



**PGEU GPUE**

**Pharmaceutical Group of European  
Union**

**Groupement Pharmaceutique de  
l'Union Européenne**

## **Position Paper on Demographic Change and Territorial Cohesion in Europe**

*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 throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily.*

# Introduction

Across European regions, populations are ageing and in some cases beginning to decline. These demographic megatrends lead to new development challenges but also opportunities, especially for rural areas.

Such issues are likely to impact diverse population groups in society in an unequal way and to make geographical areas disproportionately affected, thereby risking to exacerbate existing socio-economic and regional inequalities. Against this backdrop, the European Commission has developed a long-term vision for rural areas<sup>1</sup> and several analyses of the impact of the demographic change in Europe<sup>2 3 4</sup>, in an effort to face a unique set of issues, from financial sustainability of pension schemes to unequal access to healthcare services.

More recently, in 2021, the European Commission adopted a Green Paper on Ageing<sup>5</sup> (the “Green paper” hereafter) with the aim of launching a broad policy debate on demographic change and population ageing to discuss options on how to anticipate and respond to the challenges and opportunities that these trends bring.

PGEU welcomes this European Commission’s initiative to encourage a debate around the impact of demographic change in Europe, via the publication of the Green Paper. Ageing and longevity will inevitably lead to a structural increase in the overall demand for healthcare and long-term care. This is expected 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 healthcare services and infrastructure and by ensuring access to healthcare.

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<sup>1</sup> [European Commission Long term vision for rural areas](#)

<sup>2</sup> [Report on the Impact of Demographic Change in Europe](#)

<sup>3</sup> [The Ageing Report 2021: Economic and Budgetary Implications for EU Member States \(2019-2070\)](#)

<sup>4</sup> European Commission Fiscal Sustainability Report 2021

<sup>5</sup> [https://ec.europa.eu/info/files/green-paper-ageing-fostering-solidarity-and-responsibility-between-generations\\_en](https://ec.europa.eu/info/files/green-paper-ageing-fostering-solidarity-and-responsibility-between-generations_en)

## Pharmacy services to elderly population

As people grow older and live longer, they are more likely to develop chronic conditions and to take multiple medications. This puts them at risk for medicines-related problems and experiencing issues with therapy adherence. It is also known that hospitalizations due to adverse drug reactions are four times higher in older patients.

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 the affordability of medicines and quality of healthcare services for patients and health systems.

This can be implemented by appropriately remunerating cost-effective pharmacy services which improve therapy outcomes and adherence and minimize the risks relate to medicines use. Examples of such services are adherence-focused new medicines services, medicines use review, dose administration aid services and chronic disease management services.<sup>6</sup>

**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.

A recent study conducted by the Institute for evidence-based health (ISBE) 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 evidence 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.

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<sup>6</sup> See Annex I to this paper

As stated by the OECD, Member States' common challenges in long-term care could be tackled by promoting investments in public health interventions that optimize the accessibility of community pharmacies to elderly patients in order to guarantee access to therapy and affordable, high-quality primary healthcare services close to the elderly's home<sup>7</sup>.

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 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 elderly patients to the appropriate healthcare and community services.

**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.

**In many countries, community pharmacies have also arranged home delivery services for vulnerable and elderly people** to ensure their continued access to treatments. Being at the heart of the community 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 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

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<sup>7</sup> [https://www.oecd-ilibrary.org/social-issues-migration-health/the-economics-of-patient-safety-part-iii-long-term-care\\_be07475c-en](https://www.oecd-ilibrary.org/social-issues-migration-health/the-economics-of-patient-safety-part-iii-long-term-care_be07475c-en)



technological innovation to offer the highest standard of pharmacy services. 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.

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 the health systems fiscal and financial sustainability.

## Pharmacy services in rural areas

Nearly one third of the population in the EU lives in rural areas. Rural and remote areas have the lowest shares of the EU's population in age groups below 50 years.<sup>8</sup> According to the OECD, rural populations also lead less healthy lifestyles, with higher rates of smoking, alcohol consumptions, and obesity; have more chronic diseases and have higher rates of avoidable hospital admissions.<sup>9</sup>

International and European Statistics<sup>10</sup> show that access to services and infrastructures is typically more challenging in rural areas. The average road distances to essential services is much shorter in urban areas compared to rural areas. According to a public opinion survey published by the European Commission<sup>11</sup>, access to healthcare and care for the elderly is among the key needs identified and mentioned most frequently by the survey respondents.

The reduction of regional inequalities and asymmetries, including those concerning access to services of general public interests, such as healthcare, is a priority adopted at European level under several programmes, including the Territorial Agenda 2030<sup>12</sup>.

The factors that determine the level of access to healthcare services are often more complex in rural and remote communities. They include workforce supply, the cost associated with delivering services to rural areas, the availability of infrastructure and equipment, affordability of services. Therefore, the challenge is to design, deliver and support remote health services using more flexible, innovative and locally appropriate solutions, without compromising the quality and safety of care.

Rural pharmacies are an essential asset to local population and a health care hub in rural areas.

