

PGEU Response to the European Commission Consultation on Demographic Change in Europe – Green Paper on Ageing

The Pharmaceutical Group of the European Union (PGEU), the organization representing community pharmacists in 32 European countries, welcomes the European Commission's initiative to encourage a debate around the impact of demographic change in Europe, via the publication of a Green Paper on Ageing¹ (the "Green Paper" hereafter).

As pointed out in the Green Paper, ageing and longevity will inevitably lead to a structural increase in the overall demand for healthcare and long-term care. This trend is likely to add further pressure on already overburdened European public health systems, faced with increasing challenges in the midst of the unprecedented crisis triggered by the COVID-19 pandemic.

In this context, we support the approach outlined by the European Commission in the Green Paper, suggesting a **comprehensive policy response** to meet the health and long-term care needs of an ageing population by **promoting investments in quality health care services and infrastructure** and by ensuring **access to healthcare**.

In line with this approach, we believe that **maximizing the scope of pharmacy practice**, supporting community pharmacists to continuously provide high quality health services to their patients, can be a key policy lever for EU Member States to address common challenges, including on **affordability and accessibility of healthcare** and **digitalization**, while maintaining health systems' **fiscal and financial sustainability**.

As people grow older and live longer they are more likely to develop chronic conditions and to take multiple medications. This put them at risk for medicine-related problems² and experiencing issues with therapy adherence. It is also known that hospitalisations due to adverse drug reactions are four times higher in older patients³. Community pharmacists' professional counselling to elderly patients and to their informal carers plays a key role in ensuring elderly patients use medicines in a safe, effective and rational manner while ensuring adherence to treatment. The **promotion of the rational use of medicines** should be at the core of any policy aiming to enhance affordability of medicines and quality of healthcare services for patients and health systems⁴. This can be implemented by appropriately remunerating cost-effective pharmacy services which improve therapy outcomes and adherence and minimize the risks related to medicines use⁵. Examples of such services are adherence-

¹ https://ec.europa.eu/info/files/green-paper-ageing-fostering-solidarity-and-responsibility-between-generations_en

² For example: Polypharmacy, medicines interactions, confusion in taking multiple medicines in complex therapeutic schemes, generic substitution and getting used to new pills/colours/forms

³ <https://www.frontiersin.org/articles/10.3389/fphar.2016.00358/full>

⁴ [PGEU Position on Affordability of Medicines and Health Systems Sustainability, 2020](#)

⁵ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2525-4>

focused new medicines services⁶, medicines use reviews⁷, dose administration aid services and chronic disease management⁸ services.

A recent study conducted by the Institute for Evidence-Based Health (ISBE)⁹ portrays numerous and diverse pharmacy services provided in Europe including a wide array of pharmacy interventions on COVID-19. It also acknowledges the **role of community pharmacies in health promotion, screening and referral services** (e.g. on cardiovascular risk, diabetes asthma); **chronic disease management** (e.g. on hypertension, diabetes, lipid, asthma), medication review or medication management, smoking cessation and therapeutic adherence support. Further evidence¹⁰ suggests that initiatives promoting **greater involvement of community pharmacists in care and regular medicine review of polypharmacy patients** has been shown to reduce inappropriate prescribing and the frequency of Adverse Drug Events (ADEs), without adversely impacting health-related quality of life.

The **wide network of community pharmacies in Europe provides** a unique opportunity for patients to access **a variety of high-quality healthcare services close to the places where they live**. This is key to address the growing healthcare needs of an ageing population. Member States' common challenges in long-term care could be tackled by promoting investments in public health interventions that optimise the accessibility of community pharmacies in order to guarantee access to therapy and affordable, high-quality primary healthcare services close to the elderly's home.

Due to their accessibility and proximity to the local population, community pharmacists are often the first point of contact between patients and health systems in many communities in Europe. They serve patients during extended opening hours and without prior appointment. The accessibility of community pharmacy services can help closing territorial gaps, addressing problems in **access to healthcare in rural and peripheral areas** reported in the Green Paper.

Being at the heart of the communities they serve, **community pharmacists are ideally placed to identify the healthcare needs of patients**, with specific reference to vulnerable populations like the elderly. Pharmacists represent the third largest healthcare professional group globally after nurses and physicians and they are developing skillset and patient-centred care roles which can be used in healthcare **workforce planning** to meet the rising healthcare demand of the ageing population.

