PGEU
European Community Pharmacists



No Patient Too Far

PGEU Position Paper

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Executive Summary

Across Europe, **access to healthcare is becoming more difficult, particularly in rural, remote and underserved areas**. Ageing, workforce shortages and the loss of local services increase the distance many patients must travel for medicines, care and professional advice. Underserved areas may be rural, urban or suburban: what matters is whether people can obtain the care they need**. Preserving a sustainable, accessible network of community pharmacies is therefore both a public-health priority and a matter of territorial cohesion.** Digital solutions should strengthen, not replace, local face-to-face care.

Community pharmacies are often the most accessible point of contact with the healthcare system. Without an appointment, patients can obtain medicines and professional advice, access prevention and other pharmacy services, and be referred for further care when needed. In some rural communities, the pharmacy is the last permanent healthcare service. Its presence is especially important for older people, people with chronic conditions or disabilities, and those facing transport or digital barriers. Pharmacies also support families, local employment and the attractiveness of communities. **When one closes, the loss extends beyond medicines supply to a trusted source of care and social contact.**

Yet pharmacies in underserved areas face structural pressures that conventional, volume-based remuneration may not address. Without targeted measures, the sustainability of the pharmacy network and its role as essential public healthcare infrastructure will be undermined.

PGEU therefore calls policymakers to:

Recognise
community pharmacies as essential healthcare infrastructure and contributors to territorial cohesion.

Safeguard
a geographically balanced pharmacy network through needs-based planning and targeted territorial support.

Support
the recruitment and retention of pharmacists and pharmacy staff in underserved areas.

Integrate
pharmacies into primary care, prevention, emergency preparedness and digital inclusion strategies.

Ensure
that access policies reflect local needs so that no patient is too far from care.

1. Europe's growing access-to-care challenge

Across Europe, **demographic change is placing increasing pressure on healthcare systems, particularly in rural, remote and underserved areas**. The EU population is ageing rapidly: in 2025, people aged 65 and overrepresented 22% of the EU population[1], and Eurostat projects this share to reach 29.4% by 2050[2]. Ageing is also increasing care needs: in 2021-22, 44% of people aged 65 and over in EU countries reported having at least two chronic diseases[3], often requiring polymedication, careful management and care coordination because of potential interactions between medicines, non-pharmacological treatments and diet. At the same time, healthcare systems face significant workforce shortages, with 20 EU countries reporting shortages of doctors and 15 reporting shortages of nurses in 2022–23[4]. These pressures are territorially uneven: Eurostat projects that population will increase in almost 3 out of 5 urban regions and decrease in 4 out of 5 rural regions by 2050[5].

Geography is only one barrier to care. As the OECD has highlighted, disadvantaged urban and suburban communities may also face socioeconomic, educational, cultural and demographic barriers, alongside greater healthcare needs[6]. **Access policies must therefore consider both distance and the circumstances of the populations served.**

Distance, poor transport links and limited services can delay prevention, diagnosis and follow-up care. In 2024, 2.8% of people aged 16 and over in EU rural areas reported unmet medical needs because of cost, distance, transport or waiting lists, compared with 2.6% in cities and 2.1% in towns and suburbs; the figure reached 3.9% among rural residents aged 65 and over[5]. In Greece, 43% of the rural population lived more than 45 minutes from a hospital, while more than one in five people needing medical care reported unmet needs because of cost, waiting times or distance[7,8]. Island communities face additional barriers: only three islands in the Azores have a hospital, making specialised care dependent on inter-island transfers[9]. **In these settings, sustaining a pharmacy may be difficult because of low patient numbers and recruitment challenges, even though it provides vital access to medicines, advice and referrals.**

Some regions already face pharmacy deserts; others must act before local provision deteriorates. Closure is not merely a market outcome: it can leave patients travelling further for medicines, pharmaceutical advice and essential services. **Preventive planning is therefore as important as action where access has already been lost.**

Access to community pharmacy is also a territorial-cohesion issue. Pharmacies help people remain in their communities and maintain healthcare capacity in deprived urban and suburban areas. **Preserving their availability should be recognised as an objective of both public-health and cohesion policies.**

2. Community pharmacies: keeping essential care close to patients

Across Europe, nearly half a million community pharmacists work in more than 200,000 pharmacies, serving an estimated 50 million citizens daily. For example, in Spain, nearly one in five community pharmacies is in a municipality with fewer than 5,000 inhabitants. **This widely distributed network offers walk-in access to medicines, advice and healthcare services, often with extended opening hours.** Many Member States use establishment rules to support a geographically balanced network, recognising the public-health importance of local access.

