead to clear progress.

The National Pharmaceutical Strategy attaches great importance to activities that promote patient safety in the pharmaceutical process, but also addresses a number of other issues. Equal use of medicines, reduced impact of medicinal products on the environment and the organised implementation of new medicines are examples. This summary provides a retrospective on a number of important activities undertaken in the context of the National Pharmaceutical Strategy and shows how they are interconnected and relate to ongoing activities.

We believe that the collaboration structures that have enabled the implementation of these activities will continue to be necessary in order to manage complex pharmaceutical issues in Sweden.

We hope you enjoy reading the following. Kind regards,

For the State via the Ministry of Health and Social Affairs  
Annika Strandhäll  
Minister for Health and Social Affairs

For the Swedish Association of Local Authorities and Regions  
Lena Micko  
Chairwoman

# The National Pharmaceutical Strategy

The report *A National Pharmaceutical Strategy? – a Feasibility Study* was presented in the summer of 2010. The report described a number of challenges in the field of pharmaceuticals and noted that a national strategy would be necessary to deal jointly with them. In the autumn of 2010, the Ministry of Health and Social Affairs therefore appointed a high-level group and a project group to prepare a national pharmaceutical strategy.

The first National Pharmaceutical Strategy was adopted in 2011. Its main purpose was to bring about a national concerted effort on urgent issues in the pharmaceutical field. Formerly, there had been no clear structure for collaboration and with which to develop common objectives.

The working methods within the National Pharmaceutical Strategy have continued to develop in various specific areas for collaboration, which has boosted the potential to create the premises for joint prioritisation of actions, for example within patient safety, innovation and equal care.

The decision to continue with the strategy and the need for a possible revision are determined by the Swedish Government and the Swedish Association of Local Authorities and Regions at the beginning of each new mandate period. To date, the strategy has been revised once and the action plan with current activities has been revised five times since 2011.

## **Vision and objectives**

The vision for the National Pharmaceutical Strategy is *Rational Use of Medicines to the Benefit of Patient and Society*. The vision is formulated to safeguard the interests of both the individual patient and society for appropriate use of medicines, and is to focus on patient and safety, equal treatment with medicines and sustainability.

Three long-term objectives have been attached to this vision, based on some of the main challenges facing Sweden in the field of pharmaceuticals:

Target area 1: Effective and safe use of medicines

Target area 2: Available medicines and equal use

Target area 3: Socio-economic and environmentally sustainable use of medicines

# Organisation

Decisions regarding the National Pharmaceutical Strategy are made by the Government and the Swedish Association of Local Authorities and Regions. The work is led by a high-level group chaired by the Ministry of Health and Social Affairs' Secretary of State and with representatives from the Swedish Academy of Pharmaceutical Sciences, the Swedish eHealth Agency (EHM), the Public Health Agency of Sweden (FOHM), the Swedish Disability Rights Federation, the Health and Social Care Inspectorate (IVO), county councils and regions, the trade association for the research-based pharmaceutical industry in Sweden (LIF), the Swedish Medical Products Agency (LV), the National Board of Health and Welfare (SoS), the Swedish Agency for Health Technology Assessment and Assessment of Social Services (SBU), Sveriges Apoteksförening (Swedish association of pharmacists), Sveriges Farmaceuter (Swedish pharmacists association), the Swedish Association of Local Authorities and Regions (SKL), the Swedish Medical Association, the Dental and Pharmaceutical Benefits Agency (TLV) and the Swedish Association of Health Professionals.

