

Sanidad
CFGM Farmacia y parafarmacia

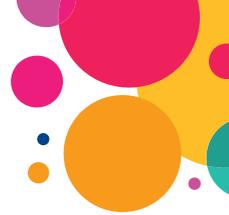
ANEXO PARA ANDALUCÍA

English for pharmacy assistants

ALTAMAR



Anexo para Andalucía



Health Care System

Andalusian Public Health System

In Andalusia the acronym SAS is more likely to conjure up images of healthcare than air travel. It stands for Servicio Andaluz de Salud, or Andalusian Health Service and is run by the regional government.

If you are planning to use public health facilities in southern Spain, our users' guide will help you get to know your rights and responsibilities as well as which services are provided, which ones you are entitled to and how to go about getting your fair share of the healthcare pie.

SAS also provides you with the opportunity to participate in the service by donating blood, registering as an organ donor and providing feedback on the services you receive.

Additionally, the public health service runs a number of very useful information services that can help you with both general and specific questions and health problems, including specific risks related to this region and climate, for example heat stroke.

Our regional health service is a vast system that can be broken down into the following areas: primary care, specialist care and special organisations.

Primary Care

In 2007, there were more than 5,200 General Practitioners – or *medicos de familia* – working in nearly 1,500 public clinics – or *centros de atención primaria (CAP)* –, to provide primary care across this region. According to official information this means that all citizens have a health centre that can be reached “within a few minutes by standard transportation”. In actual fact, of course, this mainly applies to those living in cities, towns or reasonably sized villages (if they're lucky).

Specialist Care

Specialists work on an outpatient basis at primary care centres, specialised one-stop, outpatient diagnostic centres known as CARE centres and at hospitals. In 2007 there were nearly 30 hospitals spread across Andalusia. In order to see a specialist, you need to visit your family doctor in order to obtain an appointment.

Special Organisations

There are a number of health services that operate under the SAS umbrella but are considered as special organisations or branches within the regional public health system. They are: mental health care, emergency services, organ transplant coordination and the blood transfusion network.

Adapted from: <https://www.andalucia.com>

Andalusian Agency for Healthcare Quality

The Andalusian Agency for Healthcare Quality (ACSA) is a public organisation attached to the Ministry of Health of the Regional Government of Andalusia, whose management is supported by the Fundación Progreso y Salud. Its aim is to improve the quality of the services provided by health and social services organisations and professionals. In order to do so, it has been designated as quality certification body for health and social services organisations, as well as for its professionals, the training they receive and the web pages with health content. Thus, ACSA supports health organisations and professionals in improving the quality of their work, via certification and other projects that encourage patient safety, professional development and innovation in health, as well as through new projects within mHealth that are part of the Quality and Safety Strategy for health mobile applications.

In addition, the Andalusian Agency for Healthcare Quality is also an organisation that creates knowledge about quality in the health sector: such knowledge arises from the research work carried out by the Agency's professionals as well as from the assessment processes, which become a valuable source of information to collect good practices, recommendations and common areas for improvement, as well as scientific knowledge that, through research, serves as basis for ACSA's own projects, resulting in a huge scientific production.

In order to carry out its activity, ACSA has economic resources from the Regional Ministry of Health which are transferred to the Fundación Progreso y Salud with the aim of financing the activity in terms of support and management for the centres and programmes managed by the Foundation. With the aim of fostering excellence in all the services related to health care and welfare, ACSA is involved in several projects, which receive financing via management orders, agreements and/or other specific grants. Furthermore, ACSA receives financing from the resources generated by its own activity through the billing of its services to its users. You can see our rates here.

Adapted from: <https://www.sspa.juntadeandalucia.es/agenciadecalidadsanitaria/en/about-us/>

Health Andalusia App (App Salud Andalucía)

The Health Andalusia App ('Salud Andalucía' App) is the reference mobile application for all users of the Andalusian Health Service (SAS). Its objective is to provide information and offer services related to healthcare to those who use mobile devices, within the framework of its mobility strategy development.

'Salud Andalucía' was launched in 2020 by the Regional Ministry of Health and Families of Andalusia with the aim of having a central repository of all the institutional mobile applications in the Andalusian Public Health System, being one of the technological tools helping to improve citizen healthcare. It gives access to a catalog of Apps adopted by the Andalusian Public Health System such as 'Health Responds' ('Salud Responde', to request and manage primary care appointments), 'Donate Blood' ('Dona Sangre', for blood donations), 'My Prescription' ('Mi Prescripción', with all medications), 'Vaccines' ('Vacunas', on vaccinations) or 'Radar Covid' (to help to prevent the spread of COVID-19), together with access to relevant health information and related news. 'Salud Andalucía' has two specific tools on COVID-19: a self-test and a virtual assistant.

