

Partnership working will be the key to future pharmacist-vet relationships

Veterinary surgeons jealously guard their right to supply medicines, but there are hints of new co-operation with pharmacists. Steven Kayne reports

Andrew Cairns, chairman of the Veterinary Pharmacists Group, considered the future role of the veterinary pharmacist. He said that it was hardly surprising that the majority of veterinary surgeons jealously guarded their right to supply medicines since they claimed that 30 per cent or more of their practice income came from this source. They were inclined to be dismissive of newly qualified pharmacists' competence to deal with animal medicine issues, despite the fact that they were specialising in areas such as cardiovascular disease, asthma, epilepsy, pain relief, mental health and other major clinical areas as human supplementary and independent prescribers.

Mr Cairns acknowledged that, apart from a limited number of specialised pharmacists supplying medicines to livestock farmers and a dedicated core of community and internet pharmacies, the competencies required to handle animal medicines were still to be developed by most pharmacists. However, the Royal Pharmaceutical Society's veterinary pharmacy education programme was growing in popularity and the VPG was strongly advocating the inclusion of veterinary pharmacy in the undergraduate course.

Mr Cairns proposed setting up of pilot projects to investigate the benefits of joint working between pharmacists and vets in the future. These may serve to demonstrate the feasibility of removing the focus of attention from the profit on supply of medicine to an evaluation of the health benefit in the animals being treated. Manufacturers should see the benefits in their market growth and be able to recognise that the combined approach of the pharmacist and the vet would lead to substantially greater uptake of appropriate and desirable treatment regimens. A suitable model might comprise a combination of marketing support from the manufacturers, enhanced margin on the medicine sale and some form of per capita payment from the Government for services to livestock units (possibly linked to a minimum health status on flocks and herds).

Mr Cairns said the development of mutual trust between the two professions would be an interesting and challenging exercise. The Office of Fair Trading had failed to understand pharmacists, stereotyping them as shopkeepers in the drive to create a downward pressure on the price of medicines for the end user.

Turning to the future Mr Cairns suggested that

- Veterinary medicine must be brought clearly into the Society's 2020 agenda
- The practice framework project must incorporate veterinary pharmacy
- Research must be undertaken to investigate the true incidence of zoonotic infections in the UK and their cost to the public health budget

By 2020, strategic partnerships and, perhaps, amalgamations of veterinary and pharmacy practices could be in place. A series of well run multidisciplinary practices could develop, with competency levels significantly above those currently enjoyed. Community pharmacy would have a potentially pivotal role. After a clinical diagnosis was made and the medicine chosen the follow-up could be carried out under pharmacy supervision. The pharmacist working in (or in conjunction with) the veterinary practice would ensure that medication regimens were followed and the right outcomes achieved. In addition there could well be an extension of the classification system with more medicines being placed in the category that could be prescribed by pharmacists and suitably qualified persons.

New models of working

Richard Hammond, of the School of Veterinary Medicine and Science at the University of Nottingham, explained that the current model for the supply of prescribed medicines is mainly through a veterinary surgeon.

POM-V and POM-VPS medicines provide a considerable subsidy to the practice turn-over. Reaction to the new distribution arrangements created following the OFT report were mixed. They varied from comments such as "provides an important opportunity" to "an attack on livelihood". Dr Hammond considered three new business models:

- Prescription and dispensing by a vet as at present
- Prescription by a vet and dispensing through "hostile" internet pharmacies where price and convenience were major factors
- Prescription by a vet and dispensing by a pharmacist employed by the vet
- Prescription by a vet and dispensing by a pharmacist with profit share



Andrew Cairns: vets inclined to be dismissive of pharmacists' competence

He said that the schools of veterinary medicine, pharmacy and business at the University of Nottingham are to develop a study proposal to evaluate these models and proposed direct collaboration with the Royal College of Veterinary Surgeons and the Royal Pharmaceutical Society as to the use of the findings.

Dr Hammond told delegates that there is increased pressure for change within the veterinary profession from owner expectation and continuing development and specialisation. A change in mind-set is necessary. Traditionally the aim at undergraduate level was to provide a knowledge-based skill set but now it is necessary to provide skills that included communication, critical thinking and problem-solving as well as marketing and business behaviours, and a commitment to continued learning. The course at Nottingham integrates clinical and practical skills from the first year. A network of clinical associates ensure that students are exposed to a range of different environments. An opportunity for the integration of pharmacy teaching has been identified.

A veterinary pharmacist's perspective

David Evans, VPG committee member, said that if pharmacy is to contribute to the distribution of veterinary medicines it must be seen to offer benefits over previous distribution channels.

