Royal College of Nursing Response to "Enabling Good Health for All - A reflection process for a new EU health strategy"

About the Royal College of Nursing UK

With a membership of over 370,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the National Health Service and the independent sector, and in educational settings. The RCN promotes patient and nursing interests on a wide range of issues by working closely with Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

Executive Summary

The Royal College of Nursing welcomes the opportunity to contribute to Commissioner Byrnes's EU reflection process which will inform the process towards building a sustainable, coherent and comprehensive EU health policy. It is an important and timely development for the EU.

The reflection document is not clear whether it is aims to address an emerging "health care" strategy or a "public health" strategy for the EU or whether it seeks to take a "health systems" approach. A definition would bring clarity to the document and assist us and other health groups in taking this work forward with the European Commission. The RCN's comments will focus largely on a public health and health improvement perspective given the statements in the document on the need to focus on (good) health as a driving force behind all policy making and hence avoidance of ill health in the first place.

We welcome a new emphasis on positioning health as a driver for economic development, including the improvement of the health of the working population. We caution against an overemphasis on investment in the pharmaceutical industry to generate good health as pricing policies often exacerbate inequalities in access to drugs and vaccines. The EU has a huge influence on internal and external markets and this is certainly an area where more could be done to address population health.

We welcome the emphasis not just on protection from health threats such as bio- terrorism and communicable diseases but on the need for stronger advocacy for non communicable diseases such as prevention and management of chronic disease.

Behavioural, social and environmental factors determine health outcomes. So we support the recognition that there needs to be a shift towards 'preventative health care' enabling resources to be concentrated on dealing with health determinants such as personal behaviour and lifestyle, living and working conditions and general socio economic, cultural and environmental conditions which will need resources and a shared approach to public health by all member states. We would like to see a particular focus on children and families with children and on diversity and the needs of minority ethnic groups, particularly given our increasingly multi-cultural population across Europe.

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Many of the underlying determinants of health listed are however beyond the remit of the present member state health services/health communities and we believe it is important therefore that all stakeholders work together so that actions jointly carried out in other areas are in the interest of public health and will promote good health and the reduction of health inequalities. The challenge for the Commission is to continue the movement away from silo working within its own institution, particularly in relation to policies which are so closely linked to health – such as employment and social affairs and environment. There is also a need for member states to commit the funding and support necessary if they sign up to such proposals.

The evidence base for what works in health improvement will be an important component in developing cultural change and persuading policy makers with other priorities. More investment in public health research is needed and we would like to see the EU's 7th framework Research and Development programme reflect this.

The EU has a role to play in regulating activities which are harmful to health and in encouraging a more strategic, coordinated approach by member states to health improvement. But it is also important to focus on those issues which can clearly be tackled more effectively at EU level and consider which require a local, regional or national approach.

1. Positioning health as a driver for economic development

We agree that good public health can lead to greater public wealth. There should be a greater emphasis on capacity development for the public health workforce in the EU and increased training for public health across countries. The RCN has been involved with its pan-European organisation in developing public health training for nurses, funded through the EU's public health programme, but there is still much more to be done.

Building health service capacity in public health also entails responsibility for improving the health and working lives of the healthcare workforce who make up the health community and who contribute to the health and wealth of the local population.
We welcome the links between health and sustainable development which form part of the Lisbon agenda. We now need to build on these more proactively.

We agree that health is a cornerstone of European democracies. However Ministries of Health alone are perhaps not best placed to invest in the determinants of health which fall outside their remit and are largely influenced by policies which may not consider good health measures or public health impact. It would be far better to have an integrated approach to investment in health. The EU has a huge influence on internal and external markets, and the economics affecting population health need to be developed in their policies.

Investment in pharmaceutical treatments are helpful in the care and management of disease, but will do little to affect the wider determinants of health for the population in Europe, e.g. education, employment, freedom from war etc. Whilst the pharmaceutical industry has an important role to play in health care and research there will be inequalities in access to important drugs and vaccines. It is likely that the greatest beneficiaries of continued investment will be the pharmaceutical industries themselves. The message here is therefore confused; the investment should be directed towards tackling the inequalities in health which will bring about greater public health and thereby wealth for the EU.