The App also links to ClicSalud+, where citizens can access their digital health record. When the account is activated in the App preferences, confirmation notifications of telephone appointments, PCR test results or negative antigen tests are received. Until mid-2021, a total of 26 M notifications of telephone appointments and 5.5 M negative results of PCR or antigen test have been issued via SMS or as a notification in the 'Salud Andalucía' App.

Adapted from: <https://futurium.ec.europa.eu/en/active-and-healthy-living-digital-world/wellbeing-and-health-promotion/best-practices/health-andalusia-app-app-salud-andalusia?language=es>

Pharmacy shop

Pharmacies in Andalusia

Law 22/2007, of 18 December, on pharmacy in Andalusia regulates the planning of the pharmacies, defining, as a basic planning instrument, the territorial pharmaceutical units whose references are the basic health zones.

This law is less restrictive than Law 16/1997 because, with a view to ensuring uniform distribution and accessibility of pharmacies, it allows authorisation of the first pharmacy in each territorial pharmaceutical unit, municipality, ELA or EATIM, isolated population centre with at least 1,000 inhabitants, airport and passenger or goods traffic centre. However, the second pharmacy can be opened only if the minimum thresholds of the state Law are met (module of 2,800 inhabitants and fraction above 2,000 inhabitants).

Authorisation of the first pharmacy in any municipality and local entity or population centre had been introduced prior to this law, in 2003, by Decree 353/2003, of 16 December, which established pharmaceutical planning and the authorisation procedures for pharmacies.

Moreover, the Andalusian Law is less restrictive in tourist areas, since the computation of the population takes into account not just registered inhabitants but also tourist accommodation and secondary residences. It retains the state legislation's minimum distance of 250 metres between pharmacies, and the minimum distance between pharmacies and any NHS healthcare centre is 200 metres (except in municipalities with only one pharmacy, where the minimum distance is 100 metres).

Adapted from: https://www.cnmec.es/sites/default/files/1185462_8.pdf

Health promotion and psychological support

IV Andalusian Health Plan

Demographic forecasts suggest the progressive ageing of the Andalusian population. The increase in the number of years lived should be accompanied by some good health conditions, since having a healthier society is a way of increasing the social justice and efficiency.

People in good health contribute to the social and economic development and use less healthcare resources. It is therefore necessary to prevent people from getting sick by actions of health promotion, prevention and protection, which would result in a better health and economic development.

Data show great social disparities in health (social gradient in health) so that individuals with higher income, education and social position enjoy better health, longer life and better prognosis in the event of becoming ill than those with the lowest levels. For this reason, the aim of the IV Andalusian Health Plan (AHP) is to give further consideration to health disparities and reducing them over the coming years. To do this, it is suggested as a cross-cutting element, the progressive incorporation of the Health in All Policies approach.

Moreover, this IV AHP looks at how we can respond to the new challenges linked to globalisation and climate change and wants to know its impact in Andalusia as well as its influence in protection, prevention actions and emergency action plan.

One innovative aspect will be to widen the range of factors that affect individual and collective health. Medicine and Public Health are directed to the health problems and risks, a vision aiming at reducing health deficit. Furthermore, this Plan aims to explore the health assets (elements or resources that increase the capacity of individuals, groups, communities, populations or institutions to maintain and sustain health and well-being). The aim is to identify the available health assets in Andalusia, to retrieve, generate and promote them.

Health is a right which has to be guaranteed and a requirement for progress and for living life to the full. This is the reason why the IV Andalusian Health Plan considers to work in the strategy Health in All Policies with the other institutions and administrations, apart from introducing flexible assessment and management tools. This way, decentralization and rapprochement initiatives of public health system to resolve health needs of citizens, will foster the inclusion of an equity and sustainability perspective, to offer the best services and the most efficient technologies. To that end, this Plan considers that the participation and leading role of professionals is essential.

As a result, the IV Andalusian Health Plan seeks to fulfil 6 essential commitments:

- Increasing healthy life expectancy.
- Protecting and promoting the health of people to the effects of climate change, sustainability, globalization and emerging risks due to environmental or food condition.
- Generating and developing the health assets of our Community and make them available to Andalusian society.
- Reducing social inequalities in health.
- To place the Andalusian Public Health System at the service of citizens with the leadership of health professionals.
- Promoting knowledge management and technology introduction with sustainability criteria in order to improve the population health.

Mental Health in Andalusia

Caring for those with mental disorders is a priority for the Andalusian Public Health System (SSPA, Sistema Sanitario Público de Andalucía) not only in terms of the occurrence and prevalence of mental illness, but with regards to the personal suffering caused and the impact on family members and society, as well as in terms of the complexity and cost of the treatment and rehabilitation processes.