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<sup>8</sup> [https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/long-term-vision-rural-areas/eu-rural-areas-numbers\\_en](https://ec.europa.eu/info/strategy/priorities-2019-2024/new-push-european-democracy/long-term-vision-rural-areas/eu-rural-areas-numbers_en)

<sup>9</sup> [https://www.oecd-ilibrary.org/urban-rural-and-regional-development/delivering-quality-education-and-health-care-to-all\\_83025c02-en](https://www.oecd-ilibrary.org/urban-rural-and-regional-development/delivering-quality-education-and-health-care-to-all_83025c02-en)

<sup>10</sup> [https://ec.europa.eu/commission/commissioners/2019-2024/suica\\_en#:~:text=Dubravka%20%C5%A0uica%20%7C%20European%20Commission](https://ec.europa.eu/commission/commissioners/2019-2024/suica_en#:~:text=Dubravka%20%C5%A0uica%20%7C%20European%20Commission)

<sup>11</sup> [https://ec.europa.eu/info/news/long-term-vision-rural-areas-commission-publishes-public-opinion-survey-rural-areas-2021-jun-28\\_en](https://ec.europa.eu/info/news/long-term-vision-rural-areas-commission-publishes-public-opinion-survey-rural-areas-2021-jun-28_en)

<sup>12</sup> [European Commission - Territorial Agenda 2030 : A future for all places](#)

**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. Often, in rural areas and remote territories, community pharmacies are the only healthcare provider permanently accessible to the local communities. **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. Many countries hence regulate the establishment of pharmacies, fostering a homogenous network over their territory, as recognized by the European Court of Justice<sup>13</sup>.

Nevertheless, the economic sustainability of community pharmacies in many rural areas is at risk, with rural pharmacies having a lower turnover than the national average in many European countries<sup>14</sup>. This is linked to the fact that rural and remote areas are often characterized by low population density and with disadvantaged socio-economic conditions.

Building on community care and strengthening primary care systems to ensure continuity of care is also one of the most important lessons European health systems are learning from the COVID-19 pandemic. During the second year of the pandemic, pharmacies continued to ensure equity and proximity in access to medicines. This includes access to specialty medicines dispensed through community pharmacies in many countries, but also greater accessibility to COVID-19 testing through rapid antigen tests during the several waves of the pandemic. The capillarity of the pharmacy network and their collaboration with national, regional and local authorities, has been an indispensable element of the pandemic response capacity of the health systems.

As outlined in the PGEU Annual Report 2021<sup>15</sup>, dedicated to the exemplar role of community pharmacies as primary care providers in the COVID-19 pandemic, community pharmacies provided essential pharmaceutical and healthcare services that ensured continued access to healthcare to the population in all local communities in Europe and contributed to strengthening the resilience and sustainability of health systems in Europe. In this respect, community pharmacists shall be recognized as key primary healthcare services providers bringing an essential contribution to the long-term health systems sustainability in Europe and, at global level, they shall also be harnessed as social partners for the fulfilment of the UN 2030 Sustainable Development Goals.<sup>16</sup>

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<sup>13</sup> ECJ Ruling [C-570/07 & C-571/07](#)

<sup>14</sup> PGEU Database

<sup>15</sup> [PGEU Annual Report 2021](#)

<sup>16</sup> [UN 2030 Agenda – Sustainable Development Goals](#)

## Policy Recommendations

In line with the approach outlined by the European Commission in the Green Paper, PGEU believes that **maximizing the scope of community 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.

**Access to health services in the proximity of local populations is one of the key components of strong primary care and territorial medicine**, and the potential for maximizing the scope of community pharmacy services for the strengthening of the proximity health services, particularly in addressing the needs of the elderly and more generally population in remote rural areas, is enormous.

Taking advantage of the pharmacy network will make it possible to improve health and care in conditions of equity for people living in rural and depopulated areas, particularly the most vulnerable groups, improving their health and quality of life.

At European level, **several countries have implemented support measures for pharmacies located in rural and remote areas, or for pharmacies with lower financial viability**. Such support can be provided in different ways, therefore **PGEU recommends that national governments ensure that community pharmacies are adequately remunerated and even more so in rural areas**, in order to meet the common public health objective to ensure equitable access to medicines to all and to foster pharmaceutical care and healthcare services in the proximity of local communities. Some examples of financial support schemes for community pharmacies located in rural areas or with lower financial viabilities include:

- **Fiscal incentives** (reduction, reimbursement or exemption of tax rates, reduced or no claw-back schemes): Estonia, Finland, Italy, Hungary;

- **Economic incentives** (additional funding; specific programmes for financial support; residence allowance for pharmacies with low turnover or located in rural areas): Cyprus, Denmark, France, Germany, Italy, Scotland, Spain, Sweden;<sup>17</sup>

In order to guarantee equity in access to medicines and health services, especially taking into account the needs of a growing ageing population with lower socio-economic background in rural areas, it is necessary to **foster community pharmacy financial sustainability as a crucial measure to promote territorial cohesion.**

In addition, community pharmacy services should be further integrated in primary care networks to help reducing the pressure on overburdened health care services. The COVID-19 pandemic has demonstrated that it is more important than ever before to maximise the scope of community pharmacy practice and its integration within the primary care systems, in order to offer rapid, effective and safe solutions to meet patients' needs and maintain continuity of pharmacy services and of medicines supply. This is crucial to ensure continued access to health services in all regions in Europe and make European health systems more sustainable and resilient.