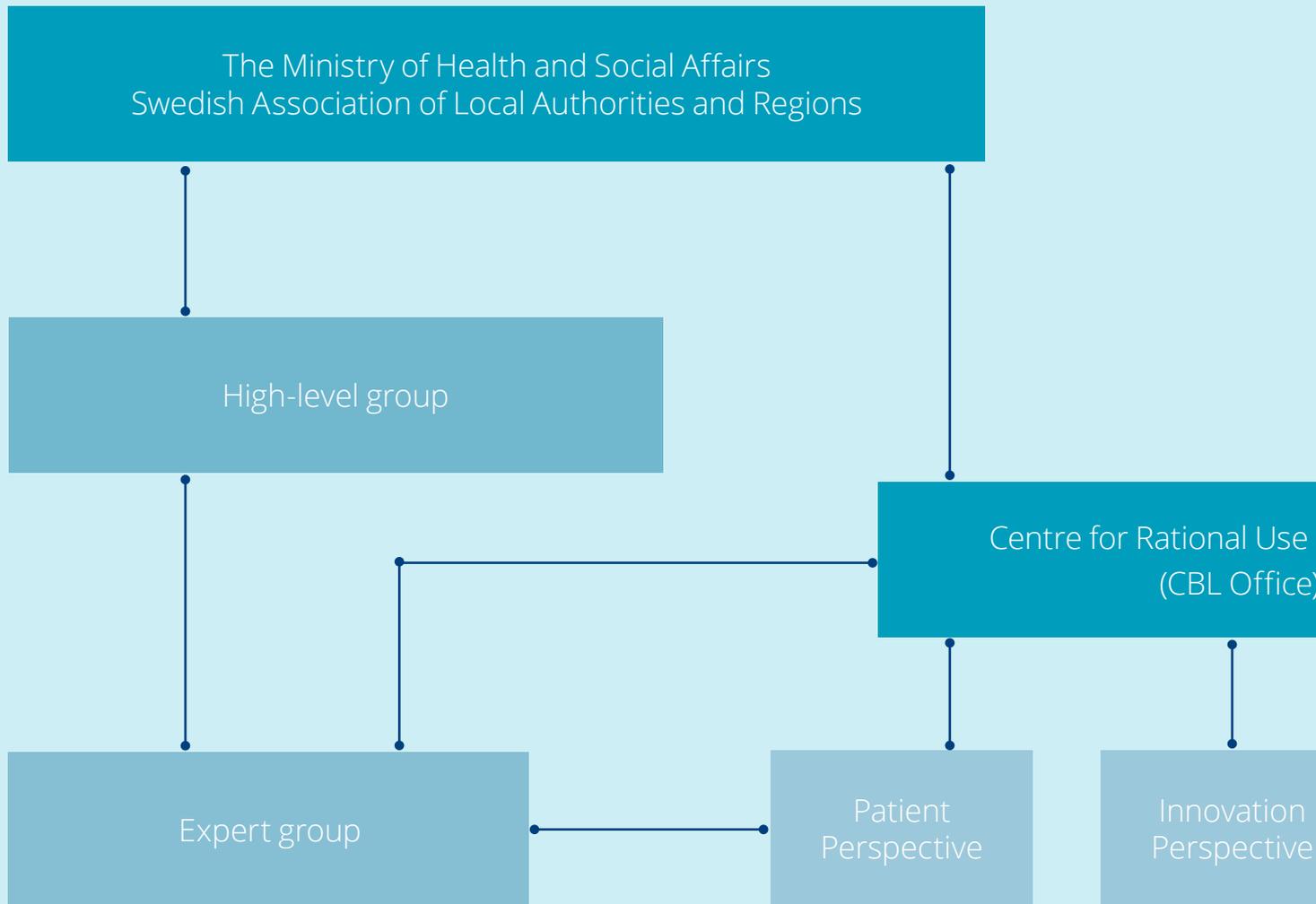
In addition to the high-level group, there is also an expert group with representatives from each authority/organisation. The expert group is responsible for preliminary and ongoing work on the strategy and activities in the action plan. The representatives work together on the relevant collaboration areas, submit status reports for the activities in the strategy for which they are responsible, and submit a basis for the annual situation analysis that is coordinated and prepared by the Centre for Rational Use of Medicines (CBL Office).

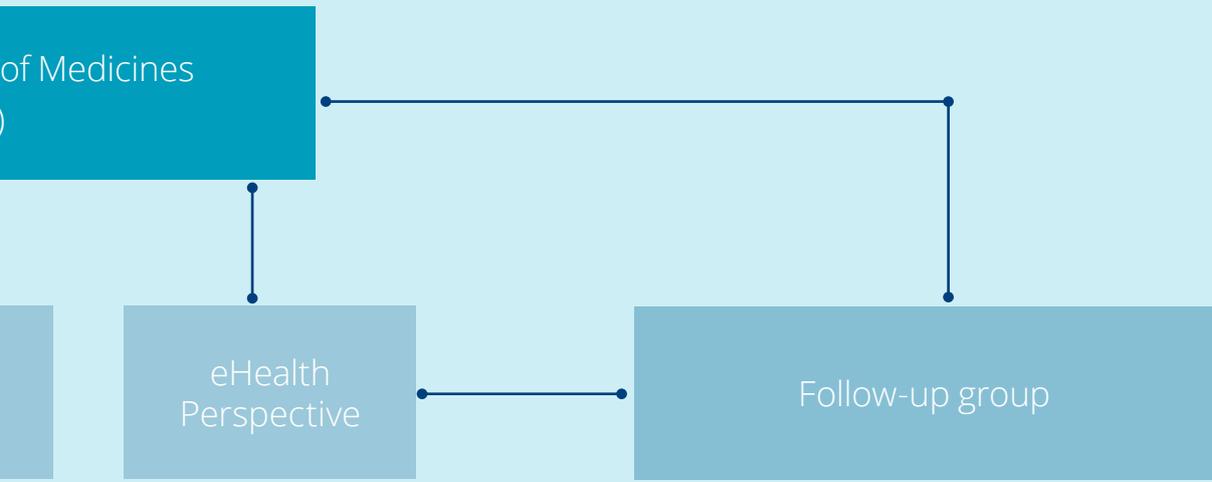
The strategy also includes so-called perspectives, which are currently patient, innovation and eHealth. The perspectives have been chosen as they comprehensively impact all target areas. For each perspective, a special group is put together to help to keep goals and activities in line with the progress of other strategies and initiatives. The perspective groups can, if necessary, be used to support the entire lifecycle of the activities, from planning the activities to completion of the tasks. The perspective groups, together with the expert group, contribute to the situation analysis and provide suggestions for activities related to revising the action plan.

