

Case Id: 8fdb9188-77d9-4ea8-8c2d-123cdf3aaffc

PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

Fields marked with * are mandatory.

The specific objective of this consultation is to seek opinion of civil society on:

- Whether patient safety measures included in the Recommendation 2009 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;
- What should be done at EU level on patient safety beyond the Recommendation;
- Whether quality of healthcare should be given more importance in the future EU activities.

For background information please consult the below document

background.doc (/eusurvey/files/afd29a6d-909f-4ab0-b524-61becfec38af)

Please consult the privacy statement on this consultation

privacy-statement-consultation.doc (/eusurvey/files/24b7c693-0b7e-4ced-8d6f-030e7395ff78)

Practicalities

The consultation is open until 28 February 2014.

In case of any questions please contact SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu

1. Respondent information

1.1. Name of represented organisation*

ANEC

1.2. Stakeholder group*

- Health authority
- Patient or consumer organisation
- Health professional organisation
- Other NGO
- Hospital
- Industry
- Academia
- Individual citizen
- Other

1.3. Country*

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom
- Other

1.3.1. If other, please specify.

European organisation

1.4. Address

Avenue de Tervueren 32/27, BE-1040 Brussels

1.5. Telephone

+32(0)2 743 24 70

1.6. Contact Person (name)

Michela Vuerich

1.7. Your organisation's geographical area of activities*

- International

- National
- Regional
- Local

1.8. How many citizens does your organisation represent?*

ANEC represents consumers from EU Member States and 3 EFTA countries (Iceland, Norway and Switzerland) as well as Former Yugoslavic Republic of Macedonia and Turkey.

2. Implementation of the Council Recommendation 2009/C 151/01

The Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01) envisaged a number of measures to be implemented by EU Member States to increase patient safety in all types of healthcare settings.

2.1. Is patient safety an issue in your country?

- Yes
- No
- I don't know

2.2. To your knowledge, was the Recommendation implemented in your country?

- Yes, fully
- Yes, partially implemented
- No, it has not been implemented
- I don't know

2.3. What are the barriers to implementation of patient safety recommendation?

It needs to be ensured that there is no detriment to national regulations having stricter requirements and higher levels of quality and patients safety, while guaranteeing that there is a common minimum EU level of patients' safety and quality of health care.

2.4. Which provisions of the Recommendation are of particular relevance in your country?

Please refer to the recommendation on patient safety http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

	Very relevant	Relevant	Not particularly relevant	Not relevant at all
Placing patient safety high at public health agenda	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowering patients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating patient safety culture among health professionals (education and	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

training, blame-free reporting systems, learning from errors)				
Learning from experience of other countries	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing research on patient safety	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.5. Which areas of patient safety, not covered by the Recommendation, are important for increasing safety of patients in the EU?

Need for a separation between diagnosis and treatment across all health disciplines. Patient safety can be compromised when the clinician who diagnoses a medical need is also the person who benefits (usually financially) from the subsequent treatment/intervention.

3. Future EU action on patient safety and quality of healthcare

The European Commission has supported since 2005 co-operation of EU Member States and stakeholders on patient safety and quality of care, by organising and co-funding different fora of information exchange and practical mutual learning (ex. Working Group of Patient Safety and Quality of Care, EU Network on Patient Safety and Quality of Care, research projects). Some of these activities are time-limited and will end in the next months.

3.1. What next should EU do on patient safety and in which specific patient safety areas beyond the existing Recommendation?

Also with a view to implementing the requirements of the cross border healthcare directive 2011/24/EU, it should be considered whether the development of European standardisation can benefit consumers in certain areas of relevance also addressed in the Recommendation 2009: • Consumers/patients shall have full access to healthcare standards (development) • Need to provide appropriate information especially on risks • Clarify responsibilities of different healthcare providers • Allow recording (and publishing) of outcomes of clinical intervention • Address needs for follow-up of medical intervention • Patients consent to treatment including vulnerable consumers • Medical records • support Member States in sharing knowledge, experience and best practice (see 6) in recommendation 2009)

3.2. Do you think there is an added value in enlarging EU work from patient safety only to wider quality of care?

- Yes
 No
 No opinion

3.2.1. If yes, please specify.

Patient Safety and Quality of Care are closely linked - to a great extent interdependent - and need to be studied together. Patients may choose to accept significant safety risks if they are satisfied with

the quality of care (e.g. wider quality of home care; aesthetic surgery) whilst if the quality of care is unsatisfactory patients may be less willing to accept risks. And of course not all risks and care taken are elective. Regarding wider quality of home care, it is essential to make sure that guidelines are in place for healthcare staff (or other home care & support workers) to use their knowledge and skills to: (i) act in a way that seeks to optimise patient safety;(ii) act in a way that seeks to optimise their own health and safety; and (iii) encourage appropriate knowledge and behaviours among patients. All this in a context where it is recognised that healthcare (and other) workers do not have (nor should they) control over the environment in which they work.

3.3. In the box below you can provide additional contribution related to EU action on patient safety and quality of care

400 character(s) maximum

Increasingly healthcare services take place in people's homes—rather than institutional settings. Thus: It should be clear in what settings any Directives, guidelines, etc. on patient safety should apply; more emphasis could be placed on patients as partners in this enterprise, possibly with attention given to the way in which patients are able to access information about safety/risk issues.

THANK YOU FOR YOUR CONTRIBUTION!

Contact

SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu