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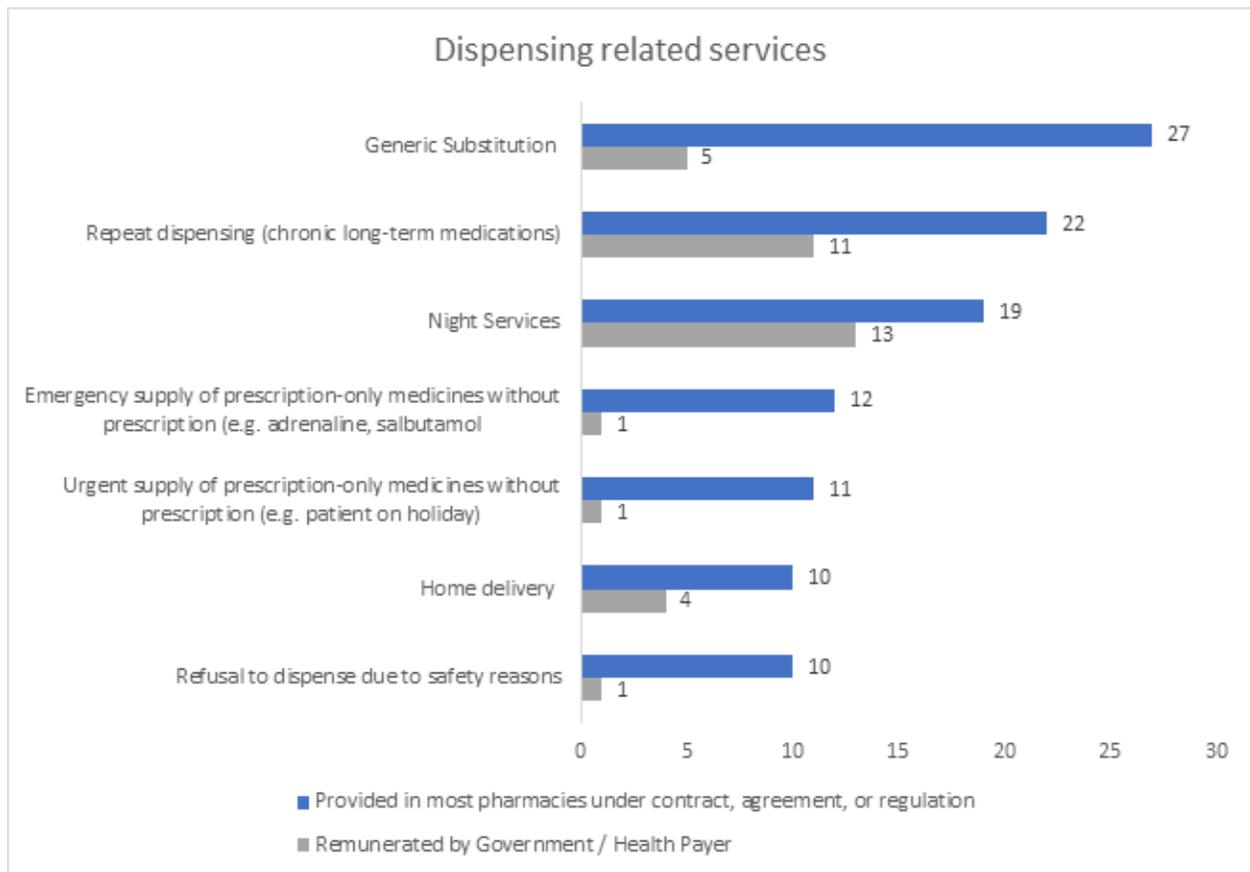
<sup>17</sup> Source: PGEU Database



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## Annex I: Overview of available community pharmacy services across Europe

