Brussels, 31 March 2009

AGE response to the Commission's Green Paper on the European Workforce for Health

Introductory comments

AGE- the European Older People's Platform welcomes the opportunity given by the European Commission to civil society to provide their views on the Green Paper on the European Workforce for Health (COM(2008) 725 final) as this is an area of key concern to our members.

AGE is a European network of organisations of people aged 50+ and represents over 25 million older people in Europe. AGE aims to voice and promote the interests of the 150 million inhabitants aged 50+ in the European Union and to raise awareness of the issues that concern them most.

At a time when the EU faces economic crisis, it is essential that Members States do not cut on necessary healthcare expenditure. Limiting healthcare budgets, for example, by reducing the number of staff would prove counterproductive. This would not only increase health inequalities among citizens but increase the workload of already overburdened health professionals and bring with it work-related diseases such as stress, depression, burnout, high staff turn-over, etc. Members States must understand that a healthy workforce and a healthy society is a *sine qua non* condition

for Europe’s competitiveness and an essential element for overcoming the current economic problems.

The ageing of the population which necessarily includes an ageing of the EU’s health workforce presents many challenges to Member States. The development of current health strategies at European level must take into account this fundamental factor of ageing. Developing adequate training programmes and adequate working and mobility conditions are fundamental for staff recruitment and retention and to increase quality of care service. The further development of academic curriculums and incentives for specialisations in geriatrics and gerontology are necessary. The way Member States ensure the provision of formal and informal care and address the situation of migrant workers will either hinder or improve the quality of care in the European Union. Within this process, technology can help but it will never replace human contact.
AGE’s response to this consultation concentrates on those questions raised in this consultation paper which are of most relevant to our members.

4. Factors influencing the workforce for Health in the EU and the main issues to be addressed

4.1. Demography and the promotion of a sustainable health workforce

It is true that today life expectancy has increased and the ageing of the population is one of the biggest achievements of the twentieth century. However, to date the main gain in life expectancy are largely years spent in poor health. Ageing must be accompanied by suitable measures to enable older people to grow old actively and in good physical and psychological health. It is in this context that the term ‘Healthy Life Years’ must be maximised and a holistic approach must be taken towards healthy ageing which takes into account the various health determinants which are influenced not only by society and state policies but also by the individual’s own behaviour and choice of lifestyle.

While AGE agrees that the increase of an ageing population with multiple chronic diseases in old age will be a reality, it considers that steps can be taken throughout

the life course to promote healthier lifestyles and approaches to maintaining good health while ageing. Demands for formal care will be higher and informal care will no longer be as widely available due to changes in family structures and worker's mobility due to career choices or decisions to secure better work-life balance. However, informal care, where it exists, must be linked to the care provided by the formal care workforce and the Commission does not provide further clarification on this process. In many countries, care provision is provided by migrant workers "either legally or illegally, and mainly looking after dependent older people at home, as an affordable and culturally preferable alternative to expensive residential care for many families. This is a common solution in southern European countries especially, where public Home-Care services are not yet developed sufficiently to cover all needs for care […] A large number of migrant care workers are middle-aged women with a grown-up family, who choose to migrate for a few years in order to send much needed financial support back home as an investment and with the clear intention of returning to a more secure future in their own country.[1]" Here too there needs to be a clarification on how migrant care workers are linked to the formal workforce and who is included in this sector.

The ageing of the health workforce is an integral part of demographic trends towards population ageing. Better working conditions, adequate training, good working relations, job satisfaction and support services must be provided to all health professionals and their families if they are to continue to work for longer. Making the health and long-term care sector attractive is a further challenge, especially when incentives are normally not channelled by governments to gerontology and specialisation in geriatric care. A qualitative and humanised high level of service is key to an attractive sector. Jobs in the health sector should be made more attractive and the conditions of their staff greatly improved (hours, pay, opportunity to progress…) in order to attract more workers of all ages to this sector.. A greater value should be placed on jobs in the health sector. The adequate management of health systems plays a vital role in affecting such a change. Member States must be aware that high levels of expenditure on the health workforce are worth the

[1] http://www.age-platform.org/EN/IMG/pdf_AGE_Health_and_Older_Migrants_FINAL-2.pdf

investment and adequate human resource management strategies must be developed and put into place.

4.3. Training

Emphasis on health and safety at work, technical innovations, work-life balance, adequate training and further specialisation in geriatrics and gerontology are determining factors for meeting the actual and potential health needs of our populations. Training courses should be designed in a realistic manner and patients and their families/carers should be involved when necessary. The level and quality of care delivery should take equal account of the needs of all citizens, especially those with multiple diseases and disabilities in old age. User involvement in the development of training programmes in the healthcare sector would allow patients to express themselves and would facilitate the development of joint solutions with professionals on how to better meet their needs. For example, the development of better communication techniques in the health sector between health professionals (physicians, nurses, and pharmacists), their patients (especially those with low levels of literacy) and their families or carers would benefit patients.