## **Centre for Rational Use of Medicines**

The CBL Office has a government mandate to follow-up the National Pharmaceutical Strategy and coordinate cooperation work between authorities and organisations. The duties of the Office also include communicating results to the pharmaceutical profession, the general public and other interested parties in the pharmaceutical field. The CBL Office is regularly assigned tasks that need further preparation before they are possibly included in future action plans. Examples of such issues are structured phase out, shelf-life of medicines and regulatory approval at society level.

# Organisation, National Pharmaceutical Strategy





# Summary of National Pharmaceutical Strategy activities 2011–2018

The activities within the National Pharmaceutical Strategy aim to address several of the challenges that exist in the pharmaceutical field and ultimately contribute to the effective, safe, accessible and equal use of medicines that is also socio-economically and environmentally sustainable.

The activities included in the action plans shall meet the following five selection criteria:

- The activity has a high degree of urgency
- The activity helps to realise one or more target areas
- The activity requires participation by several different bodies
- The activity has an implementation plan
- Actions that provide improvements throughout the pharmaceutical process are prioritised over activities that only affect part of the pharmaceutical process.

In addition to these criteria, special priority has been awarded to activities with links to the three strategic areas: patient-centred care (adapted care based on the patient's perspective), assessment of knowledge and evidence (how to interpret and apply scientific data) and follow-up (coordinated follow-up of medicines).

The purpose of these strategic areas is to address issues where there are fundamental common challenges, to facilitate the sharing of information between the various actors within the NPS, to make it possible to propose new activities and to provide support to existing activities within the strategy. The strategic areas can also provide a link for communication with ventures and strategies outside the NPS.

Below are a number of examples where collaboration has been an important success factor and where activities paved the way for new activities in pursuit of the strategy's overall goals.

## National medication list

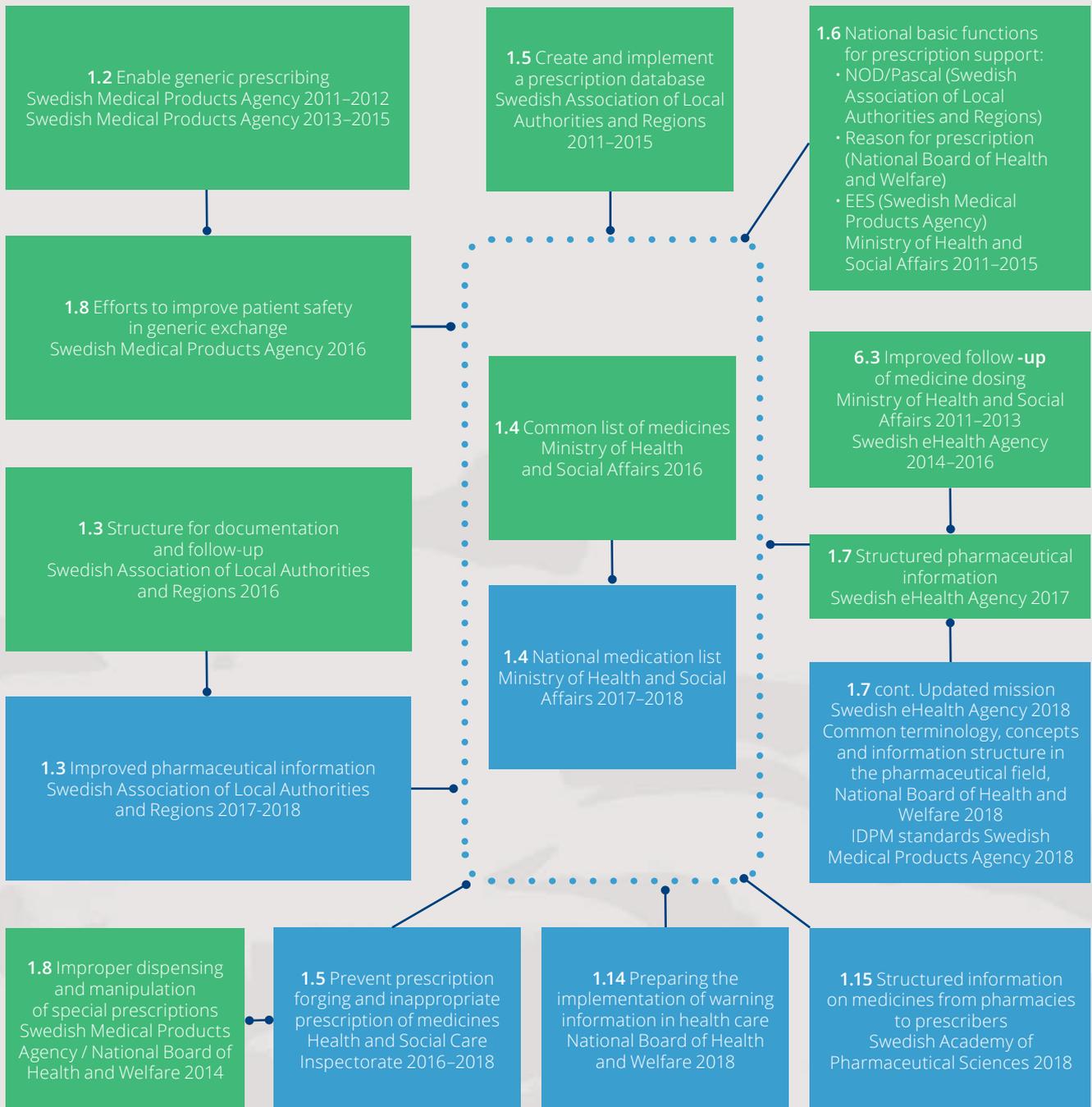
The national medication list shall provide patients, the relevant healthcare professionals and dispensing staff at community pharmacies improved access to information about medicines and other products that the patient has been prescribed.



