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HIGH LEVEL GROUP ON HEALTH SERVICES AND MEDICAL CARE

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Brussels, 24 September 2009

HLG/PSQCWG/2009/01

MEETING OF THE WORKING GROUP ON PATIENT SAFETY & QUALITY OF CARE (OF THE HIGH LEVEL GROUP ON HEALTH SERVICES & MEDICAL CARE), 28 APRIL 2009

Subject: Minutes of the Meeting

Morning Meeting

1. WEB 2.0 TOOLS FOR HIGHER QUALITY, SAFER CARE

Martin Fletcher apologised on behalf of Mr Robert Madelin, Director General of DG SANCO, but welcomed the Head of the Health Strategy and Health Systems Unit, Mr Bernard Merkel. He then welcomed Dr Neil Bacon to the meeting.

Dr Neil Bacon had been invited to the meeting to share his experiences and expertise in the UK of developing and using web 2.0 tools to enable feedback from patients, family members, carers and even healthcare staff on the quality and safety of healthcare. He had developed a web tool, Iwantgreatcare.org in the UK which allowed just that.

Dr Bacon explained what web 2.0 tools were and gave some commonly used examples from outside healthcare. They allowed for real-time interactivity and reviews/feedback, allowing the user to become a producer of content. He wondered why, if this culture change had taken place in other sectors why it should not also happen in healthcare. He raised the issue of whether (potential) patients should not be allowed to see what other patients have said about healthcare providers and individual healthcare workers. Dr Bacon argued that they should if Member States were genuinely serious about providing a collaborative healthcare environment which was transparent, patient-centric, provided information to patients and would build trust in healthcare providers. Patient feedback should work alongside outcomes data rather than instead of it, but had the advantage that it was available earlier. Dr Bacon said that patient experience had been shown to be well correlated with clinical outcomes.

In response to questions and comments from working group members, Dr Bacon said that:

- He agreed that doctors, nurses and other healthcare workers should also be able to share their views and experiences of healthcare delivery.

- It was important to get healthcare leaders on board if a change of culture and attitude towards seeking and using patient feedback is to be embraced.
- He would send links, via the working group Secretariat, to examples of where feedback via web 2.0 had been shown to deliver better patient outcomes, as well as increasing job satisfaction for staff and reducing staff turnover.
- The tool he uses is both a web 2.0 one but also a paper-based tool too. It is an easy-to-use resource which is consistent across providers whatever the care setting or department.
- He had spoken to patient groups and medical charities before developing Iwantgreatcare.org, as well as healthcare workers.
- Integrity is protected by having checks in place to prevent vendettas and campaigns and to tag abnormal patterns.
- The tool had only been up and running for eight months so it was too early to cross-reference patient reporting of their experiences with clinical outcomes data, especially as clinical data is hard to find in certain specialties and in primary care.
- Developing a similar system in other Member States or at the EU level should not be too resource-intensive as operators should be able to integrate with systems they already have in place.
- He was not the only person to have developed a web 2.0 tool for patient feedback but there were very few such examples in the EU. Most were in the U.S.
- He was aware of no successful lawsuits (even in the U.S) arising from patient feedback using web 2.0 tools.

Dr Bacon concluded by saying that he was happy to advise, or work closely with, representatives from any of the Member States either about the principles of web 2.0 in general or his particular tool in relation to healthcare.

In reply to a question about why Dr Bacon had been invited to present at the meeting, Bernard Merkel said that it was because of the usefulness of considering the concept of patient (and other) reporting through simple web-based tools rather than the specifics of Iwantgreatcare.org. DG SANCO was interested in ways in which EU health systems could become more patient-focussed and EU added value in this area so Dr Bacon's experiences were of interest in relation to that general agenda. The presentation and subsequent debate might help to develop policies and ideas at the EU level. The concept and specific tools should be delineated.

Actions

- **Commission Secretariat to provide Dr Bacon's contact details to working group members together with links to useful web 2.0 sites which he would provide.**
- **Members to contact Dr Bacon bilaterally to explore the possibility of using similar tools for safer, better quality healthcare in their Member States.**

Afternoon Meeting

2. WELCOME AND MINUTES OF THE LAST MEETING AND ADOPTION OF THE AGENDA

Lee McGill of the Commission Secretariat apologised for complications and delays relating to the travel arrangements of some members due to a recent change of the Commission's travel agent. Lessons will be learnt for the next meeting.

He informed the group that Basia Kutryba and Martin Fletcher had kindly agreed to continue as co-chairs of the working group, for which the Commission thanked them. However, if any other Member States wished to nominate an alternative as a chair, they should e-mail the Secretariat with a view to a ballot before or at the next meeting.

Martin Fletcher formally opened the meeting by welcoming participants, especially the four new members of the group, ISQua, ESQH, UEHP and EHMA, and the three guest speakers. He gave apologies on behalf of Bulgaria, the Czech Republic, Greece, Latvia, Lithuania, Malta, Romania and the Slovak Republic, as well as WHO, OECD, Council of Europe. All other Member States and stakeholder members were present.

Mr Fletcher briefly reflected on the morning session with Dr Bacon for those that were unable to attend for that item, adding that the presentation and discussion had given the group plenty to think about.

The draft minutes of the last meeting of the patient safety working group, held on 12 September 2008 were adopted without amendment. The agenda was also adopted without amendment.

3. STATE OF PLAY REGARDING THE COMMISSION PROPOSAL FOR A COUNCIL RECOMMENDATION ON PATIENT SAFETY

Mr Fletcher introduced Ms Katja Neubauer of the Commission, who updated the group on negotiations in the Council's public health working party on the patient safety Recommendation. She explained that the group had met four times and discussions were progressing well. She flagged some of the issues which had been of much debate or had still to be resolved, including the relationship with the Directive on Patients' Rights in Cross-Border Healthcare in some areas, subsidiarity issues, clarifications of a 'competent authority' and 'levels of safety', and the role for the 'Community'.

Supportive Opinions had been received from the Committee of the Regions and the European Economic and Social Committee. The European Parliament had overwhelmingly supported its Opinion and the Council Presidency was currently working with other Member States and the Commission to see what parts of that Opinion should be incorporated into the text. In some areas, the Parliaments' suggested amendments went further than the Commission's proposal – e.g. it wants EU-wide targets on the reduction of healthcare-associated infections and an increase in infection control staff.

There had been a (possibly final) meeting of the Council's public health working party scheduled for 29 April but that has now been cancelled. (To note - Subsequent to the meeting, it has been notified that the working party may not meet again to discuss patient safety. Council adoption would in that case be sought through a written procedure.)

4. EUROPEAN NETWORK FOR PATIENT SAFETY, EUNETPAS

Mr Fletcher introduced Dr Jean Bacou of the Haute Autorité de Santé, France, who presented an update of the EUNetPaS project. He described how all work packages were making good progress. Dr Bacou explained that the evaluation of the project was continuous and that he saw the major deliverable as being the sharing of experiences to develop a recommendation which Member States would be encouraged to implement. He also talked of the need for a sustainable network for patient safety in the EU. There were a number of possibilities for this, some including a bid for further EU funding, possibly through a Joint Action, looking at large scale field implementation, involving all 27 Member States which might also address patient safety in primary care settings.

Following interventions from France, EFN and PGEU, Katja Neubauer informed that, following the publication on of the Commission Communication and the proposed Council Recommendation on patient safety on 15 December 2008, the possibility of a long-term sustainable mechanism for sharing experiences and best practice on patient safety in the EU should be further discussed..

EFN stressed the need for the project to deliver concrete outcomes before people looked too far into the future.

Action

- **The Commission Secretariat will look into whether stakeholder organisations can formally join Member States and the Commission as partners in a Joint Action.**

5. TERMS OF REFERENCE FOR THE WORKING GROUP

Basia Kutryba introduced Katja Neubauer who recalled that the initial intention of the Commission was to address within one policy initiative both patient safety and wider quality of healthcare but, that during the drafting process, it appeared that this objective was perhaps a little too ambitious at that time. Therefore, the Commission addressed in the first stage patient safety, through the Recommendation and Communication, and announced in that Communication that it would develop a reflection process to consider to what extent the EU can play a role in assisting Member States on wider quality of healthcare issues. She reminded the group that the remit of the working group had been widened in September 2008 in order to cover wider quality issues.