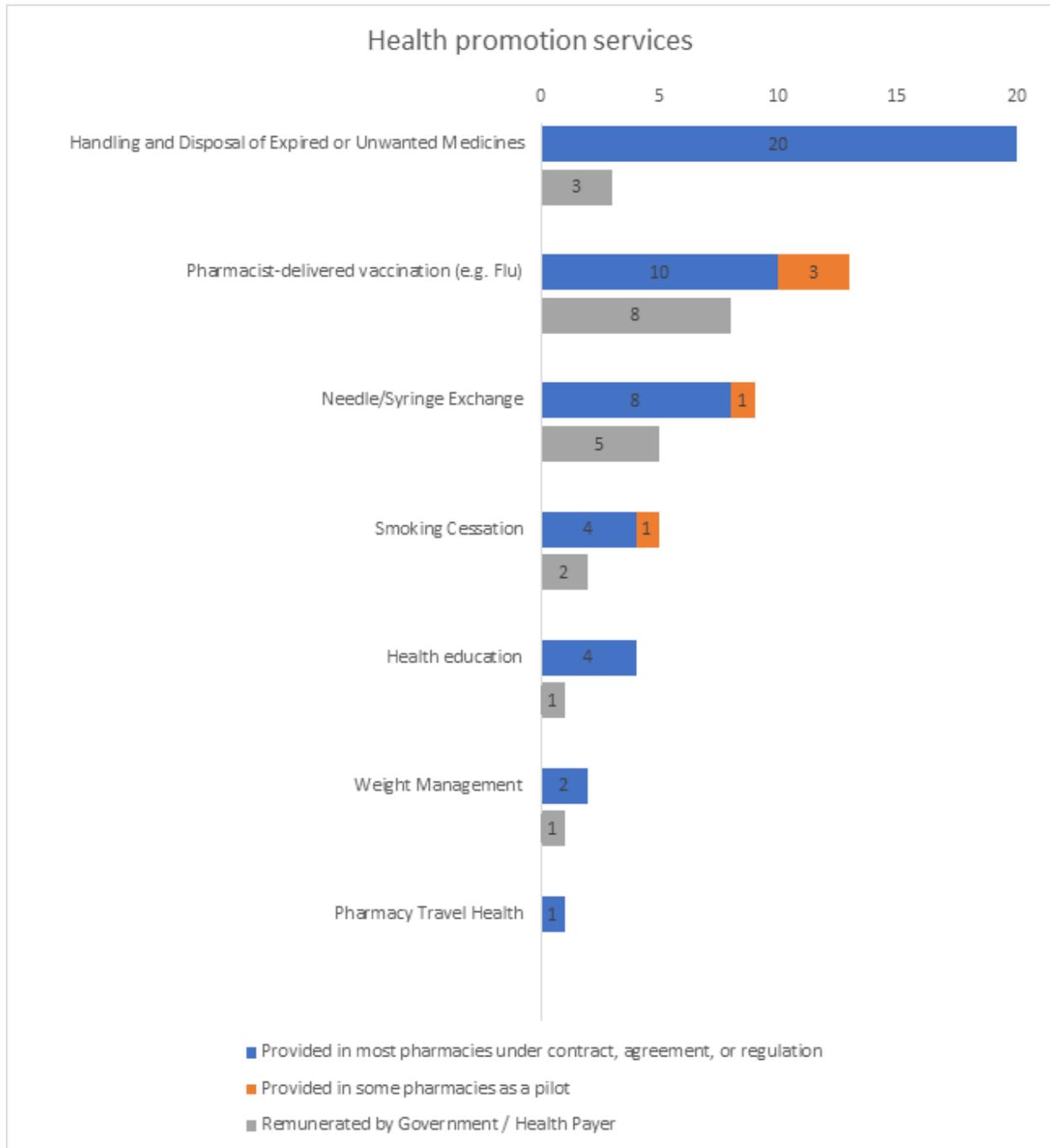


Note: The above and below bar charts display the number of countries in Europe where a certain community pharmacy service is provided and remunerated. As an example, referring to the above chart on dispensing related services, generic substitution is provided in 27 countries and remunerated in 5 countries in Europe.



