

Health revolution

To what extent will France's new government change current healthcare services?



Illustration by Rob Wilcockson

Few of us deal well with change; we are often filled with anxiety about the unknown. This unease is particularly acute when it comes to services on which we rely.

On May 6, 2007 France elected a new President, Nicolas Sarkozy, who has formed a government primed to introduce reforms. This change in leadership comes at a time when the French healthcare system is still adjusting to recent changes introduced by the out-going Chirac government. People are wondering to what extent this new government will change current healthcare services and how this will impact on patients' access to treatment.

In January 2006, the Chirac government attempted to reduce the deficit in the French social security system and put an end to unnecessary healthcare spending, by introducing new gatekeeper regulations. These require patients to consult a GP before seeing a specialist if they want the consultation to be reimbursed.

As two-thirds of consultation fees in France are reimbursed by the *Securité Sociale*, this

represented a significant change in policy. Most French citizens are dependant upon government reimbursements and are also accustomed to a very generous healthcare system. It will take time for the French to get used to what is only the tip of the iceberg in imminent healthcare policy reforms.

“France will have to adapt and find a way to reconcile the complementary roles that pharmacists and doctors have”

Under the previous administration the then Health Minister, Xavier Bertrand, commissioned Alain Coulomb, former director of the *Haute Autorité de Santé*,

and Professor Alain Baumelou, hospital practitioner and President of the work group on self-medication at Afssaps (the French health products safety agency), to scrutinise the role of self-medication across France.

The report concluded that there is a clear need to encourage responsible self-medication. The authors' identified the following key priorities:

- to ensure better price management and control, based on a long-term commitment from the industry
- to offer regimens adapted for self-medication (with clear indications, adequate notice and packaging)
- to facilitate access to these medicines at pharmacies
- to optimise the information given to users by ensuring that all healthcare professionals, including pharmacists, offer good advice.

REDUCING COSTS

Reduction of unnecessary healthcare costs will remain a key priority for Sarkozy. While campaigning for the presidential

election he stressed the need to fight fraud, abuses and wasteful spending – all of which amount to €7bn–€15bn each year. He has also spoken out against reimbursement for what he called “useless” or ineffective medications.

Sarkozy’s newly appointed Prime Minister, François Fillon, announced on May 23 that in order to limit the increase in Social Security spending (4.1 per cent between April 2006 and April 2007), the government is considering requiring patients to pay an additional one-off fee for their medical services.

The rationale is to deter patients from unnecessary and frivolous use of health services. However, it has prompted continuing debate in academic and health policy circles about its effectiveness and its impact on access to care for those less well off.

THE PHARMACIST

In France, the role of pharmacists is still underdeveloped compared to other European countries such as the UK. As a former pharmacist, the new French Health Minister, Roselyne Bachelot-Narquin, is likely to take a particular interest in this.

French pharmacists may advise patients on healthcare, offer generic versions of the branded medications prescribed by the doctor, and suggest switching one medication for an equivalent where relevant. While currently pharmacists are not allowed to prescribe medication, this is likely to change in the near future as pharmacists clearly have a greater role to play in patient consultation.

A growing number of products are switching from prescription-only status (POM) to pharmacy (P) status in other European countries and pharma firms are starting to consider filing for POM to P switches at EU level. France will have to adapt and find a way to reconcile the complementary roles that pharmacists and doctors have in patient consultation.

Indicative of this new trend, two private

ROSELYNE BACHELOT-NARQUIN – CAREER HISTORY

- Doctor of Pharmacy
- Member of the European Parliament since 2004
- Maine-et-Loire MP from 1988 to 2002
- Pays de la Loire Regional Councillor since 1986
- Vice President of the Pays de la Loire Regional Council between 2001 and 2004
- Maine-et-Loire General Councillor from 1982 to 1988
- Minister of Ecology and Sustainable Development from 2002 to 2004
- Deputy Secretary General of the UMP party since 2006
- President of the Euro-Arabic Parliamentary Association from 1998 to 2002
- Rapporteure générale of the Observatory on parity between men and women from 1995 to 1999
- President of the National Council for the Disabled from 1995 to 1998.

health insurance firms and a French pharmacy trade organisation have signed an agreement aimed at reimbursing a “personal health check up” by pharmacists in exchange for a €21 fee (the same price as a GP consultation).

“The downward pressure on spending is evident in the new gatekeeper reforms and discussions over appropriate drug coverage”

This agreement enables pharmacists to offer their customers one health check-up every other year and give advice on areas such as nutrition, smoking cessation, homeopathy and vaccinations. These consultations are not intended for patients with serious illnesses and, so far, only a

few hundred thousand patients would benefit, but the scheme could be extended if it proves successful. GP trade organisations, however, have not reacted favourably, considering it to be “illegal practice of medicine at pharmacies”.

Like the rest of Europe, France is struggling to keep up with rapidly escalating healthcare costs. The downward pressure upon spending is evident in the new gatekeeper reforms and discussions over appropriate drug coverage.

This will intensify in the coming months. Bachelot-Narquin will need to convince Eric Woerth, Minister of Public Accounts, to fund health reforms and will have to take into consideration the opinions, proposals and possible opposition of new MPs appointed after the legislative elections in June.

In a market attractive for the rapid take up of new medicines by its physicians, the pharmaceutical industry will have to fight hard to maintain a good relationship with the new French government.

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