

EDITORIALS

How to meet the challenge of ageing populations

EU countries need to work together with health professionals and other stakeholders

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The EU partnership aims to add two years of healthy life to the European average by 2020

One of the main arguments used to justify major reform of the NHS is the potential cost of an ageing population. The United Kingdom is not alone; the number of people aged over 65 in the European Union will almost double over the next 50 years,¹ and there will be only two people of “working age” for each person over 65 compared with four today. It is estimated that this could cost EU countries as much as 15-40% on top of current expenditure to maintain existing health services. So how is Europe collectively responding?

EU leaders (including those from the UK) are pinning much hope on “innovation”—speeding up the process of bringing new ideas from research to practical application.² As part of this “innovation union” initiative, the European Commission has proposed a “pilot partnership on active and healthy ageing.”³ By bringing together government officials, industry, health professionals, and other stakeholders from across Europe, the commission hopes to find ways of removing bottlenecks and

speeding up the application of science in practice. The first meeting of the partnership’s steering group was held in May; its concrete priorities for specific research, development, and deployment, and the necessary support, are due later this year. These could include better tools for early diagnosis of heart disease, for example, or using remote monitoring to help people with chronic conditions take care of themselves more independently.

The proposed benchmark for this partnership is to add two years of life in good health to the European average by 2020. Long term trends of improving life expectancy suggested that this was likely to be achieved with no additional intervention.⁴ However, the commission’s recent figures are not encouraging, with the most recent data published in March 2011 showing a fall in average European healthy life expectancy by 0.3 years for women and 0.6 years for men between 2007 and 2008.⁴

The most important element of this benchmark, however, is not the precise figures or even whether they are achieved. It is the commitment by all EU countries to work together with health professionals and other stakeholders to meet the challenge of ageing. This does not change the primary responsibility of countries for their own health systems. Nevertheless, the partnership’s public consultation (which ran from November 2010 to January 2011) identified common problems, such as fragmentation of funding (for example, between health and social care), lack of clear and accessible evidence about which new innovations work, complex regulatory requirements (such as uncertainty over which legislation applies to new technologies such as telemedicine), and failure to involve patients and professionals in the development of the new solutions they will be using.⁵ Each country can then use the collective European effort as a basis to tackle the local and specific challenges of their ageing population.

What already exists can offer a great deal. Apart from any new solutions that this EU partnership may help to generate, there is already much scope for cross European learning to help health systems respond to healthy ageing.⁶ The European Observatory

on Health Systems and Policies (a collaboration of international organisations, governments, and universities that supports evidence based policy making⁷) has summarised evidence showing where European systems should focus for maximum improvement.⁸ This includes better coordination of care across health and social services, as well as within health systems; the targeting of priority conditions that create the greatest burden of ill health, such as hypertension, stroke, and dementia; better management of hospital admissions; and encouragement of better self care. It also highlights the scope for prevention—again, tackling the burdens from heart disease and stroke, flu immunisation, smoking and alcohol misuse, injuries from falls, healthy diet and nutrition, and inappropriate combinations of drugs for older people with multiple conditions. It also emphasises the importance of linking policies in the health sector to those in other sectors to create appropriate housing and living environments, and keeping people in work and involved in their communities.⁹ At a practical level, the observatory is sharing evidence through a summer school this July on the response of the health systems to the ageing crisis (www.observatorysummerschool.org).

Although efforts are being made to deal with the problems across Europe and beyond, no single country has the answers, as the recent reports of the Care Quality Commission on failures in care for older people have highlighted clearly.¹⁰ While debates continue in England about the future organisation of the NHS, Europe is facing the same underlying challenge of ageing. Rather than focusing on the structure of the health service, England could benefit from applying good practices from other countries to close the gap in funding for its ageing population.

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formerly head of unit for health information in the European Commission; MM and RB are directors of the European Observatory; no other relationships or activities that could appear to have influenced the submitted work.

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