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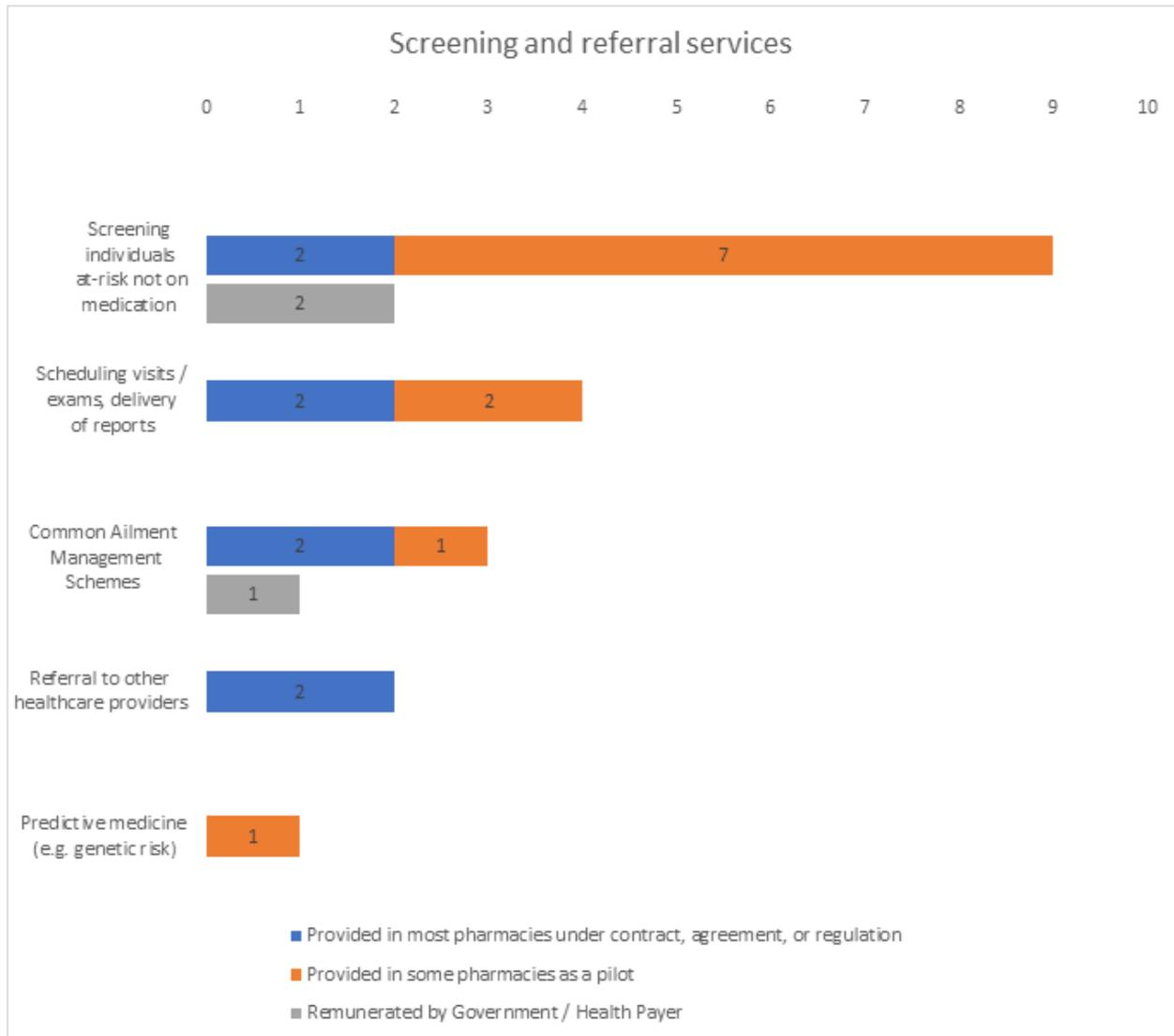
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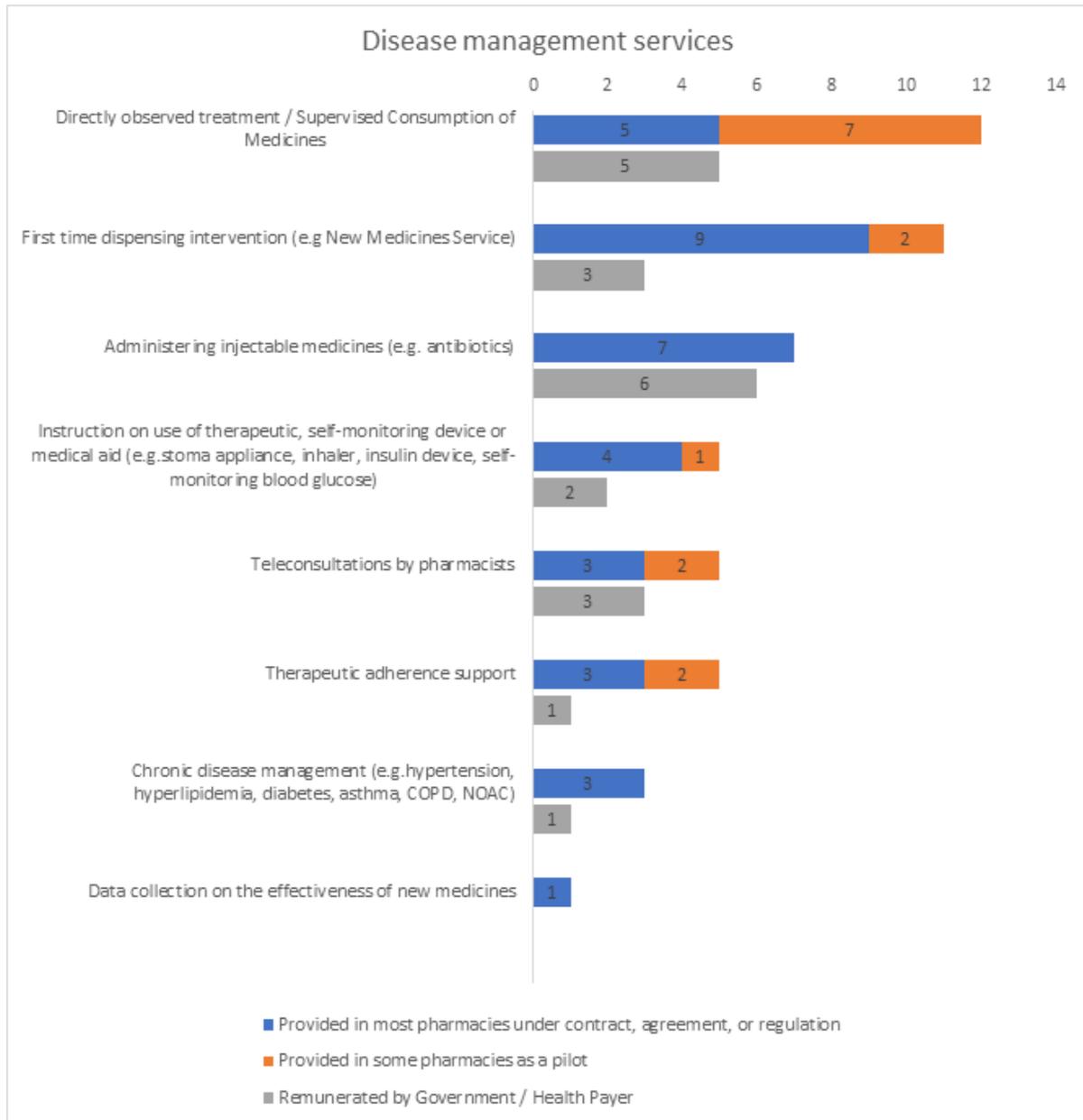