The overall purpose of a *national medication list* is to create a single source for data on a patient's prescribed medicines and other products while safeguarding the patient's right to privacy. The national list of medicines contributes to increased patient safety by improving access to such data for the professional groups that prescribe, dispense and administer medicines and other products or who participate in some other way in the patient's care. The new list is also expected to improve the efficiency of a number of operations when prescribing and dispensing medicines. A national medication list is also important for patients, as it makes it easier for the patients to monitor and maintain an insight into their treatment with medicines. The new list will replace two existing registries; the prescription register and the list of medicines.

The primary objective with this activity is effective and safe use of drugs, but the boost to quality that a national medication list will hopefully yield also increases the possibility that use of medicines will become more socio-economic and environmentally sustainable. Several activities under the National Pharmaceutical Strategy have formed the premises for the introduction of a national medication list in Sweden.

# National medication list



Completed activities

Ongoing activities

## Organised implementation and follow-up

Implementation of new pharmaceuticals shall be organised in order to ensure that all patients benefit equally from new medically valuable and cost-efficient medicines regardless of place of residence, age, gender and socio-economic background.

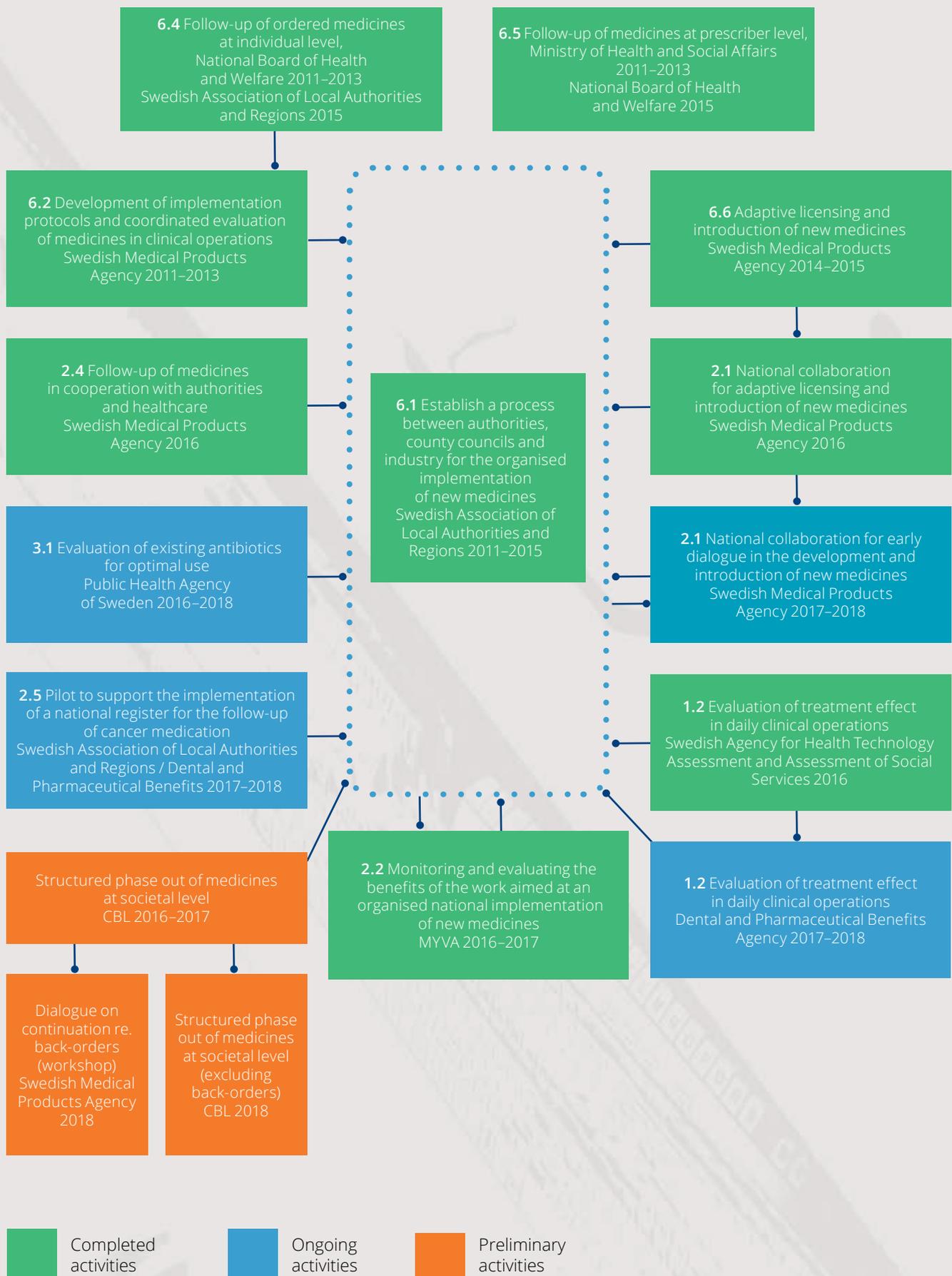


One focus area from the perspective of equality and innovation in the National Pharmaceutical Strategy is to achieve a more structured introduction of new medicines. The aim of this work is to coordinate decisions from relevant actors and to improve the premises for increased monitoring of medicine use and its effects. By establishing a process of organised implementation, a platform has been created for the introduction of new medicines and for equal treatment with medicines in Sweden.

The purpose of a nationally coordinated implementation is to ensure that all patients benefit equally from new, medically valuable and cost-efficient medicines regardless of, for example, geographical place of residence. Several activities have been carried out to facilitate and support the organised implementation of new medicines. A joint process for county councils was presented in 2015 and implemented by authorities, county councils and the pharmaceutical industry. The joint process comprises situation analyses, decisions on national collaboration, health-economic assessments, recommendations, implementation and follow-up. On behalf of the government, the process for the organised implementation of new pharmaceuticals was evaluated by the Swedish Agency for Health and Care Services Analysis (MYVA) in 2016–2017. The report resulted in a number of recommendations to further develop the work and to increase the opportunities for equal treatment.

Moreover, the structured phase out of medicines and the existence of back-orders are important issues at a societal level. At times and for various reasons, some medicines have to be removed from the market. When this happens, it is important to manage removal in an organised manner, for example when medicines will no longer be available because manufacturers choose to have their medicines deregistered. Some cases may involve phasing out the use of older medicines when new treatment therapies are available. Back-orders are also a problem that affects the availability of medicines and is linked to structured phase out.

# Organised implementation and follow-up



## Vulnerable patient groups

Improve the effectiveness of medicinal treatment in patient groups where medicinal treatment presents special risks.