Promoting volunteering at all ages within the health sector will assist and help reduce the workload and stress of overloaded staff, improve patient morale and bring back a more individualised approach in healthcare delivery. The development of health networks (local volunteer organisations, care organisations, hospitals, universities, etc.) and proximity services would enable the development of a more efficient health service.

Providing greater visibility to the Agency for Health and Safety at Work would be insufficient in tackling the issues of health and safety at work within the health and social care sector. It is essential to disseminate the Agency's relevant research findings, training tool kits and programmes that can be implemented and replicated throughout Europe.

AGE considers that it is essential that health education (developing adequate cooking and eating habits, engaging in regular physical activity, etc.) throughout the

whole life-course would enable a healthier old age. However, AGE also reiterates that health promotion and disease prevention should not be overlooked. It is crucial to maintain the health of Europe's populations for longer if citizens are to work for longer. Older people should also be seen as a target group in health prevention and promotion activities at European and national levels. Eliminating age limits, for example, in breast cancer screening in mid- and later life would be one factor in protecting and improving the health and health care needs of older women..

4.5 Global Migration of Health Workers

The mobility of health workers within the EU, while important for exchange of knowledge and career progression, must be approached with some caution, especially in countries where there is an inadequate number of health professionals. The "brain drain" of health professionals to other countries where salaries and working conditions are attractive puts the health of thousands of citizens within the EU and developing countries, where they are mostly needed, at risk. Investing in health personnel and retaining national health care professionals must be a priority for Member States. Special (bilateral or multilateral) agreements between different Member States could address the lack of staff in some Member States.

As previously mentioned, if one includes migrant care workers among the health workforce, a lot has to be done by Member States. Government policy on the regulation of migrant care workers remains "laissez faire" in several countries, partly for the reason that while the informal care market flourishes with the use of illegal care workers, public authorities feel that there is no need to confront the problem of the growing needs for care of an ageing population. A problem which is further exacerbated by increasing participation of women in the labour market and their consequent unavailability to provide informal family care to older dependent relatives. Therefore state and local authorities have been enabled to reduce their investment in public services such as home help and residential and nursing care units for the very disabled, since families and older people themselves bear almost the full costs of care unsupported by public provision which, of necessity, gives priority to isolated and poor older people with no other form of support"[2]. A common immigration policy

[2] http://www.age-platform.org/EN/IMG/pdf_AGE_Health_and_Older_Migrants_FINAL-2.pdf

for Europe is seen as a step in the right direction but only for highly qualified migrant health staff. More needs to be done to tackle the problem of provision of care by less qualified workers such as migrants providing homecare. AGE has raised this issue in its 2008 position on "Older Migrants and Access to health and long-term care: A socially, culturally and institutionally invisible group that deserves attention"[3]

According to the Green Paper, "…the proposed Directive on cross-border healthcare aims to ensure application of common principles for cross-border healthcare in the EU". AGE considers that the European Commission should look at the impact of this Directive on health workers and at the quality of service provision. Will cross-border healthcare provision increase or reduce the quality of care? If more patients seek treatment in any one particular country, surely this will overburden staff and impede the quality of care provision?

4.6 Data to support decision-making

AGE believes that more data is needed to compare the different challenges which exist within health systems by monitoring and comparing the workflows of health workers. More research is also required at EU and Member State level to investigate the numbers and situations of migrant care workers, both legal and illegal, to determine their problems and to devise appropriate policies and strategies for dealing with them.

5. The impact of new technology: improving efficiency of health workforce

The introduction of new technologies has the potential to significantly help health professionals on diagnosis, prevention and treatment, especially in remote areas where there is a lack of staff. However, one must be aware that technology can never replace individual care and human contact. In addition, further legal clarification is needed to protect both health professionals and patients especially in cases where a diagnosis or treatment is provided from a distance i.e. using telemedicine solutions

[3] http://www.age-platform.org/EN/IMG/pdf_AGE_Health_and_Older_Migrants_FINAL-2.pdf

Although this raises questions over who is accountable if something goes wrong :the health care worker or the technology provider?

7. Cohesion policy

The effective use of the structural funds to train and re-skill health professionals, improve working conditions and develop health infrastructure will permit a reduction in the quality gap between EU health systems. The promotion and sharing of good practice examples would enable Members States to learn from one another and to develop more adequate regional and local health care strategies. The use of the EU health portal could be provide one gateway for disseminating these practices. National and regional contact points should also be made available to allow closer dialogue between EU Member States, health care professionals, health NGOs, patients and citizens.

Concluding remarks

To respond adequately to the challenges presented by an ageing population, the EU's health systems need to have efficient and effective work forces as health care is a very labour intensive and growing area, and provision of its services require dedicated staff and expertise .

AGE is well placed to contribute to these continuing discussions and to put forward the expertise of its health and employment experts to ascertain how improvements can be made in this sector for the benefit of Europe's older populations.

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