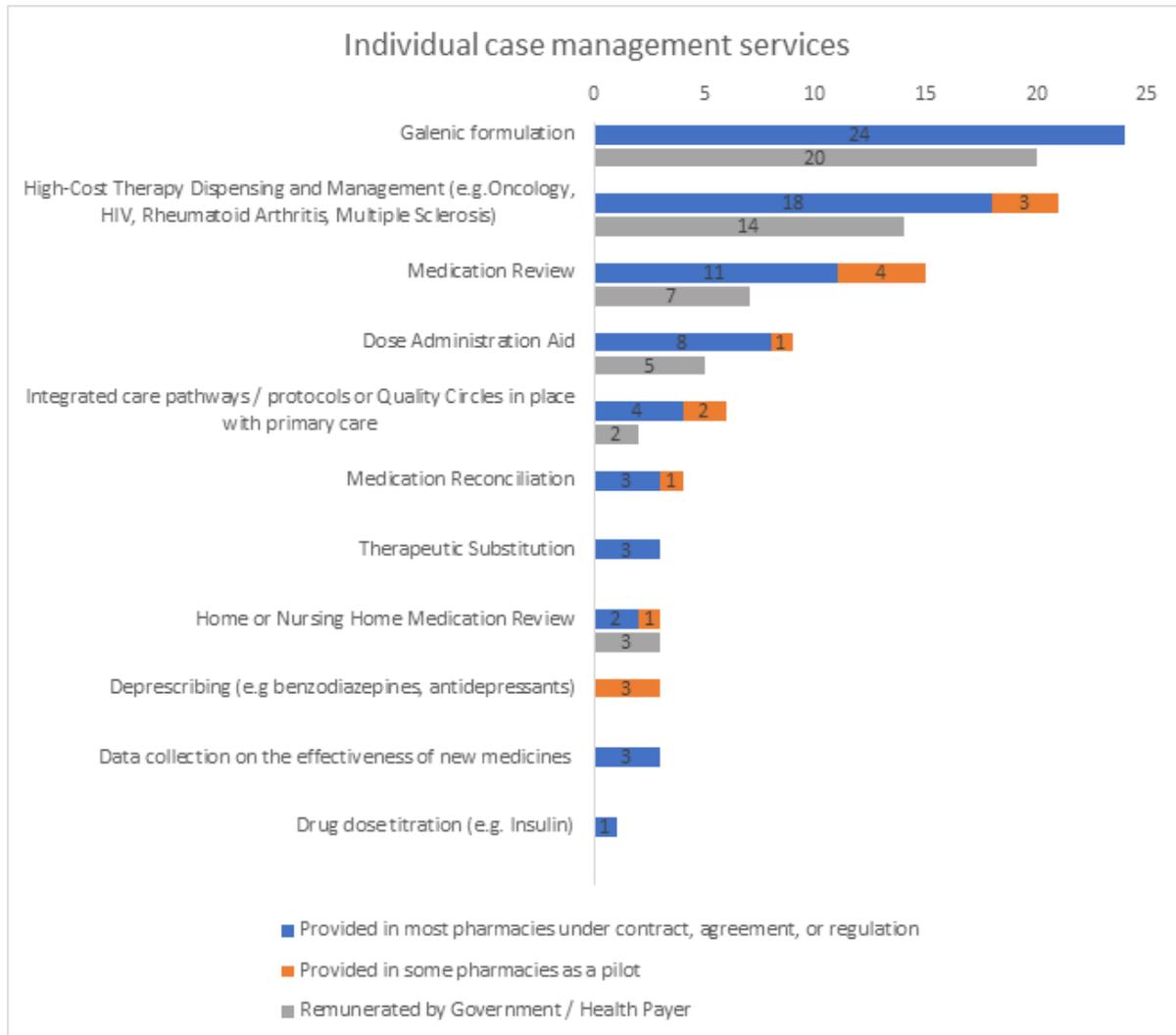


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# Annex II: Community pharmacy services to populations located in rural areas

## 1. DENMARK

In Denmark, almost all community pharmacies offer home delivery of medicines against payment of delivery costs. For patients living in nursing homes the delivery costs are regulated by law at a low price. Many pharmacies have agreements with local grocery stores or other local shops in rural and remote areas, where patients can pick up their medicines delivered by the pharmacy.

## 2. FRANCE

In France, community pharmacies establishment is mainly supported by demographic criteria to ensure the even distribution of pharmacies over the territories, with different levels designed to ensure service to rural or remote areas despite lower density of population. In addition, a “satellite pharmacies” pilot is being run in three regions, with the goal to ensure the medicinal supply to the population of a municipality when it is compromised by the closure of a pharmacy. In this specific case, the pilot allows to organize the dispensing of medicines by a pharmacist from a pharmacy in a nearby municipality.

The community pharmacy network ensures the continuity of care. It offers a large array of services aimed at supporting patients and sparing medical time. These services are especially appreciated in remote areas where doctors are less available, as well as by elderly patients who naturally need more care. They are governed by the national pharmacy agreement between the National Health Insurance and pharmacy unions.

### 1. Ensuring access to care and supporting treatments

- **Night and on-duty services:** pharmacies take turns to stay open during the night, on Sundays and on bank holidays, in order to ensure access to care outside of general practices' opening hours.

- **Teleconsultations:** pharmacists can host teleconsultations with doctors in their pharmacy, in order to spare a trip for the patient, a service particularly useful in rural areas and for elderly patients.
- **Medication record (Dossier pharmaceutique):** all pharmacies can access the personal pharmaceutical record, which records all dispensed treatments for a given patient, in order to avoid interactions and overdoses. Indeed, 25% of hospital admissions for patients aged 85 or more are to blame on medicinal iatrogeny.
- **Liaising pharmacist:** chronic patients can nominate a « liaising pharmacists » who is then able to renew chronic treatments periodically and adjust their dosage if necessary, upon request of the doctor or with his permission.
- **Shared medication review:** pharmacies can offer interviews dedicated to elderly patients (65+ with at least one chronic disease or 75+ with at least five molecules or active substances prescribed over the previous six months). This dialogue helps patients understand their treatment, fosters adherence and avoids interactions.
- **Home dispensing after a hospital stay:** pharmacists can come to the home of recently discharged patients in order to ease their care and to foster coordination with other health professionals (especially the general practitioner and nurse). Pharmacists can also support the patient in taking their chronic treatments, depending on the patient's needs and in addition to home dispensing.

