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The European Health Management Association organized its Roundtable on Patient Safety

On the 22nd of January, the European Health Management Association (EHMA) has organized a roundtable meeting on Patient Safety in Brussels. The meeting in question was an opportunity for stakeholders (FEPI was represented by Mr. Laurent Louette, Policy and Press Officer) to become updated with the latest evolutions on the 'European Commission's Communication' and 'proposal for a Council Recommendation on Patient Safety' and its related action plan.

Both documents were presented by **Mr. Robert Madelin**, Director General of European Commission's DG for Health and Consumer Protection (SANCO).

Mr. Madelin informed the audience that *'the European Commission's own impact assessment concludes that, in EU Member States, between 8 and 12% of patients admitted to hospitals suffer an adverse event whilst receiving healthcare. Some of these are linked to the intrinsic risks of necessary interventions or treatments'*. He underlined however that, others are caused by potentially avoidable medical errors, such as errors in diagnosis; failure to act on the results of tests, medication errors; failure of medical equipment and healthcare associated infections (HCAIs). The latter affect an estimated 4.1 million hospitalized patients (1 in 20 patients). HCAIs cause avoidable physical suffering and deaths as well as a huge financial burden (at least €5.48 billion per annum).

The Director General presented a timetable relating to the European Commission's proposal for a Council Recommendation: *'the proposal was transmitted to the Council for discussion in December 2008, and, once adopted; Member States will need to report to the Commission within 2 years on how the Recommendation has been implemented'*.

According to Mr. Madelin, DG SANCO has noticed a *'contrast between Member States' willingness to embrace patient safety and quality of care initiatives on the one hand and a reluctance to do the same in relation to the proposed Directive on the Application of Patients' Rights in Cross-Border Healthcare'* on the other hand. Mr. Madelin noted that: *'if this reluctance is based on the 'fear' that EU legislation would be the vehicle for change to improve health safety and quality at Member State level, it could be solved. However, if this reluctance stems from a more general unwillingness to actually address patient safety and quality issues, it might prove more problematic'*. He then concluded by pointing out that *'it will be interesting to monitor how both initiatives will be discussed and debated, and to see whether the Council will be able to present its conclusions on both initiatives within a similar timeframe'*.

A small but interesting debate followed Mr. Madelin's intervention. **Mrs. Nicola Bedlington**, Director of European Patient's Forum, interrogated Mr. Madelin on the view of the European Commission on the role the patients are going to play in the reporting process of adverse events. Mr. Madelin seemed somehow hesitant in his response but did underline the need of the European Commission to work closely with the involved stakeholders: *'in relation to the patient's role, it is obvious that patients are not always there to report adverse events. In addition, not everybody who has suffered from adverse events is equally objective in their reporting. We have to find a solution avoiding the direct conflicts the participation of patients in the report of adverse events could lead to'*.

Mrs. Bedlington also pointed out her organization's concern about the independent monitoring of patient safety, *'will the European Commission set up an external body to monitor the report of adverse event or any other problems relating to patient safety?'* asked Mrs. Bedlington. Again Mr. Madelin, avoided to directly answer this question, *'it is clear that the monitoring should not be done at the EU level strictly. We [the European Commission] don't want a blame system but a redress system, rightful to the pain or adversity caused. However, it is unlikely that decisions on such a mechanism at the EU level will be held before 2010, when EUNetPaS (European Network on Patient Safety) will complete its work. Then in 2011 things should be clearer when the first results of the implementation of the Recommendation will be assessed'*.

It is obvious that there is still a lot to be discussed and clarified on Patient Safety. The coming months of the Czech Presidency will be crucial for this issue, which, as you know, is figuring amongst the Presidency's official priorities.

The European Health Management Association organized its Roundtable on Green Paper

This 13th of February, EHMA organised its second roundtable meeting of this year, this time focusing on the European Commission Green Paper on the European Workforce for Health, published the 10th of last December. This meeting gathered health-related stakeholders and speakers from the WHO and the European Commission.