Ms Neubauer also mentioned that healthcare quality had also been discussed at the first meeting of the Working Party on Public Health at Senior Level (WPPHSL) in December 2008, and explained that although the nature of relationship between the working group and the WPPHSL had not been defined at this stage, there will certainly be an ongoing communication between the two. Agreed terms of reference will be presented for information at the next meeting of the WPPHSL, which is scheduled in the Czech Presidency on 29 May, so the group should aim to agree them soon.

Ms Daval-Cichon presented the draft terms of reference prepared by the Commission and based on previous discussions with a group of several experts in the field of healthcare quality and sent to group members before the meeting. A discussion on those terms of references then followed. Several Member States and stakeholders proposed modifications which are reflected in the attached revised version¹.

¹ The attached version also comprises written amendments sent by members after the meeting.

Several members raised concerns about the proposed deadline for preparation of the reflection paper (end of 2009). Ms Neubauer explained that the reflection paper should list and present the different areas which could be covered by EU policy actions in view of future prioritisation, without specifying at this stage how to implement them and who should do what. The reflection paper could then follow the same path as the Green Paper on health workforce (e.g. public consultation, stakeholder dialogue, impact assessment etc).

Spain informed that it would organise a conference about patient safety and antimicrobial resistance in May or June 2010 and that they were happy to launch a public consultation on the reflection paper elaborated by the group and the Commission. The Commission welcomed this proposal.

Actions

- **Members to send comments on, and suggested amendments to, the draft terms of reference, to the Commission Secretariat by close on Wednesday 6 May.**
- **The Commission Secretariat to revise the terms of reference and send back to the group with a view to presenting them to the Council group at the 29 May meeting.**

Management Guidance on Patient Safety and Quality

Basia Kutryba introduced Dr Charles Shaw who presented work he and colleagues had been involved in regarding the development of guidance for hospitals in Europe in the areas of patient safety and quality. He remarked that, in the past, too much emphasis had been placed on standards and measurement and believed that greater attention should be given to changing behaviours. There is a need for useable information which Member States can exchange regarding good practice and guidelines. He advised against yet another big mapping exercise to capture information from across Member States on quality and safety strategies, suggesting instead that the findings from projects such as MARQuIS, EUNetPaS and Europe for Patients, as well as the WHO Observatory's work in this area, were utilised.

Dr Shaw explained that words such as 'accreditation' and 'standards' had different meanings to different people or Member States. 'Standards', for example, could be what everyone is doing, what they should be doing or what they would like to do. Member States were at very different stages in the proportion of hospitals which were accredited. Efforts to improve the quality of healthcare should indeed include a focus on patient safety and patients' rights but it was vital that they also addressed issues relating to healthcare management and health professionals too.

The primary aim of the work Dr Shaw had been involved in was to produce some pointers to, or principles of, good healthcare or good organisational practice – perhaps guidelines. . Whilst the primary recipient could be the patient, such guidelines could also be useful to health professionals, managers, insurers, governments and NGOs. He would like to turn the work he and his partners had done so far into a self-assessment tool which could be used to help implement Article 5 of the Cross-Border Directive. He had considered submitting a project proposal for EU funding in 2009 but had decided to defer this as he needed an organisation to act as the project lead.

6. ANY OTHER BUSINESS AND CLOSE OF THE MEETING

Mr Fletcher drew members' attention to the WHO's World Alliance for Patient Safety Safer Surgery initiative. The checklist had been available since June 2008 and results from the pilot, published in the New England Journal of Medicine in January 2009, were promising. WHO and the National Patient Safety Agency (for England and Wales) hosted a European workshop on the checklist in London earlier this year, which attracted 33 European countries. The aim is to have at least one pilot in every country this year or Member States could involve them on a bigger scale at national or regional level.

Ms Kutryba thanked members for their attendance and input, particularly the three guest speakers, and closed the meeting. She advised that the Secretariat would inform members of the next meeting, possibly to take place in late June or July.

Actions

- **Lee McGill advised that the Secretariat would look into the issue of the sharing of members' contact details with each other in relation to data protection issues.**
- **Martin Fletcher will circulate details of how Member States can signal their interest in participating in the Safer Surgery initiative, via the Secretariat.**
- **Commission Secretariat to find and communicate a date for the next meeting.**