## 2. Taking charge of prevention and minor ailments to spare medical time

- **Vaccination:** pharmacists can now administer all adult vaccines: seasonal flu, diphtheria, tetanus, polio, pertussis, human papillomaviruses (HPVs), invasive pneumococcal infections, hepatitis A and B, meningococcal A, B, C, Y, W and rabies.
- **Colorectal cancer screening:** pharmacists can hand over screening kits for colorectal cancer for eligible patients aged 50 to 74 visiting the pharmacy.
- **Urinary infections screening:** in order to ease care for women suffering from cystitis, pharmacists can now support them in taking care of simple cystitis and so deliver a urinary strip and analyse it.
- **Treating minor ailments:** pharmacists working in coordination with a doctor may dispense without a prescription specific prescription-only medicines meant to treat minor ailments (frequent urination and burning,odynophagia...), following protocols set by national health authorities.
- **Angina rapid test:** in case of angina-like symptom, patients can visit their pharmacy to ascertain whether they suffer from bacterial angina (questionnaire and test). When the test turns out negative, patient do not need to consult their doctor and may be treated with non-prescription medicines. A pilot run in 2015-2016 showed that 308 patients out of 336 had a negative result,

out of which only 4 had to consult their doctors in the following days as their symptoms had increased.

### 3. ITALY

#### 2.1. Telemedicine services in rural areas

The "Ristori Decree" in 2020 included provisions to **favour access to telemedicine services in small towns** foreseeing the provision of telemedicine services in pharmacies operating in municipalities or towns with less than 3,000 inhabitants. The contribution, in the form of a tax credit to be used to offset taxes due for the year 2021, is recognized to the extent of 50% of the expenses for the purchase and rental of equipment necessary for the performance of telemedicine services up to a maximum of 3,000 €. The eligible expenses incurred in the year 2021 are those for the purchase and rental of the following equipment necessary for the performance of telemedicine services:

- (a) Devices for the measurement by non-invasive mode of blood pressure;
- b) Devices for the measurement of pulmonary capacity through auto-spirometry;
- c) Devices for non-invasive measurement of percent oxygen saturation;
- d) Devices for monitoring non-invasively blood pressure and cardiac activity in functional connection with cardiology centres accredited by the regions;
- e) Devices to allow the performance of electrocardiograms with tele cardiology mode to be carried out in connection with cardiology centres accredited by the regions.

#### 2.2. Measures to support territorial cohesion in the National Recovery and Resilience Plan

The Italian National Recovery and Resilience Plan provides support to territorial cohesion including measures to give pharmacies the opportunity to invest in technical equipment or other kind of interventions. This is useful to expand the range of health services offered to the population, in particular:

- (i) participating in the integrated home care service;
- (ii) providing second level services, through diagnostic-therapeutic paths provided for specific pathologies;
- (iii) dispensing drugs hitherto dispensed in hospitals;
- (iv) monitoring patients with the electronic medical record.

The public financial endowment of 100,000,000.00 euros, equally divided between the South and the Centre-North, aims to finance at least 500 rural pharmacies by December 2023 and at least 2000 by June 2026.

The public contribution payable to each subsidized rural pharmacy (located in areas with less than 3,000 inhabitants), equal to two thirds of the total cost of the investment, may not exceed the maximum amount of € 44,260.00.

The investments that can be financed are those intended for three areas of intervention:

- 1) Optimization of drug dispensing: training on innovative drugs, reorganization and implementation of the dispensing area and drug storage, improvement of monitoring levels (assortment, expiry dates, revocations, missing drugs, etc.);
- 2) Participation in the care of the chronic patient: specialist training, technological, IT and logistical equipment, teleconsultation;
- 3) Provision of first and second level services: training, rental/purchase of telemedicine devices and blood and urine analyzers.

## **4. SPAIN**

### **Regional project for pharmaceutical care services in rural pharmacies - Comprehensive socio-healthcare for people in rural or depopulated areas of La Rioja**

#### **3.1. Introduction**

The project for comprehensive socio-healthcare for people in rural or depopulated areas of La Rioja is structured around three axes:

- **Axis 1:** Pharmaceutical Care Services;
- **Axis 2:** Actions in the field of public health;
- **Axis 3:** Actions in the field of social services.

To help decision-making, the demographic profile of the municipalities of less than 1,000 inhabitants, which are the target of the project, the pharmacies involved and the professional pharmaceutical services articulated in the three identified axes will be identified as a starting point.

The benefits of the professional pharmaceutical services carried out in the development of the project will be segmented into the following groups:

1. Chronic and polymedicated patients over 65 years of age;
2. Outpatients of any age who require collaborative dispensing of medicines in the hospital setting;
3. General population or stratified according to the type of service.

For the purposes of preparing the PGEU Position paper on demographic change and territorial cohesion, we provide a summary of this project below.

### **3.2. Scope**

Municipalities with less than 1,000 inhabitants are characterized by:

- a high degree of rurality and depopulation;
- an ageing and often dependent population;
- high masculinity rate where women have to cope with unequal conditions;
- low economic resources;
- low presence of public services.

The pharmacies located in these municipalities are characterized by having no employees or with a non-pharmacist employee as support and open practically all year round during regular opening hours.

### **3.3. Definition of Professional Pharmaceutical Actions and Services**

#### **3.3.1. Pharmaceutical care Services**

It is proposed to develop professional pharmaceutical care services specifically focused on the use of medicines, in order to achieve the fundamental objective of optimizing drug therapy in these chronic patients, with special attention to polymedicated patients.

According to the data included in the Chronic Patient Care Strategy, 9.77% of the population of La Rioja are prescribed 6 or more medicines (polymedicated) and of these patients, 7.97% take high-risk chronic medicines.