Since it began in 1984, and over the course of over two decades, the process of psychiatric reform in Andalusia has brought about an increase in resources and the commitment and effort of professionals from the different care networks of the Andalusian Health Service (SAS, Servicio Andaluz de Salud) in approaching mental health problems. It is based on the community care model, which is, in turn, based on the following: the multidisciplinary work teams, the continuity of care, the joint working culture with primary health care and the development of cross-cutting programmes. Over recent years, mental health care based on the community model has been enriched by the possibility of recovery. This new idea involves a real process of personal change to enable the individual to get their life back on track, helping them regain their skills as much as possible both as an individual and as a member of the community, regardless of their symptoms or problems.

The provision of care and assistance to people with a severe, long term mental illness fundamentally falls to the family members. Studies show that the profile of a carer is usually female, generally a wife or daughter between 50 and 65 years of age, a housewife and with an average cultural level. The assignment of the carer to the role is not accidental. Cultural preconceptions linked to the traditional roles of gender are what condition a woman to fill the role of carer of her ageing or sick family members.

Although migration is not in itself a cause of mental disorder, it can be considered as a significantly stressful situation due to the possible uprooting of a person, the experience of sorrow or grief and the risk of social exclusion for the immigrant population. In addition, the growing number of people in this group creates a new challenge for the SSPA, not only because of possible language barriers, but also due to social and cultural differences, including those linked with a person's conception of health and illness, and possible variations in the understanding of what constitutes mental or physical disability.

Mental health care is provided by the SSPA in the same way as they deal with the population's other health problems, with the participation of the primary care network, and the specialised and emergency networks.

The effectiveness of interventions in the approach towards mental disorders requires the involvement of multidisciplinary teams which interact at the different care levels.

Specific facilities for mental health

Specialised care for people with mental health issues is carried out via a network of health facilities distributed throughout Andalusia. When Decree 77/2008 came into force, mental health facilities were organised in Clinical Management Units dependent on the different hospital areas or health management departments.

At the end of 2007, this network comprised the following facilities:

- 76 Community Mental Health Units (USMC, Unidades de Salud Mental Comunitaria). These are the basic specialised care facilities for mental health. They provide comprehensive care to patients in the local area in form of outpatient services or home care.
- 14 Child and Adolescent Mental Health Units (USMI-J, Unidades de Salud Mental Infanto-Juvenil). The USMI-J provide specialised care, both in outpatient departments and via complete or partial hospitalisation, to children and adolescents under 18 referred from their corresponding community mental health unit.

- 19 Acute Inpatient Mental Health Units (UHSM, Unidades de Hospitalización de Salud Mental). These provide specialised services for short and long hospital stays.
- 14 Mental Health Therapeutic Communities (CTSM, Comunidades Terapéuticas de Salud Mental). These facilities are aimed at the intensive treatment of patients with SMI who require specialised mental health care, in a hospital environment where they are completely or partially hospitalised for medium term stays.
- 9 Mental Health Rehabilitation Units (URSM, Unidades de Rehabilitación de Salud Mental). The aim of these outpatient units is the recovery of social skills and reinsertion into society and employment for patients with SMI.
- 11 Mental Health Day Hospitals (HDSM, Hospitales de Día de Salud Mental). These are considered to be intermediate resources between the USMC and the UHSM. They provide specialised care on a day-hospital basis.

Mental health clinical management units

Over recent years, the Regional Ministry of Health and the SAS have been promoting the creation of Clinical Management Units (CMU) as an organisational structure involving health care professionals in the management of the resources used in their own clinical practices. This management model has been adopted within mental health care.

Community Resources for Social Support

As with the rest of the population, people with mental illnesses have the right to access each and every one of the services within the social welfare system. Amongst the most frequently used by this group of people, the following are to be noted:

- Social services (both community and specialised), via which they can gain access to general assistance and services established under the Law on the Promotion of Personal Autonomy and Care for Dependent People.
- General programmes from the educational system which aim to compensate for lack of training in general and access to employment in particular, (adult education and social guarantee programmes, etc.).
- The Andalusian Employment Service Programmes, the objective of which is to increase the employability of the unemployed (career advice, traineeship, integration support...).
- Housing support programmes for underprivileged sectors.
- Care on behalf of the Administration of Justice both in the civil and criminal aspects.

There are specific resources, as the Andalusian Public Foundation for Social Integration of People with Mental Illness (FAISEM). The main aim of FAISEM is to develop social support programmes and activities for people with severe mental illness in Andalusia, in coordination with the public mental health services and with the various networks of existing services in our Community (social, employment and education services, etc.).