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2 Bridging the health gap

We agree that it is time for a change in emphasis from treating ill-health to promoting good health – but is this a pan-European perspective reallyl shared by governments across Europe? With differentials in life expectancy and different health care systems, we wonder how realistic it is to suggest a swing away from health care investment. Rather a holistic view of health, a system approach should be taken, as in the WHO Health 21 health for all policy (1998) which balances access to good health care services with effective promotion of public health.

Whilst the EU clearly has an interest in addressing health inequalities between countries, we would also like to see a clear focus on certain population groups. It is recognised that focussing effort merely on the poorest in society will not necessarily close the health inequalities gap and children are a population group worthy of particular mention within the health inequalities agenda of an EU public health strategy. The burden of health inequalities falls disproportionately on children and families with children and there is strong evidence that early life events are a strong predictor of later health status.
The RCN would like to bring to the Commission's attention the following main threats to this population group: -

- Asthma, allergies and other respiratory conditions increasing [10X higher in Western countries than Eastern countries] - smoking, poor housing, lack of heating, exhaust fumes, diet, hygiene
- Injuries from accidents main cause of death in children aged 1-14 years [car, bicycle and pedestrian]
- Exposure to certain risks during childhood poses a threat of cancer in adulthood [increasing rate of some childhood and adolescent cancers] - clustering - possibly linked to chemical contamination -insecticides, man made fibres etc, sunburn
- Neurodevelopment disorders [industrial chemicals, other solvents and pesticides]
- Food-borne diseases [diarrhoea etc]

Risks that need addressing at local and EU level include: -

- High level of man-made toxins
- Use of chemicals
- Toxic waste disposal
- Climate change, ozone layer, radiation
- Contamination by persistent organic pollutants
- Endocrine disorders [increasing diabetes type 1 and type 2 in children and young people - previously latter only in adults - obesity and changing dietary habits]

The health and environment action plan, if successful, will be a good example of collaborative working to address some of these key issues and perhaps a model to build on for the future in other areas. The RCN is working at UK level on a whole range of initiatives in relation to a smoking ban in public places, safe water, seatbelt legislation, increased breastfeeding, cycle helmet legislation for under 16's, reducing obesity and encouraging exercise and healthy diet.

The health needs of ethnic minority groups especially refugee health needs should also be considered as they are also disproportionately affected by present health systems. Skilled refugee and asylum seekers could contribute to the health service, the health of the population and their own well being in terms of employment if access to registration was facilitated.

Derek Wanless in his UK reports "Securing Good Health for the Whole Population" (2002/2003) concluded that greater investment in health improvement was the key to affordability of health services in the future. There needs to be significant investment in public health work to achieve further improvements in closing the health inequalities gap and this would prove cost effective in the long term. The RCN supports the fully engaged scenario illustrated in the first review as patient and public engagement in their health and health care is a critical element in attaining public health improvement.

Member states need to improve health literacy if they are to engage their populations and often this can be achieved better through the voluntary sector rather than government departments and EU needs to take this into account in its EU networking and partnerships.

The RCN is, however, cautious about the introduction of conditionality or incentives designed to enhance engagement with health services or health promotion particularly if these place a financial imperative on patients and the public and have the potential to limit or restrict access to services. We would not therefore advocate this approach at EU level.

The RCN agrees with the general consensus amongst public health practitioners that we need to focus our efforts on tackling health inequalities which in turn will help to reduce the burden of chronic disease and the disparity between life expectancy and quality of life in the 'have's and have nots". If health policies focus too heavily on an individual lifestyle perspective they become reductionist and individualistic.

3 Protecting the population against health threats

We agree that the EU should have a clear and leading role for health protection as well as setting standards for safety of medical products. There is an increasing threat from emerging (SARS) and re-emerging (TB) infectious diseases which have the capacity to devastate populations and the economy and are no respecters of internal or external borders. Climate change has also influenced changes in the epidemiology of diseases such as West Nile Virus and a sharing of information often produces a synergy between member states and the expertise to enable prevention and containment practice to be instigated.

Surveillance and alert response mechanisms will be strengthened by the setting up of the European Centre for Disease Prevention and Control (ECDC) and this will be further enhanced by collaboration with communicable disease networks in member states such as Communicable Disease Surveillance Centre and the Health Protection Agency and its counterparts, as well as regional networks of specialist nurses in communicable disease control.