For all these reasons, it is considered appropriate to implement a service focused on the specific care of this type of patient in rural areas, proposing the implementation of two programs of professional pharmaceutical care services with the following scheme of action:

#### **- Pharmaceutical care program for chronically ill patients over 65 years-old**

This program will include a series of professional services that will be offered to all chronic patients over 65 years-old and polymedicated (more than 5 medicines). The following services will be included:

- Review of the medicine cabinet: Checking by the pharmacist that medicines and other health products are kept in appropriate storage conditions, avoiding the use of medicines that, being part of the medicine cabinet, could pose a risk to the patient, and avoiding the accumulation of expired or unused medicines.
- Review of medication use: The pharmacist, together with the patient (or caregiver), conducts a structured review of the patient's knowledge and use of his/her medicines, offering advice on their correct use and ensuring that the patient understands why they need to take them and knows how to use and/or administer them.
- Adherence to treatment: The pharmacist, when faced with potential difficulties that a patient may have in the use of their therapy, identifies the causes, and through his/her intervention, if necessary in coordination with other healthcare agents, collaborates with the patient so that the latter follows the recommendations on the appropriate process of using medicines and health products, with hygiene-dietary habits and/or lifestyle, in order to achieve the expected results of their treatment.
- Personalized Dosage System: The pharmacist helps the patient to follow their treatment, organizing their medication by days and doses for a given time, providing the patient with a device where they enter the doses of the different medicines for each daily dose, in accordance with common safety and quality protocols.
- Treatment reconciliation at discharge: Involves pharmacists from different levels of care and helps to optimize the pharmacological treatment of patients, improving its effectiveness and safety by detecting and resolving discrepancies and Medication-Related Problems. It will be carried out in those patients within the program who are in transit between levels of care.

- **Modalities of action for carrying out the service**

The programme of pharmaceutical care for chronic patients over 65 years-old can be carried out in the pharmacy itself or at the home of those living in isolated areas (home pharmaceutical care) when necessary.

- **Collaborative dispensing program for medicines in the hospital setting**

The outpatient collaborative dispensing program aims to ensure accessibility to outpatient medicines, guaranteeing continuity of care and avoiding trips to hospital centers.

The advantages of collaborative dispensing have been demonstrated during the current pandemic.

The program will ensure that it is always a pharmacist who holds and delivers the relevant medicines to the patient or caregiver.

The program will be developed using the protocol drawn up by the General Council, with the adjustment of the experiences developed in different Autonomous Regions.

In a rural setting, the program is even more important, as many of the towns with pharmacies located in rural areas are distant from the reference hospital (between 20 and 100 km). Furthermore, the experiences carried out demonstrate the satisfaction of patients, especially those who live in rural areas.

#### **- For detecting potential incidents in the supply of medicines**

In addition to the two care programs described above, the project includes a specific program for the detection of potential supply incidents. The problem of the lack of supply of medicines represents a health problem with negative effects on patients, who are forced to interrupt, delay or modify the prescribed treatment, often causing a worse outcome of the therapy (adverse reactions, less efficient or inadequate alternatives, etc.).

The proposed program consists of promoting the implementation of this system in all the pharmacies included in this project, as well as updating the current detection system available to community pharmacies in Spain, CisMED, to incorporate machine learning and geolocation tools that contribute to ensuring access and continuity of treatment, avoiding the incidents that lack of supply can cause, especially in such sensitive environments as rural areas.

### **3.3.2. Professional services in the field of public health**

The following services are proposed with the aim of improving the health and quality of life of the population benefiting from them:

- Individual and collective public health services (inter alia)
  - Attention to women's health problems: Advice, counselling and care for women's health problems: menopause, contraception, emergency contraception, etc.
  - Health information to the population: Development from pharmacies of specific campaigns that the Government of La Rioja deems necessary to promote, to inform and raise awareness

among the population about certain health problems (world days, specific prevention campaigns).

- Education in self-care: Development of activities of prevention, promotion, health education and, where appropriate, dispensing of suitable medicines to deal with minor symptoms or minor pathologies in situations in which the Government of La Rioja may be interested in order to avoid unnecessary demand on primary care and/or hospital emergency services (flu epidemic, etc.).
  
- Smoking cessation: Pharmacies carry out the protocol agreed with the Regional Ministry of Health of La Rioja for the detection of smoking, advice and, where appropriate and in collaboration with primary care teams, referral for the provision of pharmacological treatment for smoking cessation.
  
- Participation in immunization programs: Collaboration in the detection of non-compliance with vaccination schedules, in the promotion of vaccination in certain campaigns, in advising travelers on vaccination and, where appropriate, in the administration of certain vaccines (such as influenza) in pharmacies by trained professionals to facilitate the extension of coverage.
  
- Screening: Development of screening programs determined by the Health Authorities of La Rioja to be carried out in pharmacies: colon cancer detection, cervical cancer detection, HIV detection, determination of PSA levels, COVID-19 detection, etc.
  
- Sentinel Pharmacy Network: Establishment of a sentinel function, in this case focused on certain public health problems. This is the function developed by the pharmacist that allows the administration to use the information available to the pharmacy to detect the levels of occurrence of certain health problems such as influenza epidemics or possible outbreaks of HIVID-19 and other diseases.

### **3.4. Professional Services in the field of Social Services**

The participation of pharmacies in social programs in La Rioja will improve their effectiveness and scope. The aim is to identify services of a nature in which pharmacies can participate, such as the following, among others:



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- Detection, identification and communication of situations of possible violence towards women, children, elderly or vulnerable people;
- Detection of situations of social vulnerability, malnutrition, lack of access to medicines;
- Detection of situations of abandonment or loneliness of elderly people.