The Veterinary Pharmacists Group Conference took place at the Royal Pharmaceutical Society's London headquarters on June 8

It should:

- Improve animal health
- Improve the integrity of the supply chain
- Provide value for money — not necessarily cheapest treatments but the best therapeutic outcomes for a reasonable price

It needs to demonstrate its efficiency to regulatory authorities, the Veterinary Medicines Directorate, the veterinary profession and the public.

Mr Evans said that pharmacies' locations, lack of need for an appointment and long opening hours contributed to accessibility. With an estimated three million pet owners entering a community pharmacy each day

there is a tremendous opportunity to promote an awareness of both animal health issues and animal-related public health problems. More choice of distribution routes means the public are more likely to use a wider range of veterinary medicines — either on grounds of cost or, more probably, convenience associated with the access issues outlined above. Mr Evans said that in his experience more requests for information about animal medicines and treatments mean more referrals to veterinary colleagues. He found that if he gave owners free advice to go and visit the vet, they generally did. He welcomed this opportunity for closer professional collaboration although currently this initiative has not been reciprocated by his local vets, he said.

Many owners only visit a vet when their pet needs vaccinations or for acute conditions. If their pet has a chronic condition, visits may be more frequent. Pharmacy is ideally placed to provide ongoing care in a number of areas. Having more efficacious products in pharmacy will shift the balance of sales from older generation wormers to the newer ones — benefiting both animal and public health. There are data to support the fact that "pharmacy"-treated animals are wormed and receive flea treatments more frequently than those treated solely at veterinary surgeries. Improved collaboration should raise awareness of animal health issues and allow pet owners to be signposted by pharmacists to the most appropriate source of treatment.

Preventive health care for pets and stocking the right medicines

Phil Sketchley, chief executive of the National Office of Animal Health, presented a review of the opportunities for pharmacists in the animal medicines market. He said that currently pharmacy has less than 10 per cent of the market and there is plenty of scope to increase this. For example half of the seven to eight million cats in the UK appear not to be wormed. Of those that are, few are being wormed four times a year, as recommended. Similar arguments applied to dog worming and flea treatments.

Mr Sketchley questioned whether it is productive for community pharmacists to try to win share from the current market by dispensing one or two veterinary prescriptions or selling products to clients occasionally — especially as it was so small compared with the human pharmaceutical market. He suggested it is far better to put energy into creating a bigger market by persuading owners to commit to regular health care for their pets. Working in synergistic partnerships with vets and medicines manufacturers is far more likely to gain greater direct support of the animal medicine companies.

Mr Sketchley then described NOAH's new campaign to promote positive information on pet health care and encourage regular use of preventive medicines. A small number of dog and cat owners in the north, south and the Midlands of England were selected at random and divided into "preventer" and "non-preventer" groups. Qualitative research was carried out using focus groups. The research was designed to determine:

- Why some owners take preventive health care measures (vaccination, worming, flea control) while others do not
- If we can learn from the first group how to persuade the second
- What media influence pet owners concerning pet health care issues

It was concluded that the non-preventer groups were essentially caring people who wanted the best for their pets, but they:

- Did not routinely associate responsible ownership with health care
- Believed they knew everything they needed to know about pet health care if they had had a pet for two years or more
- Did not go looking for information, unless the pet was unwell
- Were wary of self-interest from both vets and the industry
- Preferred to consult other pet owners (personally or via the internet) rather than professional sources

Pharmacists were not mentioned in the responses although they are skilled and trusted communicators and "referral" experts for human illnesses, so could provide services for pet care. There are a number of resources to help pharmacists obtain information on veterinary medicines, including the NOAH compendium (available online at www.noah.compendium.co.uk). This is an online editing system allowing companies to keep their information up to date. Information is available immediately on new medicines. Customers and users of animal medicines can easily access UK data sheets and use medicines even more responsibly.

Mr Sketchley encouraged pharmacists to be involved with National Pet Month 2008. He said that there has never been a better time to be involved with animal medicines — the regulatory environment is right and the profile of preventive health care for animals is being raised.

Selling a veterinary medicine

John Toole, marketing executive at Merial Animal Health Ltd, told the audience that the product Frontline Spot On is worth around £30m annually and that this compares favourably with the leading pharmacy advisory brands, and future incremental growth in sales is forecast.

Mr Toole said that 86 per cent of pet owners regard their pet as a family member. He also said that 46 per cent of consumers in a survey of 319 shoppers got advice on prod-

ucts for flea and tick control from the seller; only 18 per cent consulted a vet. "All this is good news for pharmacy business," he said.

