



PGEU GPUE

*Pharmaceutical Group of European Union
Groupement Pharmaceutique de l'Union Européenne*

**PGEU Response to Patient
Safety and Quality of Care
Consultation**

Patient Safety and Quality of Healthcare

Introduction

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 32 European countries. In Europe over 400.000 community pharmacists provide services through a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily.

PGEU's objective is to promote the role of pharmacists as key players in healthcare systems throughout Europe and to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process.

We strongly welcome the decision of the Commission to consult on patient safety and quality of healthcare and we hope that this is indicative of a preference for public consultation on the use of Delegated and Implementing Acts.

On addressing three key objectives of the consultation

The PGEU would like to address the last three of the four key objectives of this consultation¹, which are listed below:

- *Whether patient safety measures included in the Recommendation 2009² are implemented and contribute to improving patient safety in the EU;*
- *Which areas of patient safety are not covered by the Recommendation and should be;*
- *Whether quality of healthcare should be given more importance in the future EU activities;*
- *What should be done at EU level on patient safety beyond the Recommendation.*

¹ http://ec.europa.eu/health/patient_safety/consultations/patient_safety_quality_care_cons2013_en.htm

² <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32009H0703%2801%29:EN:NOT>

(a) Which areas of patient safety are not covered by the Recommendation and should be

Medication review / reconciliation:

- Pharmacist involvement in transfer of patients / medication
- Medication reviews by pharmacists
- Reduction of 'poly-pharmacy'
- Education of patients by pharmacists' counselling

The PGEU strongly advocates for the practice of medication review, medication reconciliation, reduction of 'poly-pharmacy' and education and empowerment of patients by methods such as patient counselling upon receipt of their dispensed prescriptions. Indeed, the Council's Recommendation² states under point 1.(f) that the establishment and development of national policies to promote safe practices to prevent the most commonly occurring adverse events such as medication-related events should be supported.

With respect to the process of medication review, pharmacists are able to discuss a patient's medicines, treatment and any concerns they may have and as such allow the pharmacist to identify any non-concordance with the prescribing regimen, side-effects, adverse drug reactions or interactions. These consultations with the pharmacist also allow the pharmacist the opportunity to brief the patient on the best way for them to take their medications, and in a similar method to medicines reconciliation, allow the pharmacist to make certain the correct medication, strength, form, dose and quantity are being prescribed and dispensed for their patient. In a recent audit³ of community pharmacies in the UK it was found that pharmacists query on average 2.22 prescription items per 1000 prescription items, with around 1.5% of these potentially resulting in severe harm or death of the patient if the pharmacist had not intervened.

In addition, these interactions our pharmacists have with their patients provide a unique opportunity to deliver broader public health messages such as healthy eating, alcohol consumption, smoking cessation, weight loss and heart health to name a few.

³ <http://www.nice.org.uk/media/676/6E/MedicinesAwarenessWeekly18Jan2013.pdf>

Medication safety, general:

- Rational prescribing
- Interprofessional relationships
- Practitioner-patient relationships
- Widening access to free, unbiased advice without an appointment

Rational prescribing, particularly of antimicrobial drugs should be encouraged by pharmacists who are able to provide training to prescribers, raise awareness and influence good prescribing practice. Pharmacists are also able to act as officially appointed and funded prescribing advisors and the Council's Recommendation² paragraph 13 states it is essential for implementing components of the national strategy that the necessary resources are allocated as part of the core funding for healthcare delivery. There is also a case for more pharmacists to become able to prescribe more medications (orally for over-the-counter medications, or as more recently prescription-only medicines as a pharmacist prescriber), as pharmacists are extensively trained in medicines and therapeutics and the safety aspects of medications.

Establishing and strengthening interprofessional relationships between different healthcare professionals i.e. doctors and pharmacists, nurses and pharmacists, dentists and pharmacists, is a crucial element to achieving a complete good practice environment. Establishment of an open, harmonious, mutually beneficial dialogue between the different health professions will allow better exploitation of the pooled skills and knowledge of the professionals and increase patient safety. Indeed recent evidence⁴ indicates that pharmacists' intervention in primary care settings in collaboration with general practitioners can significantly reduce the number of clinically important prescription and medication monitoring errors whilst also being cost effective.

Similarly, establishing and strengthening practitioner-patient relationships will have the effect of patients being more likely to follow advice and directions for medications within the stated safe parameters. Additionally, establishing a better rapport with patients would potentially foster more frequent patient-practitioner interactions hence providing even more opportunities to promote safe care.

The community pharmacist has sometimes been referred to as 'the scientist on the high street' due to their extensive technical and clinical training and their ease of access for a significant proportion of the population. Encouraging widening access to healthcare and medicines information to patients (including information and advice relating to patient safety) can be easily and efficiently achieved by encouraging more patients to speak to their pharmacist before

⁴ Avery AJ, Rodgers S, Cantrill JA, et al (2012). A pharmacist-led information technology intervention for medication errors (PINCER): a multicentre, cluster randomised controlled trial and cost-effectiveness analysis. *Lancet* 379:1310–19 (see MeReC Rapid Review No. 4989)

consulting an expensive (either to the individual, state or both) general practitioner or hospital service.

Information and communication technology tools:

- Pharmacist access to medication records
- ICT tools to aid patients' understanding of medicines by complimenting / supplementing advice from pharmacists

Under paragraph 12 of the Council's Recommendation², electronic health records are mentioned as potentially contributing to improving patient safety. However, it is vital that pharmacists are able to access their patients' health records as when dealing with a variety of queries, problems, prescribing errors and interactions, timely and straightforward resolution of these issues is in the patients' best interest.

Information and communication technology (ICT) tools including the internet, various e-Health programmes and now m-Health initiatives (mobile health) do have a place in healthcare however the PGEU considers this position to be one of supporting and complimenting the role and advice of a pharmacist rather than replacing it.

b) Whether quality of healthcare should be given more importance in the future EU activities.

PGEU believes that the PaSQ project is demonstrating real value in European cooperation on quality and safety issues. We would like to see the project followed up with further initiatives. It is also worth remarking that the strong emphasis put on lowering pharmaceutical and health budget costs (in part encouraged by the Commission in the countries subject to economic 'bail outs'), has in some cases had a negative overall effect on the quality of health services. Given that such pressure on budgets is likely to remain for the foreseeable future, we believe the Commission has a moral obligation to place its agenda setting influence and ability to promulgate best practices at the service of safety and quality issues.

c) What should be done at EU level on patient safety beyond the recommendation;

Addressing problems of medication safety recently received strong impetus with the incorporation of medication adherence into the European Innovation Partnership. Given the importance of medication safety in an aging society, (ADRs are a major cause of hospitalisation in the elderly), PGEU would like to see medication safety assume a central place in the



development of EU Health Policy in future. The PaSQ project has touched on medication safety but we feel that it should be an integral part of patient safety and wider health initiatives.

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