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

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The European Association of Hospital Pharmacists (EAHP) is concerned about evidence that rapid and uncareful policies associated with public spending austerity are having detrimental and worrying impacts in relation to both access to medicines and patient safety. 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, 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.

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. The reasons for medicines shortages are complex and multi-factoral. However, evidence suggests that a contributing factor is the diffuse approaches being taken by national governments to drive down expenditure in medicines. 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. 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. 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), and a drive towards purchasing medicines over the internet – a currently high risk and poorly regulated avenue for individual medicines procurement.

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\textsuperscript{x}, 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\textsuperscript{xii}. 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\textsuperscript{xi}. Yet EAHP survey data shows
continued reluctance by European hospitals to make investments in this area\textsuperscript{xiv}, 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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\textsuperscript{i} See EPHA Briefing Note, \textit{Impact of the Financial Crisis on Health}, June 2012. Available at:
http://www.epha.org/IMG/pdf/Briefing_notes-
\textit{The\_economic\_crisis\_EPHA\_facts\_and\_figures\_on\_the\_impact\_of\_the\_financial\_crisis\_on\_health\_-\_June\_2012.pdf} Accessed 27 April 2013

\textsuperscript{ii} See EAHP Press Release, \textit{99\% of HPs experience medicines shortages in past year}, February
Accessed 27 April 2013.

Indicators, OECD Publishing. Available at: http://dx.doi.org/10.1787/health_glance-2011-54-en
Accessed 27 April 2013.