In addition to dispensing medicines, community pharmacists provide patient counselling, vaccination, prevention, minor-ailment care, medicines optimisation and support for people with chronic conditions, according to national arrangements. Their regular contact with patients helps identify emerging needs and facilitate appropriate referrals. **Service expansion must, however, be supported by adequate staffing, premises, access to relevant clinical information and sustainable remuneration; otherwise, it risks adding pressure to already vulnerable pharmacies.**

Community pharmacies also help maintain continuity of care during disruption. Through night and emergency pharmacy services, they ensure access to medicines when other healthcare services are unavailable. During the COVID-19 pandemic, they remained accessible, supplied medicines and supported public-health measures. They continue to help patients manage medicine shortages by identifying therapeutic alternatives, coordinating with prescribers and ensuring continuity of treatment, and can contribute to responses to health emergencies, extreme weather and other crises. **Their local presence therefore strengthens the resilience of healthcare systems.**



3. Rural pharmacies: community anchors and sustainable provision

Beyond their healthcare role, community pharmacies strengthen social cohesion and the fabric of rural communities**. Regular contact enables pharmacists to identify problems with treatment, signs of frailty or social isolation, and to guide patients and carers towards appropriate health and social support.** For people with limited mobility or few nearby services, this trusted relationship can be particularly valuable.

The loss of a pharmacy can weaken local healthcare access, employment and the vitality of town centres already affected by depopulation. **Its long-term presence should therefore be assessed as a public interest, not solely in terms of commercial viability.**

Evidence also points to wider socioeconomic benefits. A report by *Analistas Financieros Internacionales* (AFI) found that rural municipalities with a pharmacy were associated with smaller losses of working-age and female populations and better labour-market outcomes than comparable municipalities without one. **It is estimated that each rural-pharmacy job supports an additional 3.26 jobs elsewhere in the economy and that each euro generated by rural pharmacies is associated with approximately €4.30 in wider economic impact[10].** These findings underline the contribution of pharmacies to territorial cohesion, employment and local development.

Allowing pharmacies to open in underserved areas, for example through exceptions to population or distance rules, is not sufficient on its own. **Long-term viability also depends on adequate funding and the ability to recruit and retain staff.**