Community pharmacists know their patients and their families very well across generations and understand their social context and needs. They can combine technical knowledge with the "human

⁶ Elliott, et al. (2016). Supporting adherence for people starting a new medication for a long-term condition through community pharmacies: a pragmatic randomised controlled trial of the New Medicine Service. *Pharmacoeconomics*. 2017 Aug 3. doi: 10.1007/s40273-017-0554-9

⁷ Jódar-Sánchez, F. et al. Cost-Utility Analysis of A Medication Review With Follow-Up for Older People With Polypharmacy in Community Pharmacies in Spain: Consigue Program. *Value in Health*, Volume 17, Issue 7, A511 - A512

⁸ Hughes, Jeffery David et al. "The role of the pharmacist in the management of type 2 diabetes: current insights and future directions." *Integrated pharmacy research & practice* vol. 6 15-27. 16 Jan. 2017, doi:10.2147/IPRP.S103783

⁹ https://www.pgeu.eu/wp-content/uploads/2021/02/ISBE-EXECUTIVE-SUMMARY_Pharmacy-Services-in-Europe-Evaluating-Trends-and-Value_-20210205.pdf

¹⁰ https://www.oecd-ilibrary.org/social-issues-migration-health/the-economics-of-patient-safety-part-iii-long-term-care_be07475c-en

touch”, to provide personalized healthcare. This makes their role in providing accessible patient-centred care within their communities more critical than ever, especially for the vulnerable groups in society such as frail elderly.

Moreover, community pharmacists often are for elderly the healthcare professional they are most frequently in contact with. This offers a unique opportunity for pharmacists to identify frailty among elderly and potential issues around their mental health. As an integral part of the primary care team community pharmacists can as such provide rapid support and refer frail elderly to the appropriate healthcare services.

Building on community care and strengthening primary healthcare systems to ensure continuity of care is also one of the most important lessons European health systems are learning from the COVID-19. Community pharmacists have been an indispensable element of the COVID-19 response in Europe, demonstrating the vital role they play in supporting local communities.¹¹ As recommended by the OECD¹², the EXPH¹³ and WHO Europe¹⁴, many European countries have introduced changes in legislation to expand the role of pharmacists and relieve pressure on the rest of the healthcare systems.

As **older adults are a highly vulnerable group during the COVID-19 pandemic**, several countries implemented measures to guarantee the continuity of treatment for patients with chronic conditions and reduce the number of non-essential visits to hospitals. This was done by giving pharmacists the opportunity to renew repeat prescriptions for chronic medications and enabling the electronic transfer of prescriptions to pharmacies where this had not been implemented yet, or by allowing specialty medicines dispensing in pharmacies, or by allowing specialty medicines dispensing in pharmacies. In many countries, community pharmacies have also arranged **home delivery services for vulnerable and elderly people** to ensure their continued access to treatments. In addition, in 7 European countries¹⁵, healthcare systems have also granted powers to community pharmacists in relation to dispensing and administering flu vaccinations. Some countries have also secured additional funds to empower pharmacists in their vital work on the frontline against COVID-19.

Community pharmacists can also help older people reap the benefits of the digitalization of healthcare. Over the last three decades, the pharmacist profession has demonstrated its willingness to adopt **technological innovation** to offer the highest standard of pharmacy services. In the area of ICT infrastructure and eHealth, no other healthcare profession has invested more than community pharmacists in terms of their own funds. Community pharmacists have developed the necessary infrastructure and culture to integrate innovative technologies and digital health solutions in practice with the ultimate goal to deliver significant benefits to the public.¹⁶

¹¹ <https://blogs.bmj.com/bmj/2021/02/21/community-pharmacy-has-been-an-indispensable-element-of-the-covid-19-response/>

¹² <http://www.oecd.org/coronavirus/policy-responses/beyond-containment-health-systems-responses-to-covid-19-in-the-oecd-6ab740c0/>

¹³ https://ec.europa.eu/health/sites/health/files/expert_panel/docs/023_taskshifting_en.pdf

¹⁴ <https://www.euro.who.int/en/health-topics/Health-systems/pages/strengthening-the-health-system-response-to-covid-19>

¹⁵ Belgium, Croatia, Denmark, Ireland, Italy, Norway, Portugal

¹⁶ [PGEU Statement on eHealth](#)

Community pharmacists also acknowledge the benefits that **Big Data and Artificial Intelligence (AI)**¹⁷ can bring to health systems and consider these technologies as a useful tool to support healthcare professionals. In routine practice at national level, these tools shall always be accompanied by pharmacists' expert and professional advice, in order to improve workflow efficiency, while promoting therapy effectiveness and offering the highest standard of pharmacy services to their patients.

Community pharmacists are committed to use their unique position at the heart of European communities and leverage the potential of Big Data and AI to provide **more personalized advice to patients and robust, evidence-based information** on issues related to their therapies while promoting safe and rational medicines use. Community pharmacy profession should be recognized and adequately remunerated for its continuous investments in eHealth, ICT infrastructure, digital skills of the workforce and contribution to improved health outcomes and reduced healthcare costs.

Key trends such as population ageing and future public health crises and emergencies can be best addressed by moving away from traditional hospital-centric models towards more **patient-centred care services**, treating patients as close to their homes as possible. This can be pursued by **expanding community pharmacy services as an integral part of primary care**, promoting prevention and better management of long-term conditions, improving accessibility and affordability of health services to help addressing the needs of an ageing population, while contributing to health systems' fiscal and financial sustainability.

¹⁷ [PGEU Position Paper on Big Data and AI in Healthcare](#)