In addition to several of the aforementioned activities (e.g. those that paved the way for the implementation of a national medication list), a cluster of other activities has been conducted, and these are still being pursued, to achieve improved patient safety in the context of medicinal treatments.

For certain patient groups, medicinal treatment has specific risks. These groups include, among others, the elderly, people with co-occurring diseases (multimorbid), children and people treated with medicines for mental illness. The work on patient safety has started with a focus on children and the elderly.

One of the activities undertaken within the strategy is *Knowledge Support for Prescribing Medicines for Children*. An analysis has been conducted of the prerequisites for developing and managing a national knowledge and decision support base for prescribing medicines to children. The support contains evidence-based and experience-based electronic pharmaceutical information within paediatrics (ePed) and has now been implemented within healthcare for children. The purpose of ePed is to increase the safety of medicinal treatment for children for practising nurses, pharmacists and doctors, with a focus on hospital care. ePed creates access to updated information and also to a reasonableness test that is presented as an integrated part of the pharmaceutical journal.

Within the context of the National Pharmaceutical Strategy, a symposium on children and medicines was also held. The main focus was improved patient safety for children, by highlighting the perspective of the user and patient from the point of view of the doctor, pharmacist and nurse, as well as the responsibility of the caregiver and the authorities. During the symposium, all the actors involved presented their views on the requirement for and benefits of ePed, and goals for future developments.

One ongoing activity is a *Diagnostic Checklist for Improved Use of Medicines for the Elderly* to determine the causes of the patient's symptoms and which of them are most likely. In this work, a diagnostic checklist could be helpful for doctors or nurses when treating patients to draw attention to symptoms that require special investigation in the elderly and to support the differential diagnostic work by showing which diagnoses or other phenomena often cause a given symptom in the elderly. The aim is for the elderly to have adequate medicinal treatment that is less extensive and to a greater extent based on correct indications.

# Vulnerable patient groups

## Children

**3.2** Extend knowledge of children's medicines and their use  
Swedish Medical Products Agency 2011–2015

**1.1** Safer management of medicines for children  
Swedish Medical Products Agency 2016  
(2017 under administration)

**3.5** Knowledge support for medicine prescriptions  
for children (ePed)  
Swedish Association of Local Authorities  
and Regions 2014–2015

**1.10** Safer preparation and administration  
of medicines for children  
Swedish Medical Association/  
Swedish Medical Products Agency 2017–2018

Increase knowledge of medicines among children  
and adolescents for appropriate use of medicines  
Swedish Medical Products Agency 2018

## The elderly

**3.1** National guidelines for the treatment  
of the elderly and multimorbid  
National Board of Health and Welfare 2011–2012

**1.12** Diagnostic checklist for improved  
use of medicines for the elderly  
National Board of Health and Welfare 2017–2018

Improved use of medicines for vulnerable groups  
of patients – the elderly and medicines  
Swedish Medical Products Agency 2016 children/  
the elderly and medicines  
Swedish Medical Products Agency 2017

 Completed activities

 Ongoing activities

 Preliminary activities

# Medicines and the environment

The environmental perspective should be included in all parts of the pharmaceutical chain.