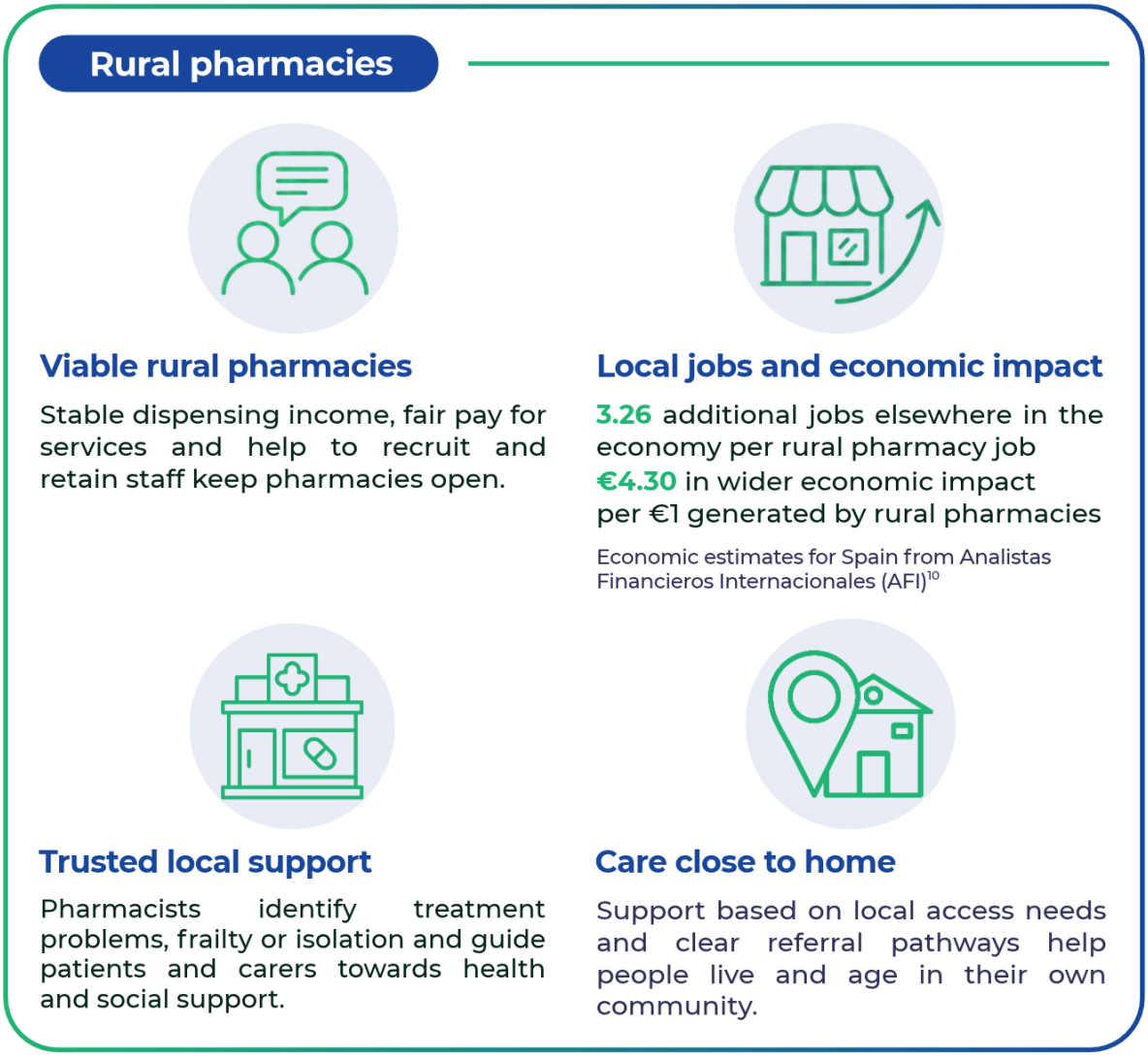
Professional services require pharmacists' time, suitable premises, training and administrative capacity. They must be remunerated fairly and supported by workable service models. **However, service fees should complement, not replace, a stable economic foundation for medicine dispensing, which remains a core pharmacy function.** Both components are necessary for a sustainable network.

Member States should establish proportionate and transparent territorial support, such as fixed supplements, adjusted margins, targeted grants, tax relief, support for on-call services and investment in modernisation. Eligibility should be based on local access needs, considering geographical isolation, population health and deprivation, pharmacy turnover, workforce availability and the capacity of neighbouring healthcare services. **A single population or distance threshold cannot capture every underserved community.**

New pharmacy services also require effective collaboration with other healthcare professionals, clear responsibilities and reliable referral pathways. Integrating pharmacists into multidisciplinary care can improve access and ease pressures on other primary-care providers.

Community pharmacies should be eligible for relevant EU and national cohesion, digitalisation and local-development funding where investment supports access to care, local resilience and digital inclusion. Funding criteria should reflect their role as essential community healthcare providers.

Preserving a sustainable, geographically balanced pharmacy network supports both equitable healthcare and the ability to live and age in one's community. **This gives practical effect to the EU's 'Freedom to Stay' objective.**



4. Beyond geography: addressing pharmacy access in underserved communities

Poor access to community pharmacies is not confined to remote areas. Deprived urban and suburban communities may face shortages of services, high healthcare needs and insufficient capacity. **Territorial support must therefore respond to local needs rather than geography alone.**

Evidence from England illustrates this challenge. **Between 2014 and 2023, community pharmacy availability declined by 11.8% in the 20% most deprived areas, compared with 3.0% in the least deprived areas.** Areas in the most deprived quintile were also 65% more likely to lose a local pharmacy[11]. The analysis considered deprivation independently of urban-rural classification.

