

## **EAHP STATEMENT ON PUBLIC SPENDING AUSTERITY AND ITS IMPACTS UPON ACCESS TO MEDICINES AND PATIENT SAFETY**

**JULY 2013**

The European Association of Hospital Pharmacists (EAHP) is concerned about evidence that rapid and uncared policies associated with public spending austerity are having detrimental and worrying impacts in relation to both access to medicines and patient safety<sup>i</sup>. EAHP therefore call for Commission-led review and attention to the pan-European aspects of these matters. Reduced access to medicines and endangering of patient safety should not be considered inevitable outcomes of restricted public spending. Indeed, they are very avoidable outcomes if the correct care and cognisance is taken by policy makers.

### **ACCESS TO MEDICINES**

EAHP is increasingly concerned about both growing shortages of medicines across Europe<sup>ii</sup>, and policies that are placing patients under more and more financial obligation in respect of payment for the medicines they need to receive to regulate or improve their health condition/s<sup>iii</sup>.

In respect of medicines shortages, recent EAHP survey activity has revealed that 99% of hospital pharmacists in Europe are experiencing medicines shortages, with over 60% experiencing shortages on a weekly or more regular level of occurrence<sup>iv</sup>. The reasons for medicines shortages are complex and multi-factoral<sup>v</sup>. However, evidence suggests that a contributing factor is the diffuse approaches being taken by national governments to drive down expenditure in medicines<sup>vi</sup>. Whilst the pursuit of best value in medicines purchasing is an aim supported by EAHP, the supply chain vulnerability in many areas of generic medicine suggests that an unintended outcome of various policies in this area has been to simultaneously drive down the number of willing suppliers<sup>vii</sup>. EAHP therefore calls for a pan-European review of national level medicines pricing policies to ensure the sustainability of the supply chain is not been unintentionally damaged by the pursuit of national policies in isolation to their pan-European effect. See EAHP statement on medicines shortages for further information.

Policies enacted across Europe as a response to demands to reduce public expenditure have also included placing greater financial burden on patients towards meeting the costs of their medicines<sup>viii</sup>. This strikes EAHP as a tax on ill-health and risks several very concerning unintended outcomes including reduced compliance with medication due to cost concerns (and subsequent risk of costly hospital readmission)<sup>ix</sup>, and a drive towards purchasing medicines over the internet – a currently high risk and poorly regulated avenue for individual medicines procurement<sup>x</sup>.

As the European Commission comes to the end of its current term, and the commencement of its next, we urge both DG Internal Market and Services and DG SANCO to consider their roles in both regulating the Internal Market in the consumer interest (e.g. the negative observable impacts from the current operation of parallel trade in medicines), and in making Europe “a healthier, safer place, where consumers can be confident that their interests are protected” (e.g. the pan-European effects of national level medicines pricing systems, and

the potential for greater joint level cooperation between governments in reducing the detrimental health impacts of austerity measures). Significant potential value can be delivered by the Commission taking a proactive role in helping member states navigate the access to medicines challenges presented by the current macro-economic climate.

## PATIENT SAFETY

Further impacts of public spending austerity include short staffing of hospitals<sup>xi</sup>, diminished opportunities for training and development of staff with responsibilities in the area of patient safety, and shrinking investment in areas of patient safety enhancement.

It has been well-evidenced that one of the primary contributory factors to medication error in the hospital environment is tiredness, stress and interruption of task<sup>xii</sup>. All of these factors are heightened when reduced budgets in hospitals lead to short staffing. The consequences to patient safety from this present trend are therefore highly concerning.

Retrenchment of investment in training and education for hospital staff involved in patient safety critical activities (e.g. dispensing and checking prescriptions, reconstitution of medicines, labelling, etc.) threatens a long term deskilling of the hospital labour force and the reversal of decades of improvement in relation to the safe conduct of tasks and roles.

In the midst of Europe's ongoing macro-economic difficulties, advances in technology, and the opportunities presented therein for improvement in processes and services, continue apace. For example, for several decades the knowledge of patient safety benefits from bar code scanning and checking of medicines at the patient bedside has been well known, and indeed introduced systematically and nationally in the USA<sup>xiii</sup>. Yet EAHP survey data shows continued reluctance by European hospitals to make investments in this area<sup>xiv</sup>, with the austerity agenda now presented as a further obstacle to progress.

EAHP considers that reduced protection of patient safety should not be the accepted price of austerity. EAHP therefore looks to the European Commission, in respect of its historic role in leading Member State joint actions, and other European collaborations on common challenges, to lead an examination and review process of how Member States should protect and enhance patient safety in the hospital sector in spite of public spending challenges.