Choosing a powerful brand to stock gives a good start to involvement in a new sector, and customer awareness (and satisfaction) leads to repeat purchases. Reclassification of the world's biggest animal health brand means it is now available through pharmacies — and more products are predicted in pharmacy outlets to follow as the category grows. In order to grow the market it is necessary to increase consumer awareness of pet health products in pharmacies and identify clients' needs (possibly with the help of a short questionnaire) and satisfy them. This will increase foot-fall. Preventive health care is a key driver in animal health as it was in human medicine and this is what leading manufacturers will invest in their promotional campaigns.

Stocking decisions

Raj Nutan, pharmacy business manager at the National Pharmacy Association, said that decisions on what to stock depend on:

- Assessing what is needed
- Whether the need is currently met
- The cost of procurement
- The profit margin that can be achieved
- The space required
- The profit per shelf

Mr Nutan then highlighted the scale of the opportunity for pharmacy: in 2006 companion animals accounted for 55 per cent of the total animal medicines market representing £189m. Of this, worming and flea treatments made up 70 per cent of the value. Food-producing animals accounted for 37 per cent of the animal sector on 2006.

In 2005 the pet flea treatment market — at £96m — was larger than either the market for antihistamines or nicotine replacement therapy. It offered an opportunity for linked sales because of the importance of treating a pet's whole environment.

Conference debate: British Veterinary Association president says pharmacists are not essential

Opening a debate chaired by Douglas Davidson, the VPG's longest-serving member, Rod Jones, VPG committee member, proposed the motion that "Pharmacists are an essential part of the future animal health team".

Mr Jones reminded the audience that pharmacists have an important role in the identification and management of zoonotic risk as well as in animal welfare. Many owners are reluctant to visit a veterinary surgeon except in an emergency, are not using veterinary medicines at all or, if they are, are using them ineffectively. Pharmacists are readily accessible and can encourage owners to engage in routine health procedures and refer to the vet when appropriate.

If vets and pharmacists were to work together at a local level under a team approach similar to that already operating in human medicine, the market would grow, benefiting both practitioners and animals. As an example Mr Jones mentioned bovine virus diarrhoea, a disease that is found in 90 to 95 per cent of the UK national cattle herd; the uptake of vaccine is only 30 to 50 per cent, leaving a large margin for future expansion. Furthermore, the temptation to use illegal or black market supplies would be reduced with better availability and lower prices.

Opposing the motion, David Catlow, president of the British Veterinary Association, said competition in the market is vicious, with some suppliers offering uneconomic margins in a scramble for market share. "Everyone is trying to pinch everyone else's business," said Mr Catlow. The veterinary surgeon is vital for animal health and there is a real threat to the viability of farm animal



David Catlow: adopting a pragmatic view

practices in rural areas if the income from selling drugs were to be reduced further by pharmacies entering the market. Vets might have to diversify or relocate, leaving small

communities bereft of veterinary cover. Veterinary consultants were now available to provide assistance with expensive or complicated procedures to single-handed practices once or twice a year, but these colleagues could not replace the immediate first opinion service provided by a local vet.

Mr Catlow claimed he was adopting a pragmatic view. There is certainly an opportunity for vets and pharmacists to work together to educate the public in providing better health care for their animals, he said. If a mutually acceptable business model could be established then the two professions might establish a partnership — but pharmacists are not essential to the successful working of the animal health team.

Speaking from the floor, Michael Jepson, VPG committee member, criticised Mr Catlow's position saying that blind emphasis on competition is destructive, lowers standards and causes division in the professions. There are real public health and animal welfare issues to be considered. Some competition is good — "it keeps one sharp".

Paul Hawkins, of Paul Hawkins Consulting, said that most manufacturers base the size of their promotion budget on the potential market value. Growing the market would draw more publicity and increase income for all.

Summing up, Mr Jones said that vets are not a one-stop shop any more. Animal medicines are an extension of pharmacists' current work and there is much to be gained from their involvement. He asked the audience to support the motion.

The motion was carried.

Society membership groups

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society's Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Veterinary Pharmacists Group The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Industrial Pharmacists Group The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned substantially with questions of industrial pharmaceutical practice and those whose work concerns, or who have an interest in, industrial, regulatory or technical matters affecting pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@rpsgb.org).

Hospital Pharmacists Group The Hospital Pharmacists Group is for pharmacists who work in NHS, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@rpsgb.org).

Academic Pharmacy Group The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a UK school of pharmacy or a recognised pharmacy academic practice unit. Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damian.day@rpsgb.org).