Medicines and the production of medicines are a burden on the environment, but we currently lack more precise knowledge of the extent of such burden. The production of medicines is a major environmental challenge for the emerging countries where a significant part of global production takes place. Sweden has a limited production of medicines and, as such, the main challenge in the short term for our local environment is the consequences of consumption of medicines.

The environmental risk assessments carried out show that current use of medicines does not cause the risk of acute toxicity for aquatic organisms but may pose a risk of long-term effects and cause contamination of drinking water. There is a need for further long-term studies to more accurately predict the potential long-term environmental risk of specific pharmaceutical substances.

There is also a need to investigate the weighted biological effects of different medicines in the environment. There is a lack of knowledge of which strategies and methods are most effective in ensuring that medicines are not dispersed to the environment, and a concerted effort is needed on what action could be taken to achieve a lower environmental impact with the entire pharmaceutical chain in mind.

One example of collaboration in this area is the previous follow-up work carried out in which an environmental report was established with information on 22 pharmaceutical substances that should in particular be monitored at sewage treatment plants nationwide. Follow-up of actions and the results of this initiative are of value for continued collaboration related to environmental work in Sweden.

In order to boost knowledge in the environmental field, several activities have been initiated within the framework of the National Pharmaceutical Strategy. One of the activities undertaken is to *Encourage Voluntary Control of Emissions from Pharmaceutical Factories*. The project aimed to encourage the control of emissions from pharmaceutical factories by introducing an environmental assessment that assesses the entire product and not just the active substance. An environmental assessment model has been developed within the strategy that takes into account both the emissions of the pharmaceutical substance during manufacturing and the exploitation of natural resources.

# The environment



# The field of antibiotics

Rational use of antibiotics and reduced antibiotic resistance in national and international collaboration.



Antibiotic resistance is a cross-border and cross-sector health threat. The magnitude of the problem is increasing worldwide. Sweden has a relatively good starting point in terms of antibiotic use and the incidence of resistant bacteria. However, we are affected by international developments, and the incidence of resistant bacteria is also on the increase in Sweden.

The Public Health Agency of Sweden has estimated the long-term consequences of antibiotic resistance in Swedish healthcare. The number of cases involving compulsorily notifiable resistance is estimated to double by 2030 and multiply by more than four by 2050. The costs of antibiotic resistance are estimated to amount to just over SEK 4.3 billion by 2030 and SEK 15.8 billion by 2050.

The issue of antibiotic resistance is highlighted as important in several contexts, and in 2016 the Government adopted a Swedish strategy for work to combat antibiotic resistance. The issue must be addressed across all sectors, which requires the involvement of, inter alia, human and animal health, the environment, research, education and international development cooperation.

In view of the cross-border nature of the issue of antibiotic resistance, Sweden aims to drive the issue forward within the European Union and internationally. Previous activities with such a focus within the National Pharmaceutical Strategy have included *Promoting an Action Plan for the Development of Antibiotics at EU Level and Rational Use of Antibiotics and Minimising Resistance Globally*.

Nationwide, a wide range of activities are carried out in the field of antibiotic resistance, some of which are within the framework of the National Pharmaceutical Strategy. One activity that has been in progress for a number of years is the *Evaluation of Existing Antibiotics to Identify the Best Possible Use*. The objective with this activity is to meet some of the clinical needs and close the knowledge gaps that exist regarding antibiotic use.

Work has also been conducted to ensure the availability of antibiotics by means of the activity entitled *Models for the Availability and Responsible Use of Both New and Old Antibiotics*. In certain cases, there is a risk that the relatively positive situation in Swedish healthcare will lead to some antibiotics not being available on the Swedish market.

One new activity in the field of antibiotics is to produce proposals for action that could be taken by Swedish actors in order to contribute to progress in the work on *Incentive Models to Promote the Development of New Antibiotics*. Proposed actions shall be based on mapping and analysis of national and international work.

# Antibiotics

**4.1** Rational use of antibiotics and reduced antibiotic resistance nationwide  
Ministry of Health and Social Affairs 2011–2015

**4.2** Promote an action plan for the development of new antibiotics at EU level  
Ministry of Health and Social Affairs 2011–2015

**4.3** Rational use of antibiotics and reduced antibiotic resistance globally  
Ministry of Health and Social Affairs 2011–2015

**4.4** Develop the local Strama groups in the county councils (Strama is the Swedish strategic programme against antibiotic resistance)  
County Councils 2011–2012

**4.5** Reduced prescription of antibiotics by means of increased compliance with treatment recommendations  
County Councils 2011–2015

**4.6** Conduct studies for optimal use of existing antibiotics  
Public Health Agency of Sweden 2014–2015

**3.1** Evaluation of existing antibiotics for optimal use  
Public Health Agency of Sweden 2016–2018

**3.2** Models for the availability and responsible use of both new and old antibiotics  
Public Health Agency of Sweden 2016–2017

**3.2** New task regarding incentive model to promote the development of new antibiotics  
Public Health Agency of Sweden 2018

Completed activities

Ongoing activities

# The pharmacy market

Safe, effective and equal supply of medicines and a well-functioning pharmacy market with good availability and service.