The central speaker was Mrs. Elisabeth Kidd, Policy Officer at the European Commission's DG SANCO, Health Strategy and Health Systems, who is the person in charge of the Green Paper and who FEPI Senior Policy Adviser Dr. Koutroubas has recently met in Brussels.

Mrs. Kidd gave an overall presentation of the Green Paper, reminding its main issues and objectives, which are, (FEPI newsletter Issue number 18): Facing the ageing of population and healthcare workforce; Facing the migration of health workers and; Attract new people into healthcare-related careers. *'We are in a crucial period'*, said Mrs. Kidd, *'we need to foster good health in an ageing population, but we can not do it without a broad and qualified workforce'*.

Mrs. Kidd has also underlined the important issue of the ageing of the workforce itself, obvious correlative to the ageing of population, insisting on a *'renewal of the actual workforce, in order to have subsequent healthcare workers in the years to come within the 27 Member-States of the EU'*.

Insisting on a worrying trend there is within the new EU Member-States, Mrs. Kidd underlined that *'general move from East to West of the Healthcare workforce, creating a shortage within the eastern Member-States of the European Union'*. Mrs. Kidd raised awareness on this situation by explaining the lack of comparable data and studies on the issue, ***'why they move? Where they move? Whether/When they return? For instance, in Hungary there a lot of graduated nurses flying away each year and never returning, leaving their home country in a very delicate situation'***, she said.

According to Mrs. Kidd, this is exactly what the Green Paper is challenging, the migration and shortage of workforce in the years to come. In order to face those challenges, Mrs. Kidd has pointed out that the Green Paper reflects the European Commission wishes to *'establish robust human resources strategies to address the effects of ageing and migration of the Healthcare workforce'*. Mrs. Kidd informed the audience that *'the Health Ministers of the EU have recently decided in Prague to do their utmost to grip the challenges in recruitment, especially in nurses recruitment and developing good strategies to tackle the issue'*.

According to her, there are different problems for different health-related professions. Physicians for example have regional problems due to mobility, but, the nursing profession is facing recruitment problems in some EU Member-States, : ‘those nurses leave their home countries due to the lack of advanced practice, the poor employment condition and the unattractive career’.

Mrs. Kidd then underlined the wish of the European Commission to involve stakeholders in order to help EU Member-States and the European Institutions to face these issues by sharing good-practice, proposing guidance and guidelines to the different authorities and *‘providing support on training and re-skill health workers, especially in under-developed regions’.*

It is interesting to note that, Dr. Michael Wilks, President of the Standing Committee of the European Physicians (CPME), took the floor to share the point of view of Mrs. Kidd on the general move of health practitioners and, underlining that **‘in some EU Member-States, nurses tend to develop new skills to cover the shortage of Medical Doctors’**, putting in light the sharing of skill between the two biggest health-related workforce.

European Voice Conference on Patient’s rights

On the 17th of February, European Voice, the weekly newspaper exclusively dealing with EU-related information, held a conference entitled ‘Access to treatments: Which rights for patients?’ and focused on patient’s rights in the framework of the European Commission Directive’s proposal on the application of patients rights in cross-border healthcare.

John Bowis, MEP (EPP-ED) who is the Rapporteur of the European Parliament Committee on Environment, Public Health and Food Safety (ENVI)’s report on the Directive’s proposal in question was the central invited speaker. The MEP admitted that he had ‘a problem in the European Parliament’. According to Mr. Bowis, some of his colleagues indeed fail to see the exact aim of the Directive proposal. *‘The proposal was not about health-providers going across borders and so there should not be a repetition of the debate on the services directive. Rather, the proposal was an attempt to establish legal certainty in the wake of judgments from the European Court of Justice on patients’ rights to cross borders for treatment and obtain reimbursement from their home country’*, underlined Mr. Bowis.