Much more co-operation across member states on surveillance and recording of healthcare associated infection such as resistant organisms would help inform the adoption of best practice universally. The RCN is involved in a number of initiatives to prevent and control MRSA, issuing guidance etc.., and has pressed for greater sharing of information and good practice on this challenge. Dealing with the threat from bio-terrorism will also require not only an EU approach but a world wide infrastructure. ECDC could support member states' infrastructures being set up to recognise and control deliberate release of chemical, biological, radiological and nuclear devices.

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4 Enabling good health and promoting health through all policies

Clearer links need to be made to WHO health policy and research so that resources can be used on the clearly identified social determinants of health. The evidence base for what works in health improvement is an important component of developing cultural change. The RCN suggests more investment in public health research is needed alongside development of new models of public health research designed to span research and practice across member state culture.

5 Creating partnerships for citizens health

There is huge scope for partnership development of non governmental organisations involved in public health across the EU and supporting the involvement of the citizen in health policy development. There are many local public health initiatives, some nurse led, in the UK which involve neighbourhood groups and many different agencies such as police, social services, housing, health, education, planning, focussed around different settings – often outside "health services" . The European Commission's health directorate has begun to develop ways of working with the health community but it needs to expand these networks outside the traditional health stakeholders.

6 Facilitating member states co-operation between health systems

EU regulation of activities harmful to health has a place in public health work and the EU has a role to lead in this balancing of individual choice with wider benefits to individual member states society and population's health i.e. tobacco, alcohol, food manufacture and safety, safety of blood and blood products, patient mobility and co-operation between health systems in the fight against emerging and re-emerging infectious diseases.

There are many areas that can be more effectively tackled and regulated at EU level such as: -

- Food and Industry –regulation/codes of practice for contents/marketing/sustainable development with packaging
- Tobacco and alcohol marketing and control
- Addressing the challenges of an ageing population

The RCN has been campaigning with other groups in the UK for a ban on smoking in public places as well as the protection of health workers from exposure to second hand smoke. This is an issue on which the EU could take a lead, given its impact on citizens across Europe. Conversely there are public health issues that can probably only be addressed by the member states themselves either at national, regional or local level but where cooperation and exchange of good practice is valuable:

- Valuing the healthcare workforce/improving their health
- Training & education to improve health literacy
- Social marketing of healthy choices – clear consistent messages targeted at appropriate populations such as physical activity, diet
- Wider determinants of health at local level – employment, partnership with local authorities/primary health providers and commissioners
- Use of particular settings such as the home, schools, the workplace, local communities, prisons and other institutions

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The EU can support the evaluation of such interventions and encourage the exchange of good practice but it is not clear how policy agreed at EU level in these areas can translate across the Community and its differing cultures/environments.

In relation to health systems, cooperation between member states should not focus only on acute interventions and provision of care but also on the links with prevention and public health. This process also needs to be much more transparent and inclusive since it impacts on government and EU policy.

7 Providing a strong knowledge base for European action

We welcome the creation of a strong shared knowledge base not just for the 'experts' but for all EU citizens, and the development of EU wide analysis of health data to provide objective, comparable and timely information on which to base more effective public health policy at all levels.

The current EU Public Health Action Programme puts a strong emphasis on the data needed to inform policy making in areas such as health impact of community policies, setting Community health targets and best practice in prevention.
How is this information being used and by whom and to what extent does it useful for informing and moving a health strategy forward?

8 Enhancing international co-operation

Health is increasingly part of a wider global dimension and the EU member states need to demonstrate leadership on public health issues in all policy work and to build strong links, working closely and in partnership with international organisations to find shared solutions to issues affecting its diverse populations. We need to see a greater shift away from EU international cooperation based around trade and aid.

We welcome the EU's developing cooperation with WHO to share scientific information, advice and expertise between the health communities but also on wider initiatives such as tobacco control. Over the next few years we would like to see the health policy makers in the EU broaden their cooperation with organisations that impact on health but are not seen as part of the health community such as the World Bank, the World Trade Organisation and the International Labour Organisation.

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