A number of activities within the National Pharmaceutical Strategy have been conducted to contribute to the current developments on the pharmacy market, including quality indicators for operations and for increased compliance with pharmaceutical prescriptions.

Inadequate compliance causes unnecessary suffering in patients and is costly for society. The entire healthcare chain needs to be involved in the work so that the patient receives the right medicines and uses them properly.

Through the activity entitled *Structured Discussions on Medication in Pharmacies*, a study was initiated on the feasibility of conducting structured discussions on medication in Swedish pharmacies with the aim of increasing compliance with the prescribed treatment. The study was conducted with patients receiving prescription medicines for asthma or chronic obstructive pulmonary disease and included 43 pharmacies and 66 pharmacists.

To increase the capacity for comparing and monitoring the operations of pharmacies and to ensure that customers are offered good, knowledge-based and safe care, a new activity was created, entitled *Indicators for Good Patient Safety in Pharmacies*. The activity involved developing national quality indicators for good patient safety, availability and quality in pharmacies with the aim of providing the public with a basis for comparing pharmacies. In the spring of 2018, the Government issued a bill based on the New Pharmacy Market Investigation proposal in the report *Quality and Safety on the Pharmacy Market* (Swedish Government Official Report (SOU) 2017:15). The Government bill, which has been adopted by the Swedish Parliament, proposes that the basic mission of community pharmacies be compiled and clarified in a new provision in the Swedish Medicinal Products Trading Act.

The same Act proposes changes to issues involving the requirements imposed on pharmacies. The proposals involve, among other things, requirements for the competence of pharmacists in the dispensing of prescriptions, clarification of the requirements for counselling and control, requirements for experience, competence and influence for persons responsible for medicines and requirements on the design of the advisory environment in pharmacies. Proposals have also been made to improve the availability of medicines. The bill also shows that the Government believes that the Dental and Pharmaceutical Benefits Agency, TLV, should be instructed to carry out two pre-studies, which shall target both indicators for the measurement of pharmacy operations, and experimental work involving pharmaceutical services in pharmacies.

# The pharmacy market

## Pharmacies

**2.5** Indicators of good patient safety at pharmacies  
Swedish Medical Products Agency 2013–2015

**2.6** Structured discussions on medication in pharmacies  
Swedish Medical Products Agency 2013–2015

**1.11** Investigate whether there is a need for comprehensive knowledge support for self-care counselling in pharmacies  
National Board of Health and Welfare 2017–2018

## New study of the pharmacy market

**2.3** Increased quality and safety in pharmacies  
Ministry of Health and Social Affairs 2016–2018

**2.6** Structured discussions on medication in pharmacies  
Ministry of Health and Social Affairs 2016–2018

**1.15** Structured information on medicines from pharmacies to prescribers  
Swedish Academy of Pharmaceutical Sciences 2018

 Completed activities

 Ongoing activities

## Knowledge and training

Increase consensus and understanding of prescribed treatment and develop knowledge of and guidelines for medicines and use of medicines for those patient groups where this is most neglected.



To ensure that a prescribed medicinal treatment has the intended effect, a consensus is required between the prescribing doctor or other staff and the patient, as well as an understanding by the patient of the treatment, expected effect and possible side effects. A lack of consensus and understanding of prescribed treatment is currently a common problem and represents a substantial cost for society each year in the form of extra hospitalisations and production shortfalls. For patients, the above implies unnecessary suffering and impaired quality of life. The link between healthcare and patient at this stage is thus crucial to achieving good medical outcomes, patient safety and health.

In order to enhance knowledge among both patients and staff of prescription and use of medicines, several activities have been included in the work on the National Pharmaceutical Strategy. To increase understanding of prescribed treatments, several activities have been implemented, including *Training to Improve Competencies among Home-Help Workers*. The objective for this activity was further training of nursing staff regarding medical treatment for the elderly. This was made possible by the development of an interactive web training system specifically targeting nursing staff.

Several activities were also implemented to strengthen knowledge among doctors, including *Enhance Doctors' Knowledge of Medicines during Specialised Training*, which resulted in an online training course in medicines and medicinal treatment for resident physicians. The training course is currently available via the Knowledge Guide and the National Board of Health and Welfare's website.

Several studies have uncovered irrational and potentially inappropriate treatment for the elderly with certain medicines, such as antipsychotics, long-acting sedatives and sleeping pills. This gave rise to the implementation of the *Online Further Training Module for Intern Physicians' Knowledge of the Elderly and Medicines*, an activity that resulted in the preparation of an online training course to boost the competencies of intern physicians in this area.

