



**PATIENT SAFETY AND QUALITY OF CARE WORKING GROUP
DRAFT TERMS OF REFERENCE AND WORKING METHODS**

1. INTRODUCTION

The Patient Safety and Quality of Care Working Group is a working group of the High Level Group on health services and medical care¹, established by Commission Decision C(2004) 1501 of 20 April 2004.

The Patient Safety Working Group² (as it was known until the end of 2008) contributed considerably to the Commission's Communication and proposal for a Council Recommendation on patient safety and healthcare-associated infections, which the Commission adopted in December 2008³. Moreover, following a recommendation from the working group to the High Level Group in 2007, the European Union Network for Patient Safety (EUNetPaS) was established in 2008⁴, supported by the (formerly Public) Health Programme. This EU patient safety network, working with other international organisations, is now providing a focus for efforts to improve the safety of care for patients in all EU Member States, through sharing information, best practice and expertise.

With the growing emphasis on wider healthcare quality issues being brought to the attention of the Commission (e.g. Council Conclusions on Common values and principles in European Union Health Systems⁵), the High Level Group decided in its meeting of 12 September 2008 to widen the remit of the working group to healthcare quality issues and to re-name it as the Patient Safety and Quality of Care Working

¹ For more information on this HLG, see Europa:
http://ec.europa.eu/health/ph_overview/co_operation/healthcare/high_level_hsmc_en.htm

² For more information on the PSWG, see Europa:
http://ec.europa.eu/health/ph_overview/co_operation/healthcare/high_level_working_groups_en.htm

³ For more information on the Commission Communication and the Council Recommendation, see Europa: http://ec.europa.eu/health/ph_systems/patient_eu_en.htm

⁴ For more information on EUNetPaS, see the project website: <http://www.eunetpas.eu/>

⁵ Council Conclusions on Common values and principles in European Union Health Systems (2006/C 146/01)

Group⁶. The proposed work of the group will support the implementation of the current health strategy "Together for Health: A Strategic Approach for the EU 2008-2013", notably the strategic objective 2: "protecting citizens from health threats" and the strategic objective 3 "supporting dynamic health systems and new technologies". Therefore the group will liaise with the Working Party on Public Health at Senior Level (informing the latter about the progress and outcomes of its work and preparing technical papers for discussions at senior level).

The work of the group will be carried out with respect to Article 152.5 of the Community Treaty which states that 'Community action in the field of public health shall fully respect the responsibilities of the Member States for the organisation and delivery of health services and medical care'.

2. PURPOSE

The group will serve as a platform of information exchange on current work in the field of patient safety and healthcare quality at European level, on existing and emerging issues, priorities and on innovative solutions to safety and quality challenges. It should take account of broader EU health policy developments in the field of patient safety and quality of care, as well as of other ongoing work on patient safety and healthcare quality, e.g. that carried out by WHO and the OECD.

3. OBJECTIVES

The overarching objectives of the patient safety and quality of care working group are as follows:

3.1. Patient safety

The group will continue its predecessor's strategic endeavours on patient safety, building on recent initiatives such as the Commission Communication and Council Recommendation on patient safety, including the prevention and control of healthcare-associated infections, and the network on patient safety, EUNetPaS.

In future, the group shall contribute to:

- (1) the implementation of the Council Recommendation on patient safety, including the prevention and control of healthcare associated infections, in the areas requiring action at Community level, and as appropriate, those at Member State level, in terms of shared learning and experiences;
- (2) ensuring continued Member States' collaboration building on the outcomes of EUNetPaS;

⁶ For more information on the work developed in 2008 by the HLG, and on the widening the remit of the PSWG, see Europa:
http://ec.europa.eu/health/ph_overview/co_operation/healthcare/docs/highlevel_2008_005_en.pdf

- (3) the reduction of harm to patients: the group will also examine whether specific additional areas to the ones covered by the Council Recommendation on patient safety need to be addressed; these new areas such as medication errors and safety of surgical procedures should be selected taking account of the body of evidence on adverse event prevalence and burden.

3.2. Quality of healthcare

Based on a patient-centred approach and building on its previous experience of work (including the EUNetPaS network), on the results of studies addressing patient safety and quality at European level and on the work by other international organisations, the Group will examine the possible EU added value of action in the following dimensions of quality of healthcare:

- (1) sharing of good practice in reducing outcome variability: to make sure that appropriate procedures are in place to ensure improved outcomes for patients;
- (2) the creation of a patient-centred healthcare environment that respects the rights of patients and which treats all patients and their families with dignity;
- (3) an increase in the quality of life of the patient at every stage: including development of comparative data and quality improvement strategies in primary care, secondary care, mental healthcare, palliative care and disease prevention;
- (4) an increase in patient involvement in healthcare: including the provision of clear and comprehensive information on efficacy and clinical outcomes; the building of health literacy; and support for self-management of chronic disease;

The group should focus its work on a few commonly adopted priorities and identify possible actions at Member State and EU level in order to achieve them in ways compatible with efficiency and sustainability of healthcare and with acknowledgement of the different delivery mechanisms in Member States.

These areas could be explored by using the example of major chronic diseases as all aspects of care (prevention, protection, treatment, continuity of care, primary and hospital care) could be covered.

This work should result in a reflection paper to be developed by the end of 2009. The reflection paper would subsequently be submitted to a wider public consultation in 2010.

4. WORKING METHODS

4.1. Membership

Members:

- A representative appointed by each Member State;
- One representative of international organisations: Council of Europe, WHO, OECD;
- One representative of invited pan-EU healthcare stakeholders
- A representative of the European Commission.

Each representative may be assisted or replaced by an alternate/substitute.

Guests:

- Other than the DG SANCO Secretariat, other SANCO or Commission services on issues relevant to patient safety and quality of healthcare could be invited for discussion on specific topics.
- Experts or observers may also be invited to participate in the work of the group where appropriate to maintain cooperation or for input on topics related to patient safety and quality of healthcare
- Project leaders coordinating EU co-funded projects on relevant issues.

4.2. Chairs and secretariat

The group is co-chaired by Member States. The secretarial support is provided by the Commission.

4.3. Meetings

The group should meet in principle three times a year but can meet more or less frequently depending on workload, budgetary considerations and room availability. The dates and agenda are agreed between the Commission and the Chairs, and invitations are sent by the Commission.

4.4. Logistical arrangements

The Commission provides the analytical and organisational support for the working group, although members of the group may also wish to contribute resources. The Commission provides a meeting room for the group and reimburses travel expenses for one representative of each Member State (and in some cases for representatives of stakeholder organisations), according to the normal rules.

The Commission and the Chairs prepare and distribute minutes of the meetings.

4.5. Dissemination of results

The group will inform the Working Party on Public Health at Senior Level about outcomes of its work on a regular basis, by preparing a short progress report to be presented at its meetings.

The Commission shall maintain a web-site for the group and making documents agreed by the group available to the public.

5. MODIFICATIONS TO THE PRESENT DOCUMENT

The terms of reference and working methods can be modified at any time, as often as necessary, on request of its members.