MEP John Bowis also stated that: *‘the European Commission’s proposal sought to lay down standards on safety and quality. There should be common standards on safety, but it is for member states to set standards on quality. They should make those standards public.* Mr. Bowis was keen to stress that *‘the proposal, as was a “win-win”, which would benefit the patient, the patient’s home country and*

the country providing cross-border treatment. It is a win for countries receiving patients because money will follow them and a win for patients because standards will rise’.

An audience debate followed the intervention of Mr. Bowis, during which the latter was asked about what is going to happen if something goes wrong with a treatment given abroad. John Bowis said that *‘the principle would remain the same: that the patient would initially be seen in his or her home country and, if necessary, referred abroad’.*

Asked on the issue of drugs available in one country but not in another, Mr. Bowis replied that *‘the governing principle was that the right to treatment abroad applied to treatment that would normally be available in the home country’.*

MEP John Bowis concluded the debate with some (optimistic) remarks about the likely progress of the directive. Mr. Bowis noted that two European Parliament committees – the employment and internal market committees – have postponed their votes. The environment, public health and food safety committee (ENVI), the lead committee, is scheduled to vote on 12 March, and a plenary vote is expected in April or May. But he maintained that the European Parliament and the Council of Ministers were very close, and an agreement at first reading might be possible. Mr. Bowis finished his speech by saying that *‘when European citizens asked their politicians what Europe was doing for them, this Directive was important: It is an answer on the doorstep in the next election.’*

New Health Committee in the European Parliament?

A new European Parliament Committee dedicated to health and consumer affairs might be established as a result of the reforms aimed at revitalizing internal structures of the EU assembly, Brussels’ milieu sources are reporting.

The move is likely to be welcomed by campaigners, who have complained that health issues are lost in the busy agenda of the environment, public health and food safety (ENVI) committee. Intense discussions are underway which would lead to a major overhaul of several EP Committees in an effort to bring greater efficiency to the work of MEP’s and give greater weight to key areas like health, energy and the environment.

The starting point for sweeping reforms of the European Parliament's committees is perceived dissatisfaction with the performance of the internal market and

consumer protection committee (IMCO), particularly in its capacity for dealing with consumer issues.

MEP's and parliamentary sources have said one option under serious consideration is the effective disbandment of IMCO. If this were to happen, legal aspects of the internal market that are currently dealt with by IMCO would be handled by the legal affairs committee (JURI), while the industry, research and energy (ITRE) committee would take over responsibility for the economic and industrial elements of IMCO's current workload. This permutation would see energy matters taken away from ITRE and paired with environmental issues, a combination described by one senior source as "a better fit" than existing combinations.

The shake-up would see health and consumer affairs dealt with under a single committee, which would cover the programme of work undertaken by DG SANCO (responsible for health and consumer affairs). However, it would also have to deal with complex elements of the pharmaceutical package, including directives on information to patients and counterfeit medicines.

The pharmaceutical package was in fact published by DG Enterprise and Industry, due to its significant impact on Europe's pharmaceutical sector.

A number of groups representing patient associations and healthcare professionals have lobbied for greater input from DG SANCO on issues affecting patient safety, including medicines.

The workload related to health alone was "underestimated" by ENVI, which often prioritised environmental issues, according to a parliamentary insider.

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<i>Meetings and Events to come:</i>
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- 06/03/09
 - **Health Professionals Crossing Borders Project** spring meeting
 - The Pharmaceutical Society of Ireland, Dublin
 - 6, Kildare Street
 - 09.30 – 16.45
 - <http://www.hcpb.eu>
 - FEPI Delegation: Dr. Theodoros Koutroubas and Mr. Laurent Louette
- 25/03/09

- **The Pharmaceutical Forum Delivering for Patients: How to move from agreed principles to good practice and positive change across Europe**
- **European Commission DG Health and Consumer Protection**
- **Charlemagne Building, Room Jean Durieux (S4, 1st Floor)**
- 170, rue de la Loi
1040 Bruxelles, Belgium
- 08.30 – 20.30
- http://ec.europa.eu/pharmaforum/conference_en.htm
- FEPI Delegation: Dr. Theodoros Koutroubas and Mr. Laurent Louette