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<sup>i</sup> See EPHA Briefing Note, *Impact of the Financial Crisis on Health*, June 2012. Available at: [http://www.eph.org/IMG/pdf/Briefing\\_notes\\_-\\_The\\_economic\\_crisis\\_EPHA\\_facts\\_and\\_figures\\_on\\_the\\_impact\\_of\\_the\\_financial\\_crisis\\_on\\_health\\_-\\_June\\_2012.pdf](http://www.eph.org/IMG/pdf/Briefing_notes_-_The_economic_crisis_EPHA_facts_and_figures_on_the_impact_of_the_financial_crisis_on_health_-_June_2012.pdf) Accessed 27 April 2013

<sup>ii</sup> See EAHP Press Release, *99% of HPs experience medicines shortages in past year*, February 2012. Available at: <http://www.eahp.eu/press-room/99-hps-experience-medicines-shortages-past-year> Accessed 27 April 2013.

<sup>iii</sup> OECD (2011), "Burden of out-of-pocket health expenditure", in *Health at a Glance 2011: OECD Indicators*, OECD Publishing. Available at: [http://dx.doi.org/10.1787/health\\_glance-2011-54-en](http://dx.doi.org/10.1787/health_glance-2011-54-en) Accessed 27 April 2013

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- <sup>iv</sup> EAHP Press Release, *99% of HPs experience medicines shortages in past year*, February 2012. Available at: <http://www.eahp.eu/press-room/99-hps-experience-medicines-shortages-past-year> Accessed 27 April 2013.
- <sup>v</sup> Gray, A.; Manasse, H.R. *Shortages of medicines: a complex global challenge*. Bulletin of the World Health Organization; 2012, 90:158-158A
- <sup>vi</sup> *Experts fear shortage of 'unprofitable' cancer drug*, <http://www.thelocal.de>, November 2012. Available at: [http://www.thelocal.de/society/20121118-46239.html#\\_UXvE47VkOSo](http://www.thelocal.de/society/20121118-46239.html#_UXvE47VkOSo) Accessed 27 April 2013.
- <sup>vii</sup> *In short supply: tackling the drug shortage crisis*, Sarah Blackman, <http://www.pharmaceutical-technology.com>, October 2012. Available at: <http://www.pharmaceutical-technology.com/features/featureshort-supply-tackling-drug-shortage-crisis> Accessed 27 April 2013.
- <sup>viii</sup> *Austerity: a failed experiment on the people of Europe*. McKee M, Karanikolos M, Belcher P, Stuckler D. Clin Med. 2012 Aug;12(4):346-50. Available at <http://www.rcplondon.ac.uk/sites/default/files/documents/clinmed-124-p346-350-mckee.pdf> Accessed 27 April 2012
- <sup>ix</sup> Lexchin J, Grootendorst PV: *Effects of prescription drug user fees on drug and health services use and on health status in vulnerable populations: a systematic review of the evidence*. International Journal of Health Services 2004, 34(1):101-122. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/15088676> Accessed 27 April 2013
- <sup>x</sup> World Health Organization. Counterfeit medicines. [www.who.int/medicines/services/counterfeit/impact/ImpactFS/en/index.html](http://www.who.int/medicines/services/counterfeit/impact/ImpactFS/en/index.html).
- <sup>xi</sup> *Basic hygiene at risk in debt-stricken Greek hospitals*, Kate Kelland, <http://www.reuters.com>, December 2012. Available at: <http://www.reuters.com/article/2012/12/04/us-greece-austerity-disease-idUSBRE8B30NR20121204> Accessed 27 April 2013.
- <sup>xii</sup> McDowell SE, Ferner HS, Ferner RE. *The pathophysiology of medication errors: how and why they arise*. Br J Clin Pharmacol. 2009;67:605-613 Available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2723197/> Accessed 30 April 2013.
- <sup>xiii</sup> EAHP website, *Bar coding medicines to the single unit*. Available at: <http://www.eahp.eu/practice-and-policy/bar-coding-medicines-to-the-single-unit> Accessed 30 April 2013.
- <sup>xiv</sup> *EAHP 2010 survey on hospital pharmacy in Europe: Part 2 Procurement and distribution*, R Frontini, T Miharija-Gala, J Sykora, Eur J Hosp Pharm 2012;19:5 460-463. Available at: <http://www.eahp.eu/sites/default/files/files/Eur%20J%20Hosp%20Pharm-2012-Frontini-460-3%20Part%202.pdf> Accessed 27 April 2013.