Response from the European Patients’ Forum regarding the European Commission Green Paper on the European Workforce for Health

31 March 2009

The **European Patients’ Forum** (EPF) was founded in 2003 to become the collective patients’ voice at EU level, manifesting the solidarity, power and unity of EU patients’ movement. EPF currently represents 36 member organizations - which are chronic disease specific patient organizations operating at European level, and national coalitions of patients organizations. EPF therefore reflects the voice of an estimated 150 million patients affected by various diseases in the European Union.

EPF’s vision for the future is patient-centred, equitable healthcare throughout the European Union.

The **European Patients’ Forum (EPF)** welcomes the European Commission’s *Green Paper on the European Workforce for Health* and its objectives to increase the visibility of the issues around EU health work force and to identify challenges and further actions that can be taken.

From a patients’ perspective, an efficient public health work force, equipped with the right skills, and with sufficient capacity to carry out activities effectively, is essential for quality, safety and equitable healthcare throughout the EU. The European Commission should definitely support Member States in sharing good practices and information about most effective ways of tackling workforce challenges.

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A STRONG PATIENTS’ VOICE TO DRIVE BETTER HEALTH IN EUROPE

EPF's comments on the proposed "influencing factors and possible areas for action":

Regarding **chronic disease management practices and long term care provision** – organised closer to home or in a community setting – EPF considers this should be done in cooperation with patients, tailored to their needs. Organisations representing patients with chronic diseases, if adequately supported and resourced, can play a powerful role in this context.

Moreover, it is crucial that sufficient skilled staff and facilities available for these services. In this context, EPF calls for family carers to be better supported and for their work to be institutionally recognised and resourced.

It is also important to explore the reasons why health workers leave the profession and why its attractiveness as a career choice is decreasing, as well as addressing the issues of low pay and working conditions.

Although the organisation and provision of long-term care is the responsibility of Member States, action at Community level can support Member States' efforts by sharing examples of good practice and possibly recommendations for a set of standards. Patients' organisations should be involved in the policy and planning process, both at national and EU level.

With reference to **collecting better information** about actual and potential population health needs in order to plan the future development of the public health, EPF and its members also call for involving patients' organisations in this process, since they have the have valuable experience about patients' needs and the knowledge and ability to provide relevant and accurate information about the patient communities they know well.

Regarding **training**, EPF agrees with the suggestions in the Green Paper to foster cooperation between Member States and creating an EU mechanism such as an Observatory to help plan future capacity, training needs and implementation of technological developments.

Concerning the identification of training needs in the Green Paper, EPF considers that a gender perspective should be included. Training of the health workforce should go beyond bio medical differences between men and women by developing their understanding of gender based attitudes, behaviours and therefore expectations from the health care delivery process.

In particular, EPF considers that it is absolutely essential to develop training and communication courses for health workforce in order to provide clearer and more complete information to patients. Patients' ability to understand health and medical issues and directions is closely related to the clarity of the communication. Despite various initiatives to improve the quality and availability of health information, studies[1] indicate that patients want more information than they currently receive and that health professionals tend to overestimate the amount of information they supply.

The role of patients is nowadays changing, from passive recipients to health literate patients who are responsible and empowered actors in health care. Patients want health professionals to provide them with clear and quality information about their diagnosis, treatment, options available, etc. This will help them to understand their condition, comply with the treatment, ask the right questions and make informed decisions about best disease management. And finally this will contribute to making the best use of health professionals' time and to a better quality of life of both patients and health professionals.

We suggest that the quality principles agreed during the Pharmaceutical Forum process, and the strategy document on accessing information in different health settings should be used to underpin European efforts in this direction.

We feel strongly that there is a need at EU level for a comprehensive information strategy that embraces health literacy as a concept, and to promote health literacy as a policy and programmatic priority at Member State level.

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[1] Coulter, A. et al (1998) *Informing patients: an assessment of the quality of patient information materials*. London: King's Fund.
Coulter, A. et al (1999) 'Sharing decisions with patients: is the information good enough?'. *British Medical Journal*, 318: 318-322.

EPF fully supports European **cooperation** in areas where this is useful, such as **cross-border regions**, through European reference networks of specialised centres, through a EU Health Technology Assessment (HTA) network or through ehealth solutions. Patients organisations should be consulted and involved in a meaningful way in this process, in all phases, from the beginning to the monitoring and evaluation, to ensure these solutions are effective and safe, and geared towards the needs of patients.

We particularly support the use of new information and communication technologies, such as telemedicine, to ensure better health coverage in remote areas, as well as to support mobility of health workforce and continuity of care. In the respect, we look forward to working with the Commission and fellow health stakeholders in taking forward the Commission's Communication on Telemedicine, particularly in relation to ethics and privacy issues.

EPF and its members are of the view that, as far as possible, it should be medical experience and know-how that travel rather than the patient. In general, patients want to benefit from high quality health-care as close to home and as quickly as possible, although we do support the proposed Directive on patients' rights in cross border healthcare because of the legal clarity it will bring, and indeed its commitment to quality and safety.

EPF and its members call for proper training for health workforce to acquire the necessary skills in order to use the ehealth solutions, with confidence. To optimise the efficiency of the systems , **training and support in using ehealth solutions** should be provided for patients as well. E-health needs of patients with long-term chronic conditions are different from those of citizens in good health and this should be taken into account.

Finally, we fully support a **more effective use of structural funds** to improve skills and competences of the health force, including communication skills to interact with patients. This was one of the key recommendations of EPF's spring conference 2008 that focused on health literacy. Furthermore, EPF calls for the use of structural funds to support patients’ organisations capacity building as well as improving patients health literacy competences and skills, so that patients’ are empowered to act with confidence and take responsibilities. We are addressing this on our work plan 2009 in close cooperation with health professionals organisations. Enhancing the use of structural funds for infrastructure to improve the working conditions in health care settings and increase the quality and safety of health services should be supported.