# Knowledge and training

## Understanding of prescribed treatment

**2.1** Reconciliations of medicines in healthcare transferrals and evaluation of efficacy  
National Board of Health and Welfare 2011 (part I) 2015 (part II)

**2.2** Dosing services  
Swedish Medical Products Agency 2011–2013

**2.3** Training to improve competencies among home-help workers  
Swedish Association of Local Authorities and Regions 2011–2015

## Guidelines and knowledge

**3.1** National guidelines for the treatment of the elderly and multimorbid  
National Board of Health and Welfare 2011

**3.3** Enhance doctors' knowledge of medicines during specialist training  
National Board of Health and Welfare 2011–2015

**3.4** Web-based further training module to enhance intern physicians' knowledge of the elderly and medicines  
National Board of Health and Welfare 2013–2015

## Knowledge and evidence

Clarification on the position of regulatory approval in public knowledge management  
CBL 2017

 Completed activities

 Preliminary activities

# Follow-up of the National Pharmaceutical Strategy

In order to identify the utility value of the work on the National Pharmaceutical Strategy, collaboration within the strategy and the impact of completed activities have been monitored since 2013. In 2017, a follow-up report was published, prepared on behalf of the high-level group. The report contains a summary drawn up by a special follow-up group convened by the CBL Office.

The follow-up fulfils two overarching objectives. The first objective is to follow the implementation of the strategy and its activities; secondly, to monitor national developments in the field of medicines towards the targets defined in the National Pharmaceutical Strategy, regardless of what has affected development. The follow-up of the three objectives was conducted by means of trend detection and in-depth analysis at activity level.

The work on the follow-up report identified, inter alia, the need to investigate the feasibility of using statistics from electronic expert support (EES) to monitor effective and safe use of medicines, to take into account the evaluation carried out by the Swedish Agency for Health and Care Services Analysis (MYVA) regarding organised implementation and to increase the focus on future investments in patient-centred care.

One of the activities selected for in-depth analysis is *Knowledge Support for Prescribing Medicines for Children (ePed)*. The work has been carried out, for example, via a three-step survey: The first step focused on user data, the second step consisted of a questionnaire for doctors, nurses, pharmacists and local administrators about how they perceive and use ePed. The third step focused on the implementation of focus groups, based on the results of the survey, to identify how ePed is used and thus to develop the basis for its development.



## Identified requirement areas in the Follow-up report:

### Target area 1 – Effective and safe use of medicines

- Identify areas where follow-up is most important for achieving a more effective and safe use of medicines and ensure access to indicators for an overall description of trends.
- Plan for a baseline mapping that enables the follow-up of the contribution made by the national medication list to a more efficient and safer use of medicines.
- Explore the feasibility of using statistics from electronic expert support (EES) for the follow-up of effective and safe use of medicines, possibly in combination with other data sources.

### Target area 2 – Available and equal use of medicines

- Analyse underlying causes of unequal use of medicines.
- Monitor the availability of medicines, for example, through a process for organised phase out of medicines.
- Increase the availability of structured information on the reason for prescriptions and treatment purposes in order to improve the premises for analysis of equal and appropriate use of medicines.
- Take into account the evaluation with recommendations made by the Swedish Agency for Health and Care Services Analysis (MYVA) regarding organised implementation.

## Target area 3 – Socio-economic and environmentally sustainable use of medicines

- Prioritise investments that strengthen patient-centred care.
- Improve the ability to monitor the use of medicines, costs and erroneous treatment in daily clinical operations to promote appropriate and cost-effective use of medicines.
- Increase access to relevant environmental information with a view to reinforcing the environmental perspective in the life cycle to achieve an environmentally sustainable use of medicines over time.
- Take note of the results of ongoing government assignments regarding purification of medicinal residues from wastewater.

# Afterword

As shown in this summary, the National Pharmaceutical Strategy has enabled the efficient use of available resources and contributed to a safer use of medicines for the patient. There is a broad consensus among the partners and actors in the strategy that long-lasting collaboration is needed in the future in order to arrive at specific and systematic improvement measures in the pharmaceutical field.

Since 2011, completed activities have in many cases led to further development opportunities and given rise to new activities that have brought the work closer to achieving the different objectives of the strategy. The annual situation analyses also provide a basis for future action plans. Proposed activities that meet the set criteria may, after prioritisation, be included in the National Pharmaceutical Strategy. Other proposals are better suited to be assigned to individual authorities or organisations.

Among the most pressing needs identified are increased compliance with prescriptions and improved access to data on ordered medicines, i.e. medicines provided by healthcare staff. Further development in the eHealth area is also necessary to create opportunities for obtaining structured data with good coverage. Access to data is a prerequisite for assessing the effectiveness, safety and equality of medicine use from a patient perspective. Some of the above-mentioned needs are already addressed within the context of activities to support the introduction of a national medication list. However, more efforts are needed to improve the capacity to analyse the use of medicines by patients.

The challenges we face require continued collaboration between the relevant pharmaceutical actors, based on an overall strategic holistic approach. The National Pharmaceutical Strategy allows us to face the challenges that exist in the pharmaceutical field in both the short and long term and thus helps us get closer to the vision of *Rational Use of Medicines to the Benefit of Patient and Society*.

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Follow-up report 2017 National Pharmaceutical Strategy