And there is the mutual support network. The Andalusian network for mutual support relating to mental health is wide and diverse. People with severe mental illness and their close relatives or friends are represented at a regional level by two federated organisations which comprise more of twenty associations. In addition, there are another independent associations of patients with mental illnesses and their families and several "monographic" associations aimed at a particular mental disorder (eating disorders, attention deficit disorder and hyperactivity, and general developmental disorders, amongst others) at a local, provincial or regional level.

Prescriptions and dispensation

A Regional eHealth Success Story

As the Member States of the European Union continue to make progress in implementing eHealth tools and solutions, regional plans are already well under way in some Member States. One such notable case is that of the Andalucía Region in Spain, which has developed a 'universal' health system aimed at fostering social equality amongst the region's eight million inhabitants.

Founded on the belief that research and development efforts should go hand-in hand, the creation of the Andalusian public health project has, from the beginning, been a public / private collaboration. Led by innovations in the public health system, the system itself has become a driver of the economy. Using technology to improve the relationship between providers and patients, the main goal is that ICT should help to achieve fairness and combat inequality between citizens throughout the region.

The cornerstone of the Andalusian eHealth strategy is the Diraya initiative. Diraya incorporates all the health information for each citizen into a single electronic health record that is integrated into the entire healthcare system. The record is accessible by primary care physicians, at any health-care centre in Andalucía, as long as the user authorises its use. This health card is seen as the component that enables access to the single clinical record between hospitals and primary care centres, ultimately enabling the continuity of care. Diraya consists of several components, amongst which the electronic prescription (Receta XXI), telemedicine and emergency response (SALUD Responde) components are central to the initiative's success. The electronic prescription component allows citizens to renew their prescriptions without having to return to their healthcare provider.

Adapted from: <https://healthmanagement.org/c/it/issuearticle/andalucia-a-regional-ehealth-success-story>

Receta XXI (Electronic prescription)

The Andalusian ePrescribing system Receta XXI is a module of Diraya, the region's EHR and general health information system. It is analysed as one of ten implemented and ongoing European good practice cases as part of the EHR IMPACT (EHRI) study. EHRI investigates the socio-economic impact of eHealth utilisation, with specific focus on interoperable Electronic Health Record (EHR) and ePrescribing systems in Europe.

Electronic prescribing functionalities such as printing prescriptions electronically and storing medication data locally were part of TASS, Diraya's predecessor. TASS is a local health information system for each primary healthcare centre (PHC), and operational from 1999/2000. Receta XXI facilitates prescribing, dispensing, control of drugs and, through its connection with Diraya, it also supports the compilation of medical histories in patients' EHRs. From 2004, it enabled sharing of patients' medication information between doctors in primary care, and hospital specialised outpatient and emergency care.

Integrated prescribing decision support tools enable the application of regional standards and facilitate prescribing procedures. Receta XXI allows pharmacies to access centrally stored electronic prescriptions directly, and to share information on patients' current and long-term medications with doctors in primary healthcare centres. With Receta XXI, general practitioners (GPs) can prescribe for periods of up to one year, and pharmacists' can cancel prescriptions and send them back to the relevant GP for revision.

Receta XXI's functionalities are available for all physicians who have access to Diraya. However, primarily physicians in PHCs issue electronic prescriptions that pharmacists can access. The data are stored in patients' medical records in Diraya, and all authorised specialised and emergency care professionals in hospitals can access these to view information on patients' medications. They can also use the decision support tools for prescribing.

On transferability, Receta XXI integrates directly with Diraya as its ePrescribing module. Whilst the engagement, health informatics, coding, security confidentiality and ICT themes are transferable, Receta XXI as a whole is probably more transferable along with its Diraya context, such as the link into Diraya's EHRs. The Receta XXI experience offers extremely valuable knowledge and insights for planned ePrescribing developments in other health services and countries.

Lessons learnt from Receta XXI include the importance of integrating eHealth investment with the health and healthcare strategy of a region or country, thus mainstreaming the associated new working and clinical processes. Undertaking the changes needed for successful eHealth must be within realistic, unhurried timescales to engage stakeholders. This also applies to developing complex, interoperable, usable and tested EHR and ePrescribing solutions for healthcare professionals to use and share patient and clinical information that meets the needs of each type of stakeholder, and especially citizens, patients, carers, and healthcare professionals. Receta XXI was not an isolated eHealth project. It has a foundation in previous eHealth solutions, and will develop further as part of the region's continued eHealth investment in Diraya.

Adapted from: https://www.sspa.juntadeandalucia.es/servicioandaluzdesalud/sites/default/files/sincfiles/wsas-media-mediafile_sasdocumento/2019/EHRI_case_Receta_XXI_final_0.pdf



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