High urbanisation does not guarantee adequate access. For example, in September 2025, the Île-de-France Regional Health Agency identified 190 municipalities, covering around 6% of the region's population, where access to medicines was insufficient[12], despite more than 99% of the region's population living in an urban unit[13].

Pharmacy closures add to these pressures. For instance, in Germany, 502 pharmacies closed and 62 opened in 2025. Access concerns extend to cities: Berlin's comparatively low pharmacy density means that further closures can increase pressure on remaining pharmacies[14]. **Assessing access therefore requires measures of both distance and service capacity.**

The effects of closures differ: rural residents may face longer journeys, while urban and suburban populations may encounter overstretched pharmacies. **Policies should assess geographical coverage alongside workload, workforce availability, socioeconomic disadvantage and population health needs, and tailor support accordingly.**

5. Leaving no one behind: ensuring inclusive access to care in the digital age

Digital health can improve access through electronic prescriptions, teleconsultations and patient portals. Yet these tools also create barriers for people lacking connectivity, digital skills or assistance. In some communities, digital exclusion can compound existing difficulties in reaching healthcare services.

Older people, people with disabilities, patients with chronic conditions and socially vulnerable groups may need particular support. Barriers also arise in deprived urban areas. **Digitalisation must therefore be designed around patients' needs and accompanied by practical assistance and accessible alternatives, so that innovation does not widen health inequalities.**

Community pharmacists can help patients use electronic prescriptions, patient portals, trustworthy health information, digital applications and connected devices. Their accessible, face-to-face advice can bridge the gap between digital services and patients who would otherwise struggle to use them or choose not to. This role should be recognised and appropriately supported.

Digital services should complement a sustainable physical pharmacy network, preserving access to professional advice for patients who need or prefer in-person support.

The same principle applies to medicine information. Electronic product information (ePI), including electronic package leaflets, can improve access but should complement, not replace, the paper package leaflet. Printed information remains essential for patients with limited digital access and during power outages, connectivity failures or cyber incidents.

Public investment in digital healthcare should therefore support the professionals and local services that help patients use it, including community pharmacies in underserved areas.



Key policy recommendations

Recognise community pharmacies as essential healthcare infrastructure: Acknowledge their role in ensuring access to medicines, pharmaceutical care and trusted local support, as well as their contribution to territorial cohesion.

Safeguard a geographically balanced pharmacy network: Maintain appropriate planning and regulatory measures to prevent pharmacy deserts. Assess access according to local needs, including deprivation, workforce availability, healthcare capacity and demand, rather than distance or population density alone. Consider proportionate measures to support the continuity of pharmacy provision in underserved areas, taking account of national arrangements and local circumstances.

Support the recruitment and retention of pharmacy professionals: Consider financial and professional incentives, housing and mobility support, training placements and partnerships with local authorities for hard-to-staff areas.

Integrate pharmacies into primary care, prevention and emergency preparedness: Support their contribution to prevention, chronic disease management, medicines optimisation, referrals and continuity of care. Include community pharmacies in emergency, disaster and crisis-response planning.

Make digital healthcare inclusive: Recognise and support pharmacists' role in helping patients use digital health services. Preserve face-to-face care and accessible non-digital alternatives so that digitalisation does not widen inequalities in access.

Embed pharmacy access in cohesion and local-development policies: Recognise community pharmacies' contribution to the objectives of relevant EU and national cohesion, digitalisation and local-development programmes, and facilitate their participation where appropriate. Consider local healthcare needs in territorial development and cohesion strategies so that no patient is too far from care.



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About

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 33 European countries. In Europe over 500.000 community pharmacists provide services throughout a network of more than 200.000 pharmacies, to an estimated 50 million European citizens daily.

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